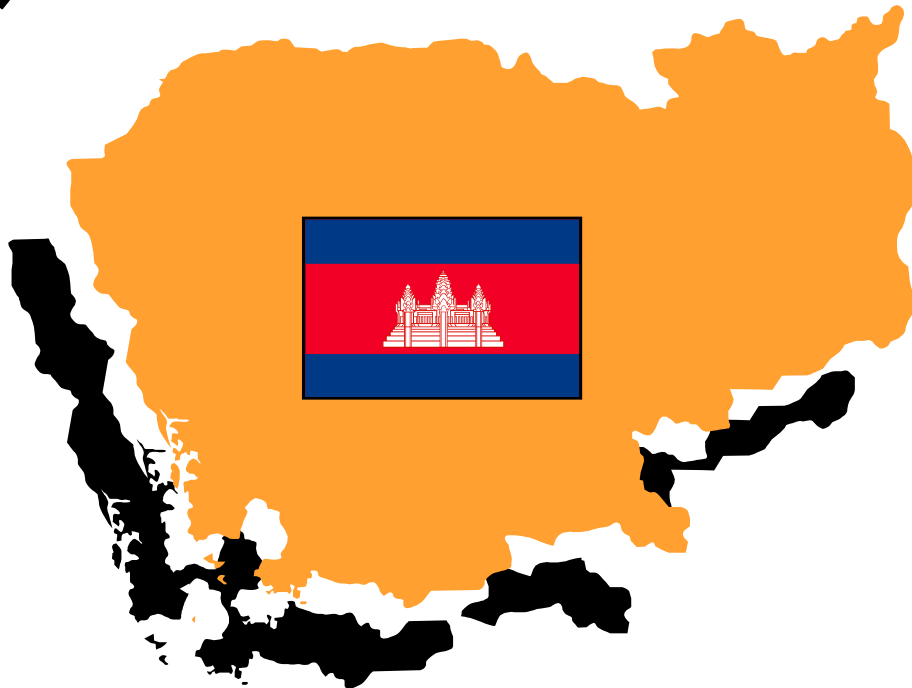


Communicating for Advocacy (CFA) training: MEDiCAM and Healthlink Worldwide

Phnom Penh, 1-5 December, 2008

Engaging Communities



HEALTHLINK
WORLDWIDE

Introduction

This Communicating for Advocacy (CFA) training with participants from the MEDiCAM member network, took place in December 2008 as one of the planned activities in the 'Engaging communities: claiming rights to access health services in Cambodia' project, which is run in partnership between MEDiCAM and Healthlink Worldwide.

The aim of this participatory workshop, facilitated by Healthlink Worldwide, was to develop the capacity of NGOs and CBOs in advocacy and communication skills, using a people-centred, bottom-up, rights-based approach to improve the health and quality of life of marginalised and vulnerable people. More specifically the training created a lead trainers group who will work to build the capacity of their communities and other relevant stakeholders, especially local CBOs, to advocate for their health rights. The participants of the training were guided to identify the key health issues and to start to develop solutions to these by using appropriate communication tools to advocate effectively to the relevant decision makers. It is anticipated that with their enhanced capacity the workshop participants will be able to better influence policy and practice in their respective communities.

Project overview

The goal of the project, 'Engaging Communities: claiming rights to access health services in Cambodia', is to improve the health status of poor and vulnerable communities in Cambodia through equitable access to health services. The purpose is to develop processes and skills that will foster the empowerment of local communities to engage with decisions that determine their health. In doing so, dialogue on health concerns will improve between civil society and government officials and policy influencers in Cambodia.

Many Cambodians, particularly those in rural areas, still lack access to adequate health care. The Royal Government of Cambodia (RGC) is committed to improving access to health care but much needs to be done. MEDiCAM, which is the umbrella organisation for local and international NGOs active in the health sector in Cambodia, will work with Healthlink Worldwide, a UK based NGO that specialises in health communication, to increase the capacity of civil society organisations to create space for the inclusion of marginalised groups around health; strengthen the interaction between the most marginalised and the local operational health system; and ensure that local evidence and knowledge and community and civil society voices are brought to the attention of policy makers. The project will also strengthen the capacity of civil society to engage with existing legislation on human rights and its ability to hold the RGC accountable. MEDiCAM's own capacity will also be strengthened.

Introduction to the CFA concept

CFA, a people-centred, rights based approach has its roots in Asia, where a first project was first carried out in 2002 with a goal of developing community groups to influence policy and practice South and South East Asia. The mix of developing and practicing new skills in communication in a strategic way to promote a vast array of advocacy issues has been highly successful. Partners from all participating countries have reported great successes on many levels – from changing national policy to engagement at local level with communities.

CFA workshops and other activities were carried out in Bangladesh, Cambodia, India, Laos, Mongolia, the Philippines, Sri Lanka and Thailand. It employed a cascade training approach, which enabled the trainings to be localised and set in specific contexts appropriate to the community groups themselves. Thus ownership was developed as communities began to speak for themselves and engage more fully in debate impacting on their lives. Over 360 organisations and community groups have participated in CFA workshops in Asia and the number continues to grow.

In 2005, CFA spread to Africa and since then more than 75 organisations have participated. In Ethiopia, more than 40 organisations have been trained under an HIV & AIDS communications project. Also, CFA in India has recently been encouraged following successful community based workshops in Orissa. The disability community have used CFA in Thailand, Bangladesh and India to fight for their rights.

It is hope that this new phase of CFA in Cambodia, will build a supportive network of trainers across the country who can draw on each other for encouragement, assistance, stimulation and support.

David Curtis, Lead Facilitator

Deepthi Wickremasinghe, Resources & Documentation

CFA training workshop

DAY 1: Monday, 1 December

Objectives for the day

Participants should:

- understand the context of the workshop within the broader project
- be introduced to other participants and develop an understanding of their working situations
- be briefed on Healthlink Worldwide, MEDiCAM and the project
- have a common understanding of expectations, concerns and ground rules
- be aware of roles and responsibilities of participants and facilitators
- develop an understanding of adult learning and the characteristics of good facilitation
- share successes and challenges in their work
- have a clear understanding of the concepts of advocacy and communication and develop a group working definition

Opening of the workshop and general welcome

Dr Sin Somuny, Executive Director of MEDiCAM, spoke about the importance of the CFA training for the MEDiCAM network and set it into the Cambodian context.

David Curtis, Head of Programme & Capacity Development at Healthlink Worldwide, explained that this workshop was the first of a number of inputs and that MEDiCAM and Healthlink would be working together for the next three years.

Icebreakers and Workshop Bingo

These exercises were to help the participants get to know and talk to each other, but were also a reminder of the importance of communication and the need to make sure that the intended meaning of the message communicated has been understood by the person who is receiving it. (*Appendix 1.1*)

Expectations and Concerns

Participants discussed their expectations and concerns about the training in small groups. These were written on separate sheets and posted on the sticky wall in plenary:

Expectations	Concerns
How to communicate for advocacy effectively with people	Language (because the training was in English not in Khmer. A number of concerns were raised around this issue)
How to identify the audience for advocacy	Fast speaking
Effective communication for advocacy	Conflicts in the schedule (work needs, external to the workshop)
Clear understanding of the roles and the process of advocacy	Short time for training
How to analyse a SWOT for advocacy	Time overlap
Practical skills for CFA	Time consuming
How to apply CFA to the community	Wrong focal person
Terminology of advocacy	Advocacy is a sensitive issue
The process of writing an advocacy strategy	Technical terms
Develop my advocacy strategy	Ability
The difference between communication and advocacy	Different approach from Healthlink an the Cambodian context
Improve communication skills	Practical experience during the course
Experience	How can advocacy be actually applied in the community
Knowledge	Difficulty to apply to communication
Knowledge about advocacy	Knowledge sharing
Learn about the tools and methods for advocacy	The workshop participants will not be able to apply their knowledge to their own organisations
How to analyse priority issues for advocacy	
Build a network for future advocacy	
Building an individual network	
Share experiences with participants and facilitators	
Learning from experience and best practice	
Very good, good bye dinner	

Workshop objectives

There was then a run through of the objectives for the workshop. These were:

1. To build a broader understanding of the concept of advocacy
 - a. Discuss the role of advocacy and the contribution it can make to an organisation
 - b. Understand some of the strategic and tactical choices that can be made in advocacy
2. To build a broader understanding of the importance of effective communications work.
3. Develop communication skills (in order to advocate)
4. Understand the use and role of media and lobbying
5. Look at the differences between IEC and advocacy: recognise the values that drive different approaches
6. Recognise the elements and importance of planning for advocacy and communication work
7. Explore the diversity of activities that combine in effective advocacy and communications campaigns
8. Consider the range of methodologies and participatory approaches to advocacy and communication
9. Practice action research skills and analysis
10. Encourage the development of effective local advocacy action plans.
11. To build the capacity of a lead trainers group in effective facilitation at community level in order to develop successful advocacy plans.

Background to the project

Following a break, there was a short presentation on the back ground to the project 'Engaging communities: claiming rights to access health services in Cambodia' to put the CFA training into context. There was a brief outline of the project Outline of the project, and a few details such as the districts that it will cover; the goal, purpose and objectives of the project; and some of the activities that have been planned.

Adult learning and learning styles

There was then a discussion about adult learning and the different styles that people find useful, because not everyone learns in the same way. Participants filled in a questionnaire for themselves, to gain an understanding of the method that best suits them, but not to share with the wider group. There was a discussion about the difference between adult learning and learning as a child and everyone was given a handout to read later about themes and issues in adult learning. (*Appendix 1.2 and 1.3*)

Code of cooperation

In small groups participants set down what they considered should be included in a code of cooperation (ground rules) for the training. They were asked to do this in pictures not words. From these ideas the code was developed in plenary:

- Phones on silent
- Punctuality/ keep to time (but some flexibility allowed)
- Don't interrupt
- Raise your hand for questions
- No smoking in the room
- Coffee breaks on time
- Listen to each other
- Only leave the room to answer urgent phone calls
- Respect each other
- We are all equal
- Cooperate with each other
- Participate
- No side talking
- Keep focussed



Teachers and Facilitators

There was then a run through of the different approaches adopted by teachers and facilitators, which the group also received as a handout. (*Appendix 1.4*)

Participants were asked to sign up into four different recap groups – each of which would take a turn in what had been done on the previous day and why it was important.

Sharing experiences: 'What are the main barriers to achieving quality health for all in Cambodia?'

Participants first considered the question individually and then to gather in five groups and share and add to their thoughts and to write them down on pieces of paper to be shared with the wider group by reading them out and placing them on the sticky wall.

In plenary these experiences were then grouped into different topics and each of these groups was named (*see following page for table*).

Having identified these key areas, they then became the basis of the group's research on issues that need advocacy interventions for the duration of the workshop.

Turning barriers into actions for advocacy

There was then a discussion around how these barriers could be turned into actions to address them, e.g.:

Barriers	Actions
Accessibility	To ensure improved coverage
Poor behaviour of health service providers & language barriers	Ensure friendly services for all
Lack of medical equipment & supplies	Strengthen logistics system
Lack of health information & language barriers	To promote health information for all
Lack of skilled human resources	Strengthen capacity development to health staff and VHSG
Cultural beliefs	Increased awareness of cultural issues for programmes
Cultural beliefs	Reduce harmful traditional practices
Affordability of health care services	Lift/abolish user fees
Dual practices (public & private)	Regulate dual practice
Low salary for health staff	Increase salary for health care workers
Weak management	Strengthen management systems
Lack of implementing policy	Promote social accountability Promote implementation of policy
Corruption	Promote good governance
Poor co-operation between NGOs & Government	Improve co-operation between NGOs & Government
Poor community empowerment	Promote active involvement of community

An overview of the training and how it can be applied in Cambodia

“This is a good beginning for an advocacy strategy. Having good evidence for information is to alleviate the sensitivities is important. Who are you going to talk to, to understand? It is important to build up networking and relationships; to understand who your opponent is – not your enemy - but maybe a policy maker that you need to talk to, to convey your message. If you don’t have a good relationship with policy makers they won’t listen. Providing trust and building a relationship is important. You need to befriend them and build your own credibility and reputation, both organisationally and individually. Communication is not only writing in a

book or in a paper, informal discussion or different scenarios where you engage with policy makers is important.”

“You need information to hand. You have to be ready at all times...[so that you are able to talk to policy makers]...Activism will only make policy makers upset and more sensitive. When you are talking to them don't try to bring a solution that cannot be solved but bring a practical solution to build your credibility and evidence base....there are lots of opportunities in different technical working groups where you can change [people's views]... You can be an NGO without being AGO – anti-government.

“You always have to be optimistic for change...advocacy takes time, sometimes it takes a generation. It won't happen over night...Advocacy is about optimism for change.”

(Dr Sin Somuny, Executive Director of MEDiCAM)

Bad communication

Participants were asked to relate to their neighbour one example of bad communication that they have experienced in their life.

Examples included:

In Khmer the word for 'door' and for 'vagina' is the same and can lead to confusion.

After demonstration of condom use using a banana in a rural community, some people went away thinking that the condom was for bananas.

This was to draw attention to the importance of making sure that the person/people with whom you are communicating understand your message/information correctly.

Definitions of communication and advocacy

Separating into their five groups, the participants were then asked to come up with definitions of 'Communication' and 'Advocacy':

Communication is....

- 1 The provision of information from one person to another, or many people, through verbal means, non-verbal means and writing.
- 2 Sending and receiving messages – it can be one-way or two-way – sharing both positive and negative information from one to another.
- 3 The way of providing, receiving and getting feedback information (one or two-way).
- 4 A process of sending and receiving information/messages to and from the sender and receiver through verbal and non-verbal means to understand each other.
- 5 Communication is the process to provide messages or information to someone/group in order to understand and get a response.

Advocacy is...

- 1 The process of expressing ideas, opinions and advice to gain support towards positive change.
- 2 Action to seek support and public attention to improve conditions.
- 3 The process of telling to others or to the top level to solve the problems or support the lowest group.
- 4 A process of collecting data, support, concepts and an evidence base for [bringing about] change.
- 5 Advocacy is the process to negotiate and persuade for change.

**** It was suggested that this might be a good exercise to do with a community group to help in starting to define the work you are doing with them.**

Participants then took it in turns to read out definitions of Communication and Advocacy from two handouts they were given. They were also given a handout on the key lessons in health communication. (*Appendix 1.5, 1.6, 1.7*)

DAY 2: Tuesday, 2 December

Objectives for the day

Participants should:

- have developed an understanding of the CFA approach / model
- understand the basic framework for advocacy
- develop understanding of the basic elements of advocacy work
- have practiced basic interviewing skills including open and closed questions
- develop a topic guide suitable for field work
- have carried out interviews in small groups
- visited field study sites in the local community
- have a greater knowledge of the dynamics of interviewer / interviewee
- critically analyse the information collected in the field visits
- clearly document the findings and recommendations from the field visit

Advocacy – What is it?

The participants read through the handout about Advocacy (*Appendix 1.8*).

The following points were made during this exercise:

There are different levels of advocacy. It can be at a national, local government, community or family level.

One example of family level advocacy is from India, where the Government has created a Below Poverty Level allowance but is having difficulty in encouraging people to claim for it because they don't know about it. When the Association of Women With Disabilities started to invite women with disabilities to meetings to discuss and advocate for their rights, very often the families of these women were reluctant to let them attend because they saw no returns (e.g. a bag of rice etc), and because the meetings stopped the women from making a contribution to the family. However, when the women started to claim their BPL allowance and there was a visible contribution to the family, their families came to accept the meetings.

Advocacy at a family level can be very real for gender issues, issues for persons with disabilities and vulnerable people.

The role of civil society changes in every country and the nature of advocacy work changes



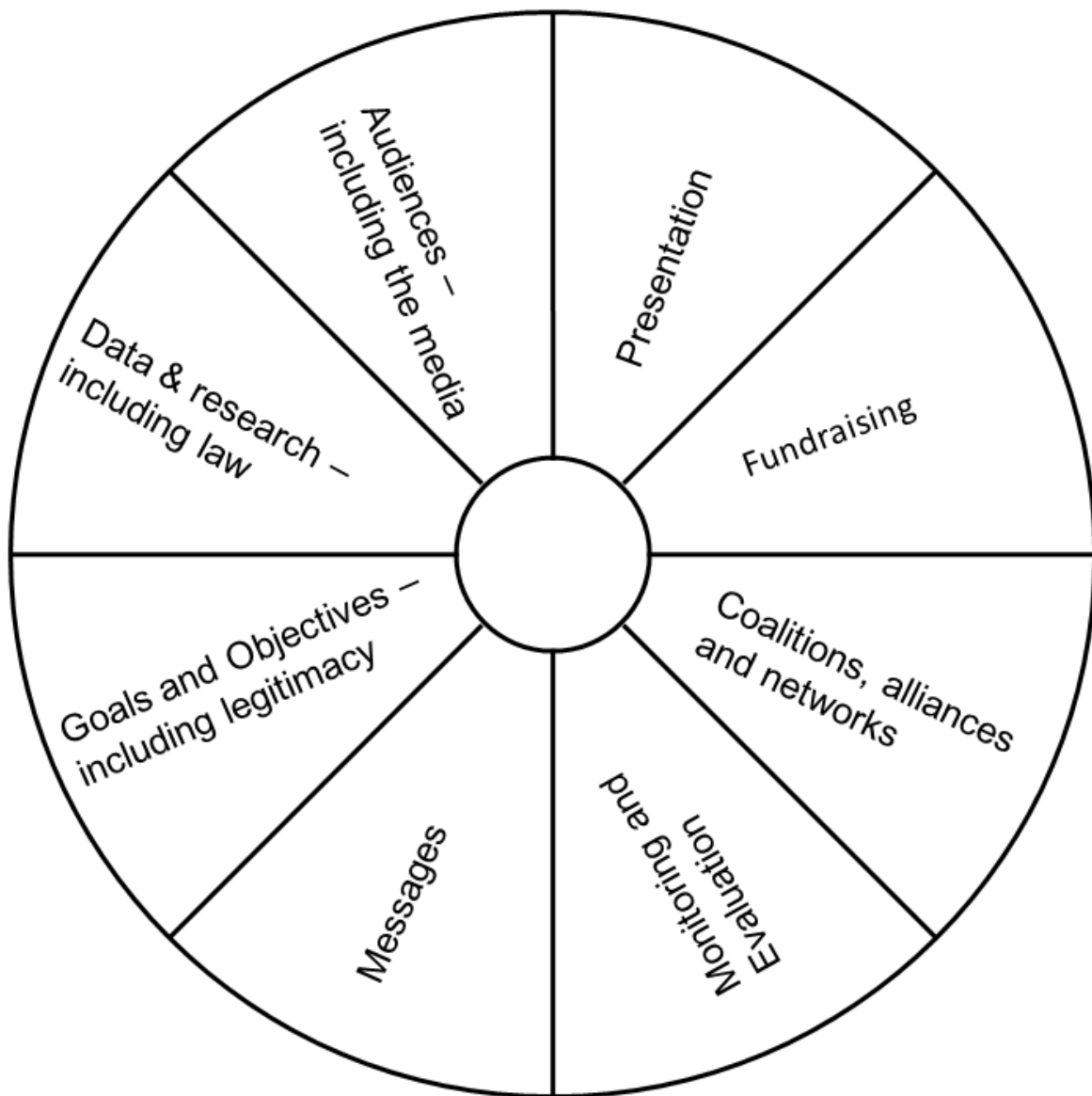
What do we need to include in advocacy? What are the basic elements/components?

Using a circle divided into segments on a sheet of flip chart paper, participants worked out together what the different components involved in advocacy are:

Resources
Community
Targeting
Issue identification
Communicating and networking
Influencing decision makers
Strategy
Message/ case

They were then shown a Wheel of Development developed during a CFA training in Bangladesh:

THE COMMUNICATING FOR ADVOCACY WHEEL OF DEVELOPMENT



The group decided to add another section: Legitimacy – being officially recognised; acknowledged and credible; abiding by the law; trusted when talking about the issue; how much you are from the community you are advocating with? It is always changing, but it is an important concept.

****The question of how much you are from the community you are advocating with is important to ask yourself as part of your planning process.**

A group in the Philippines put ‘Rights’ in the middle and ‘People’ around the outside of the wheel.

The wheel raised various questions:

Question: On this wheel, where do you start?

Answer: There is no one place. These are just the elements. The framework will help you to work out where to start. This is the ingredients for the cake, the framework is the recipe.

Question: Why is fundraising an element?

Answer: It is difficult, though not impossible, to do advocacy work with no funds. For a strategic campaign you need funds and often raising those funds is part of your campaign. It’s resource mobilisation rather than just fundraising.

Creating an advocacy framework

Participants were then given a handout – Empowerment framework for advocacy (*Appendix 1.9*) – and were asked to get into three groups. Each group was given a jumbled set of sheets of paper on which were written the different steps in an advocacy framework (*Appendix 1.10*). They were asked to arrange these steps in the order that they thought would be appropriate for an advocacy campaign.

The groups arrange the steps of the framework in different orders:

Group 1	Group 2	Group 3
Select an issue or problem you want to address	Select an issue or problem you want to address	Develop your goal
Identify your allies and/or opponents	Analyse and research the issue/problem/ your organisation’s capacity	Develop specific objectives for your advocacy work
Analyse and research the issue/problem/ your organisation’s capacity	Develop your goal	Analyse and research the issue/problem/ your organisation’s capacity
Identify and analyse your targets and stakeholders	Develop specific objectives for your advocacy work	Select an issue or problem you want to address
Identify your resources and develop alliances	Participatory planning (involve stakeholders)	Identify and analyse your targets and stakeholders
Develop your goal	Create an action plan	Identify your resources and develop alliances
Develop specific objectives for your advocacy work	Identify and analyse your targets and stakeholders	Identify your allies and/or opponents

Participatory planning (involve stakeholders)	Identify your allies and/or opponents	Participatory planning (involve stakeholders)
Create an action plan	Identify your resources and develop alliances	Create an action plan
Implement	Implement	Implement
Monitor, build in reflection and learning	Monitor, build in reflection and learning	Monitor, build in reflection and learning
Evaluate	Evaluate	Evaluate

The three groups then came together to compare them and a rich discussion ensued in Khmer during which the order of the framework changed several times until they came up with one that they all agreed upon:

Select an issue or problem you want to address
Analyse and research the issue/problem/ your organisation's capacity
Develop your goal
Develop specific objectives for your advocacy work
Identify and analyse your targets and stakeholders
Identify your resources and develop alliances
Identify your allies and/or opponents
Participatory planning (involve stakeholders)
Create an action plan
Implement
Monitor, build in reflection and learning
Evaluate

The learning from this exercise was that it was not easy and created a lot of discussion.

Finding a common agreement was difficult because people had very different ideas.

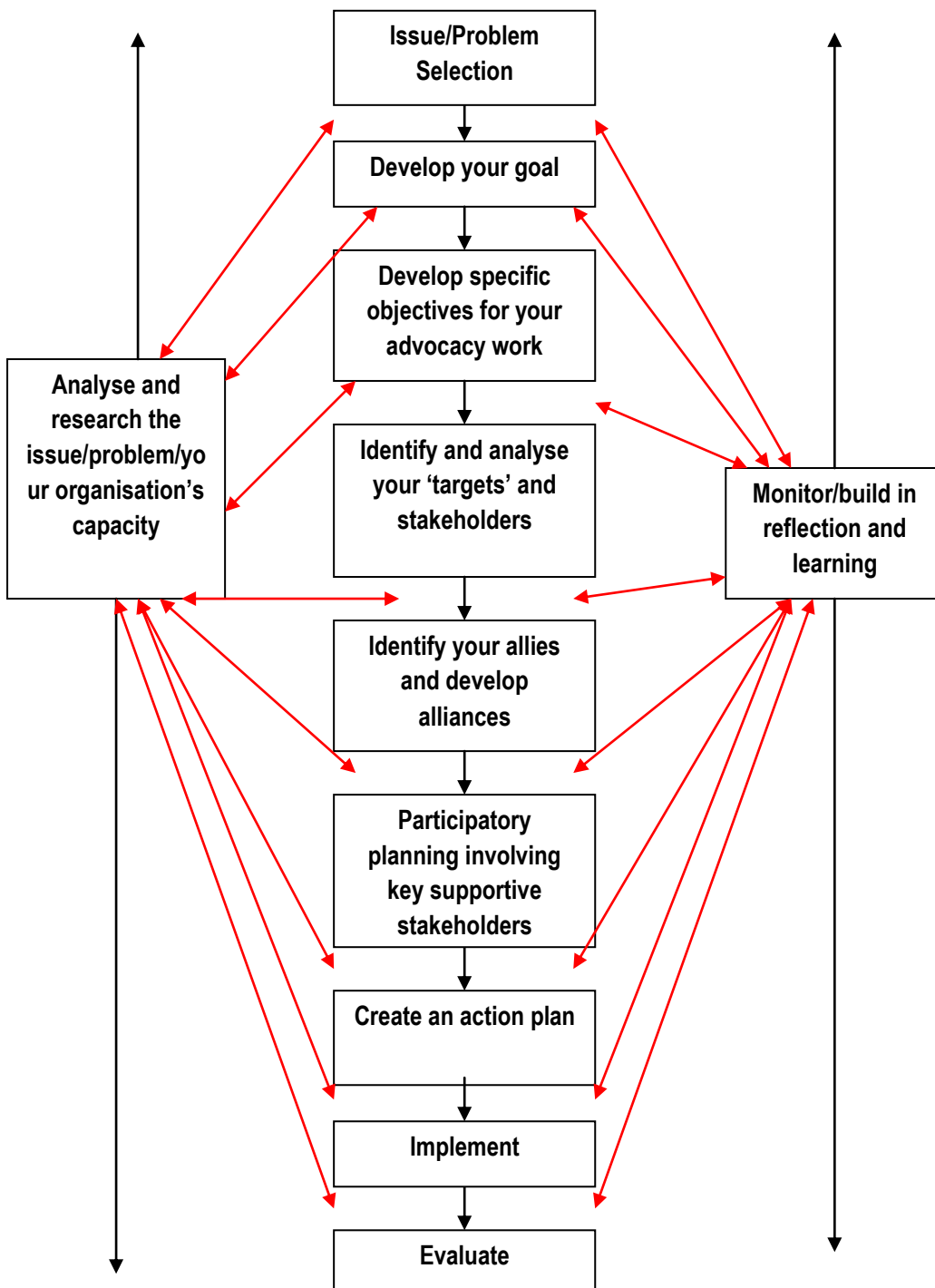
Depending on the group that you are working with, it doesn't matter too much what the order of the framework is, but it needs to be discussed with and decided by the group/team.

In reality the process might be in a different order to the order decided upon in the workshop.

“The [order of the] framework has to work for you, but everything needs to be covered”

Advocacy frameworks created by groups in the Philippines and Tanzania were shared. The Tanzanian group had developed one in which they decided that “Analyse and research the issue/problem/ your organisation’s capacity” and “Monitor, build in reflection and learning” were an important part of every step, and thus needed to be done continuously at every stage:

The CFA planning framework – Tanzania working group



Rosario story

The three groups then read the Rosario story (*Appendix 1.11*) and played the why game – asking why after every point of their analysis:

Group 1	Group 2	Group 3
Illness	Fever & diarrhoea	Fever
Fever	Not in hospital	Malnutrition/ no immunisation/ bad water
No money	Not enough money	Urban (poor conditions)
No hospital	High cost of private hospital	Poor community organisation
Chicken pox	No admittance to community health centre	
No immunisation	Serious illness	
Mother's education	No immunisation/ breastfeeding/ bad health	
Poverty	Poor living conditions/ lack of education/ poverty	
	A/so: lack of health centres	
	No affordable medicines	

The participants then considered where within these analyses the points for advocacy would be and decided that they would be with:

The family,

The health centre,

The community,

The private clinic, and

The Government (to improve the physical environment and the infrastructure, to address the challenges of rural to urban migration and to address the price of medicines)

This is a good exercise to do with the community you are working with and it is worth taking time over unpacking it. The story came from Africa, but can be adapted/ substituted with one that fits the local context in Cambodia.

Looking at the root cause of the issue/problem is very important for advocacy. This exercise shows that there are lots of different opportunities and options for advocacy to effect a solution.

This is also when it becomes important to network and join with other advocacy campaigns. It makes the advocacy campaign stronger.

Participants were asked to apply this method of unpacking the issues and finding the advocacy points when analysing the interviews they conducted during their field studies in a later session.

Interviews

There was then a session on interview techniques in preparation for the field visits in the afternoon.

The group discussed the types of questions that can be asked –

Open questions such as: how do you find?....What do you think?....Could you explain?....Describe....

Closed questions e.g. Are you married?

Questions - where the interviewer phrases the question in such a way that it suggests the answer to the interviewee.

Other interview techniques include: Active listening – to encourage people to speak; the importance of body language – which needs to be non-judgemental; Being aware of false questions and comments.

Participants were given handouts from Healthlink's QUEST How tos – on Research Methods: Introduction to research process and methods; Conduct interviews; and Carry out a Focus Group Discussion (FGD) to read later and the discussion turned to the ethics involved in interviewing and what might be important points to consider (*Appendix 1.12, 1.13 & 1.14*). The group came up with the following points:

- Ask for agreement with the interviewee(s) to conduct the interview

- Introduce yourself and explain the purpose of the interview

- Be polite

- Assure confidentiality (if this is appropriate)

- Ask permission to take photos

- Thank the interviewee(s)

- Be careful not to make any false promises or raise expectations

- Don't be aggressive

Be respectful

Use appropriate language

Avoid stigma and discrimination

Be honest

Be neutral

They were then given a handout on practical interviewing ethics and preparing a topic guide to supplement the list they had come up with (*Appendix 1.15*).

Exercise

The participants then arranged themselves in groups of three to practice interviewing techniques where in three x five minute sessions they each had the opportunity to be the interviewer, the interviewee and to observe the interview. For this exercise it was agreed that the topic would be sexual and reproductive health and the participants received a handout containing the instructions for the exercise (*Appendix 1.16*).

Once each participant had had the opportunity to experience each of the three roles each group had a quick discussion about what it felt like to be in each different role.

In preparation for the field visits some tips on interviewing techniques were suggested:

Have a set of questions or key things that you want to ask questions about but this is an investigative enquiry and requires a lot of listening and responding, so don't be too rigid

As interviewer you want to guide the interview but be very open to whatever the interviewee has to say.

Think about the key topics you want to steer the conversation towards.

Balance open and closed questions, but remember that you will get different sorts of answers for your own purposes.

The objective is to 'find out the situation' of the groups we are visiting and the kind of issues that we might be able to turn into advocacy issues.

And the participants were also given a handout on field work – feedback preparation (*Appendix 1.17*).

Field work

For the field work the participants arranged themselves into five groups, each of which went on a pre-arranged visit to a vulnerable group within society. The visits were to:

The Deaf Development Programme's (DDP) centre for deaf young people

A drug users' group

Friends – an organisation that works with street children

A vulnerable women's group

Sihanouk Hospital Center of Hope – for people living with HIV

The groups spent the afternoon making their field visits and preparing a presentation based on their findings for the following day.

DAY 3: Wednesday, 3 December

Objectives for the day

Participants should:

- be able to link the problem identification with advocacy solutions
- understand the benefits of planning their advocacy work systematically
- be able to set clear goals and objectives to support their advocacy issue
- know the importance of examining legislation
- identify and prioritise key 'target' audiences (institutions and individuals) they need to influence and / or work with
- develop a strategy for involving the media
- be aware of the importance of media analysis
- develop understanding of different tools used when working with the media
- understand role and use of IEC
- be aware of the links between and difference in approach to IEC and advocacy

Many people do advocacy but sometimes what is missing is the strategy. We need to think about 'why' we did certain things the way that we did them.

General comments on the field visits raised some important points:

Drug users' group

"It was a bit difficult. We needed to know some background to the group before developing the topics." *It was a short time and in real life you would do more research beforehand.*

"We found it difficult to find the place and the managers wanted money for the group to be interviewed. We were only given 20 minutes." – *There is an ethical issue about whether we should pay for research. We have to decide from organisation to organisation what is appropriate. If we want information from a newspaper or the internet then we pay for it.*

"The managers said: 'Drug users are not training materials'." – *Research is extractive. We benefit from the research, but do the interviewees? Benefits can happen but they will be more long term, not instant.*

Some groups are used by lots of NGOs as focus groups and it becomes unfair to them.

These points raise the important question of legitimacy. If one of the drug users was in our group, would the relationship be different? Would we have to pay then? You can do advocacy with people or for yourself. The important issue is accountability. Can we legitimately do advocacy on behalf of drug users, or should we involve them?

Deaf young people

“We expected to be able to communicate with the deaf people easily but we had to have a sign interpreter and when we wanted to ask the deaf young people things it was difficult. People with other disabilities can communicate easily but deaf people cannot hear us.” – This is a communication issue. Signing is another language. If we are doing a communication strategy then we must include the languages that we represent, so this presents a challenge for us.

Vulnerable women

“Some questions they refused to answer so there was no way to get the information.” – This is quite a real situation. You are not going to get answers to every question. It makes you examine your questions and reflect on the rules about interviewing.

“The managers sat with the group so this created a bias.” – You need to explain that this is a serious study

“We interviewed three women, but with a man walking around because they feared that what they said would be published in the papers. We could not ask painful questions, so asked simple questions. We wanted to ask what we can do for them.”

“Some groups wanted our questions in advance, but we did not provide that. Because this is a workshop training there wasn’t time to prepare properly. The advisor did not know about our visit.” – Doing the interview preparation is as important as doing the interview itself.

You have to be sensitive, you can’t just take pictures. You can’t just take things from them, you have to give something back.

“Through MEDiCAM we need to give feedback. Maybe we could invite them to a presentation.” – Some good two-way communication can be developed in this way.

Imagine if some of the women were on this training and we went to visit them. It would be very different. Part of the principle of participatory planning is that we involve people in that planning.

A workspace was assigned to each of the five groups for the remainder of the workshop and they were asked to develop their advocacy goals, objectives, stakeholders and audiences, through visual representation.

Each group was then given 10 minutes to feedback on the facts, findings, recommendations and advocacy issue that they had come up with from their field visit.

Deaf young people

DDP works with students aged 15+ from communities who are deaf. In this facility they receive a basic education. They learn sign language, reading and writing Khmer and mathematics for two years and then go on to vocational training. We met an advisor who gave us some general background and then interviewed two students; a girl of 15 and a boy of 18.

FACTS

- It was difficult to interview them because we could not sign and had to use an interpreter.
- The interviewees had difficulty in expressing themselves because they did not have enough words – they have only just started to learn their first language.
- We feel there was a loss of information during the translation process
- There is limited integration into society by only using sign language
- There are a lack of statistics about deaf people in Cambodia (the Advisor said there were probably between 15,000 and 20,000 deaf people in the country)
- The interviewees had little knowledge about their own situation or their rights.

FINDINGS

- There is a communication and language barrier between deaf and hearing people
- Deaf people are isolated within their community. A lot are kept in their houses and do not go to weddings and funerals and other events. On the one hand families want to protect them but there is also stigma through misconception within the community.
- There is a lack of care and attention in society (maybe because it is such a small group)
- The interviewees had limited perspectives for their future outside the deaf community; the girl likes to take care of the younger children in the centre and the boy said he would like to be a researcher on deaf people.
- The interviewees had a lack of self confidence and self awareness. They do not know where they stand in society.

RECOMMENDATIONS

- Promote sign language to hearing people. There is a training programme where deaf young people go to Friends and learn how to fix bikes but they have to go with an interpreter.
- Information sharing through television using sign language.
- Alleviate discrimination towards deaf people by providing education on people with disabilities and their rights
- Set up a network of the different disability groups
- Promote the deaf dictionary

POSSIBLE ADVOCACY

- Cooperate with television stations
- Encourage employers to provide opportunities for deaf people.
- Promote recognition of sign language by the Ministry of Education Youth and Sport (MOEYS)
- Promote publication of the sign language dictionary
- Establish a network of deaf people and other disability groups

Questions to the group

Q. *Why employees?*

A. *These young people have a limited perspective for their future and maybe they don't see the role that they could play in the wider society. When the law is passed they will be able to work as public servants in government offices.*

Q. *Do you know the status of the law on disability and employment in Cambodia? If you do then that law can be monitored. (e.g. in India 3% of the workforce should be people with disabilities) You could research the law in Cambodia and link your advocacy to that.*

A. *The draft legislation guarantees 2% of disabled employees in public institutions, and a group has been set up to monitor law enforcement . The law includes access to education.*

Q. *in your projects are you encouraging mainstreaming or isolation? You also have to look at your own attitudes.*

Drug users' group

FACTS

- Drug users' physical appearance and their conditions are not good
- The environment in which the drug users' live has poor hygiene and conditions.
- Our welcome was limited to 15 minutes only
- Time for interviewing was also limited
- We interviewed them on the reasons that they became drug users and about the poor hygiene.
- They are offered accommodation and TV but no vocational training – we think that this should be provided with rehabilitation to provide them with skills that they can use to live in the future otherwise they may go back to using drugs.
- They said they wanted to do anything to make money for drugs. This is a big problem.

FINDINGS

In Cambodia there is only a rehabilitation centre but not a proper training centre

POSSIBLE ADVOCACY/ RECOMMENDATIONS

We need to advocate at the level of ministers to stop sellers

We need to advocate to the Ministry of Education to give information and raise awareness at primary and secondary level about drugs.

We think that some of this could be carried out informally, through IEC, television promotions and advocacy with [the Ministry of?] social affairs.

Comments

It is important to develop some solid advocacy issues and from there develop your goals and objectives.

Friends

Friends works with street children and young people doing business on the street from the ages of six to 24. It is a centre that provides education, vocational training and life skills and many of the young people are happy to return to their families.

RECOMMENDATIONS

The organisation should contact companies for children's employment but the labour law doesn't allow them to work. Some are over 20 years old. Labour and rights laws have to be discussed clearly with the company before the children go there.

ADVOCACY ISSUE

What can the team do? The issues are for the organisation. The team needs to develop its goal and objectives as the next step. The recommendation needs to be sharpened up.

Vulnerable women's group

The law on domestic violence has the approval of the assembly but it still doesn't have wide implementation in Cambodia so the advocacy issue is about promoting the implementation of the law and monitoring it.

The young people's skills rehabilitation centre and vocational centre is at a community level but needs to be implemented at a national level.

The community development plan to support women victims to be integrated into the community was felt to be very appropriate.

Shianouk Hospital Center of Hope – for people living with HIV

The terminology is people living with HIV (PLHIV) not people living with HIV and AIDS (PLHA) so that all HIV-positive people are included and because we don't want PLHIV to go on to develop AIDS. This is the term used at a national level and by UNICEF.

*** There are useful glossaries of appropriate terminology for HIV and disability available on the Internet*

ADVOCACY ISSUE

There is law and policy but it still discriminates against PLHIV e.g. one woman who told everyone at work that she was HIV-positive was sacked.

There is a need to understand the context for the policy and law.

Advocacy issues were later revised to:

To advocate to eliminate discrimination

To advocate to improve the level of information on HIV and AIDS to the community.

RECOMMENDATIONS

That ARVs should be available at Health Centre level.

Comments

The facts report on what actually happened.

The findings are when you start to analyse what the facts mean to you.

The recommendations are what should be done

The advocacy issue is a specific advocacy idea or issue. You need a specific issue and from that issue develop a goal and then one or two objectives.

Developing the goals and objectives

The group looked at two handouts together – a checklist for choosing an advocacy issue and a sheet on developing an advocacy strategy (*Appendix 1.18 & 1.19*).

What is the issue that we want to address?

GOAL - Why are we doing this advocacy?

- To what extent can the issue be solved by advocacy?
- To what extent would the solution to this issue help people directly affected?
- How can people directly affected by the issue be involved in the advocacy work?

OBJECTIVES

- What are we trying to make happen?

Our objectives need to be –

- **S**pecific
- **M**easurable
- **A**chievable (or appropriate)
- **R**ealistic (or relevant)
- **T**imebound

Another handout – Criteria for analysing the advocacy objective was given out for participants to look at during the exercise of clarifying their advocacy issue, goal and objectives (*Appendix 1.20*).

Feedback

Deaf young people:

ISSUE Deaf people in Cambodia are isolated from mainstream society

GOAL Deaf people in Cambodia are integrated in society, enjoying equal rights and opportunities as others

OBJECTIVES

1. Co-operate with TV stations to have news in sign language by the end of 2009
2. Recognised sign language dictionaries are available for all deaf people by the end of 2010

Comments:

- *The group was asked if they were targeting all TV stations and channels or only one. They want to look at all so that they can monitor and compare the different channels.*
- *It was suggested that they need some number targets to which they can refer and measure progress.*

Drug Users:

ISSUE Drug use among youth

GOAL Reduction of drug use, also try to reduce stigma and discrimination about drug users (this is actually two goals whereas one might be easier and make the campaign more focussed)

OBJECTIVES

1. Raising awareness of the drug problem (through campaigns and media awareness)
2. Target: youth. Between 2008-2015, mobilisation of public participation

Comments:

- *A question was raised as to how the group would measure how many people will access the target. The group felt that it was better to have a target area because it would be difficult to achieve everything, but it was pointed out that this was a simulation and the process and principles were the important point in this exercise.*
- *It was suggested that a clearer issue statement was needed, and this could be changed to develop messages for key audiences later in the session.*

Vulnerable Women

ISSUE Lack of mechanism and network against trafficking and legal aid services intervention for women victims

Comments:

- *The advocacy issue needs to be a positive statement but this would be worked on during the development of the strategy.*
- *The word 'survivor' might be used instead of 'victim'. It is important to check terminology and ask people how they like to be described.*

GOAL To strengthen the mechanism and network against trafficking and legal aid service support/ intervention to women in four provinces in Cambodia.

OBJECTIVE

1. By the end of 2011, 384 key persons will be equipped within the network to develop its structure in 32 communes of eight districts.
2. Strengthening quality network and legal service support with extensive work in the communes and at district levels.

Friends

ISSUE Discrimination of vulnerable children at public schools

GOAL Contribute to the reduction of discrimination of vulnerable children at public schools

OBJECTIVES

1. To increase child rights awareness among teachers and students in public schools in the target area by 30 percent by the end of 2010.
2. To integrate child rights into the public school curriculum by 2010

Comments:

- *Who are vulnerable children? - It refers to street children at Friends.*
- *Are these vulnerable children studying at school or outside? Why is this campaign aimed at schools? – There needs to be greater awareness within schools of how to work with vulnerable children.*

People living with HIV

ISSUE PLHIV face discrimination in Cambodia

GOAL To ensure society's acceptance of the rights of PLHIV

OBJECTIVE

1. To promote the implementation of the rights of PLHIV through CHF in Battambang and Siem Riep by the end of 2009.
2. To increase awareness of the rights of PLHIV through IPC (Individual....) in Battambang and Siem Riep by the end of 2009

** This objective was later amended after discussion with the wider group which felt that the two initial objectives were linked to:

To enforce HIV and AIDS law and policies in Cambodia by the end of 2010.

A handout giving a case study of the criteria for an advocacy objective (*Appendix 1.21*) was given out to help clarify the process of developing the issue, goal and objectives, which was recognised as being a difficult one.



Midway evaluation

All the participants were asked to evaluate the workshop so far by writing down on separate sheets of paper what they thought was Good, could Improve, Something that they can use in their work, Other comments. The sticky wall was divided into four sections and everyone was invited to stick up their comments and these were then reviewed briefly in plenary:

GOOD	IMPROVE
Relationship, Friendly	Too much flexibility, Respect time, Time management, Time keeping, Respect the (lunch) time
Very good lesson, place	Awareness [of the difference] between communication and advocacy, Can know what advocacy is
Management	Improve communication to the other, Improve communication coordination with other NGOs
Good facilitator, Facilitation style, Facilitation skills, facilitation, facilitation skill (method)	Skill of identifying strategy/ issue for advocacy, Knowledge and skill related to advocacy, Practical skills, The process of advocacy
Good course	Compare the reality issue in your country/ Cambodia – it should be adapted to the country
Attractive methods of encouraging participants to focus on topic/ training	Contents need to be improved such as definitions
Understand about CFA, New knowledge of communication, Knowledge of how to use advocacy, Understanding the word Advocacy, Advocacy strategy	David should speak slowly
Sharing of experience	There should be a professional translator, Improve about miscommunication, The skill of communicating
Recap is good, Recap	Field practice – should have a good relationship with NGO partners
Good explanation	Improvement advocating
Cooperation among participants	Slide presentations should be done with Powerpoint and much bigger, Slide presentations are too small and difficult to read
The process is good, Training process is good, process of the workshop, teaching methods and materials	Need more explanation from the professor
Learning by practice, Use of participatory approaches for the training, practical and participation, Active participation, Participation and share ideas	Document of the group discussion, conclude then show to the participants, Feedback documents from group work
Topic: clear to understand	More documents
Cooperation from participants	Facilitate to improve recap method
Good refreshments	Focus on inactive participants in the course
	The snack is the same every day, change the snack
	Have a hammock to lay down after lunch

SOMETHING YOU CAN USE IN YOUR WORK	OTHER COMMENTS
Experience from field work, Experiences from field work	At least two weeks for the training, Time should be long, Need more time for training, Should have more time in practicing, Too short a time for this workshop
How to make an interview	Advocacy training should be done later
Advocacy framework	There should be more trainings
Planning of goal	The training should be more followed up for each group
Communication skills	Time in the morning: 8.00 - 12.00 and afternoon: 1.30 - 5.30
Obtain good knowledge (more clear about how to set up a goal and objectives), How to create goal, objective	Time should not be too much flexibled, too much flexibility, Time keeping, The session is late, We are currently behind schedule, More flexible time
Advocacy issue, identify and apply the strategy in project, The way to find the issue, Method of advocacy, Method of analysing, Analyse advocacy issue	Keep slow down
Apply the strategy of advocacy	Compare the real situation in your country for your advocacy process or your real challenge
To improve my workplace	Guidance from facilitator before doing something
Knowledge can be applied when I come back to work	Need a soft copy for all the facilitator presentations
That it will help and link with my working with the community	Should explain more the important key concept of advocacy
Apply the knowledge to project staff	Should have a video movie to show about good advocacy and communication
Building and share to project staff	The facilitator could spend more time sharing good and bad points regarding Advocacy from other countries – will be good!
New experiences from others and workshop	MEDiCAM should build a strong network with health NGOs
Share and/ or train other NGOs and colleagues on this subject	Healthlink should continue to involve with advocacy and MEDiCAM such support in training and other technical inputs
It is good to use and integrate advocacy strategy in proposal writing	Provide more to participants on the application of advocacy
Methodology of facilitation, Method for training, Style of the presentation, Game and role play for roll out training, Good facilitation skills of the facilitators	Need to correct or comment on group presentation to appropriate response before moving on
Participatory tools – individual thinking through to group agreement	Enough time for group discussion, Should allow more time for group discussion
I can apply at community about CFA	Prepare for the field visit in advance
Advocacy for Health Centre Management Committee to involve more with health activities	

Applying when we have meeting with stakeholder related institutions	
Building the NGOs networks on advocacy	
Update documents	

Exercise to demonstrate how people hear messages differently

Four volunteers were blindfolded and each was given a sheet of paper and asked to:

fold it in half,

fold it in half again,

make a tear in the bottom left-hand corner,

make a big tear in the top right-hand corner,

unfold the paper.

The results were all different, but the message was the same.

***When developing a message you have to keep remembering that everyone's interpretation of your message will be different.*

Stakeholder analysis

In plenary, the participants ran through three handouts to help work out their audiences, communications and messages: Stakeholder analysis, Audience analysis, and Tailor messages and materials to the information needs of various audiences (*Appendix 1.22, 1.23 & 1.24*).

** It is important to consider carefully at the potential concerns and messages for each audience.

The five groups then analysed the stakeholders for their advocacy campaigns and identified four key audiences among these. They then worked out how these key audiences would be contacted, what they already knew about the issue, what their attitude towards the issue was, flagged potential concerns, and identified a possible advocacy and communication message. They gave their feedback in plenary:

PLHIV

STAKEHOLDER	AGREEMENT	IMPORTANCE	INFLUENCE
PLHIV	+3	H	L
Family	+3	M	L
School teachers	+3	M	M (they can influence the school director)
CBOs	+3	H (they can engage and collaborate)	M (not so much power)
Local Authorities	+1 (may not have 100% support)	H (can be linked to the issue)	H (key player)
Employers	+1	H	H (depending on where they operate in society)
MEDiCAM	+3	H	H (involved in technical working groups and national advocacy)

Comments: We think we can't just rely on one group, we have to have more networks and representatives of technical working groups. Many of you are in the network of MEDiCAM, so we are a critical mass.

It was suggested that another stakeholder group might be Health care staff and regional hospitals, but they were felt to be less important because the issue is about discrimination.

Friends

STAKEHOLDER	AGREEMENT	IMPORTANCE	INFLUENCE
School directors	+3	H	H
Teachers	+3	M	H
Students	+3	H	M
Parents	+3	M	M
NGOs (for Child Rights, e.g. Friends, UNICEF)	+3	H	H
Local authority	+3	H	H
MOYES (Ministry of youth, education and sport)	+3	H	H
MOI (Ministry of information)	+3	H	H
National Education Partnerships	+3	H	H

Q: Most of these stakeholders have been marked as high for importance, but how important is the issue to all of them? E.g. how important is it for the School Director if it is only a few street children? The Director is important for policy but we need to analyse what we may need to do for advocacy. Similarly how important is the issue to local authorities.

Comment; You need to rank the level of importance to rate the level of action which you will engage in.

***It was realised that there had been a level of misunderstanding around this exercise. The tools should be used to identify where we have to push our advocacy message more e.g. if it is of low importance to a group of stakeholders, but should be of high importance, then we need to push the message strongly.*

It was also observed that all the stakeholders had been given a very high level of agreement, but that some more analysis might be required to assess who important the advocacy issue is to them and whether they all agree with the campaign.

Influence was also noted to be high for most of the stakeholders, but how much each group of stakeholders could do and how much influence they really have was questioned.

In terms of stakeholder involvement it is important to identify the key groups and one of them has to be the group that will be affected by the advocacy. It is important to involve them because this helps to legitimise the advocacy.

Key Audience	How to contact them	What do you think they already know? ...	Potential concerns	Possible advocacy and communication message
Minister of MOYES	Official appointment Workshop presentation Campaign	Hope they know about issues – not a political issue. Attitude >> support	No time available Delegate to non-important person No space for integration into curriculum	Evidence based Report Presentation Speech of victim (children)
School director	Official appointment Workshop Meeting with NGOs Meeting with children in school directly	Not a political issues Attitude – support	No time No space for integration	Reports Presentation Visit real situation at school
NGO working in child's rights	Through workshop and forum	Most NGOs are familiar with child rights Attitude- support	Conflict schedule Not important delegation	Evidence based report Real situation presentation Visit to sites
Minister of MOI	Official appointment Workshop Meeting/conference	He knows the issue, not a political issue Attitude support	Delegate to non-important person for meeting, workshop and appointment Budget limited	Presentation on real situation by speech of children Evidence based or scientific report

Comments: Different messages might be appropriate for different audience groups

Vulnerable women

STAKEHOLDER	AGREEMENT	IMPORTANCE	INFLUENCE
Ministry of Women's Affairs	-3 -2 -1 0 +1 +2 +3	M	H
Police	+3	H	H
Police military	+1	L	L
District governor	+1	L	L
Commune council	+2	M	H
Legal aid council	+3	H	H
Human rights organisations	+1	L	M
Lawyers	+2	M	L
Vulnerable families	+2	H	M
Traffickers	+3	H*	H
Village chiefs	+3	H	H
Donors	+3	H	H

**The high level of importance attributed to traffickers was a result of misunderstanding and 'importance' meant how much a stakeholder group agrees on the issue.*

Key Audience	Contact through	What they know/ current attitude	Possible concerns	Means of communication
Ministry of Women's Affairs	directly by phone and e-mail	Know the law but are not willing to implement and apply it	might not have much time to participate	IEC, Media campaign
District Governor	directly by phone and e-mail	Know the law but are not willing to implement and apply it	might not have much time to participate	workshop to integrate planning
Commune Council	directly by phone and e-mail	Know the law but are not willing to implement and apply it	might not have much time to participate	Lunch or dinner meeting
Donors	Work with	Encourage and support to implement the law	Stop funding	Proposal development

Drug users

STAKEHOLDER	AGREEMENT	IMPORTANCE	INFLUENCE
Drug users	+3	H	L
Local authorities	+3	H	M
Relevant NGOs and local organisations	+3	H	M
Ministry of social affairs	+2	H	M
MOYES	+3	H	M
Ministry of health	+3	H	M
Ministry of interior	+3	H	H
Community	+3	H	L
Families and friends	+3	H	L
Partners in development	+3	H	M
Media	+3	H	M
Charity	+3	H	L

Key Audience	How to contact them	What do you think they already know?	Potential concerns	Possible advocacy and communication message
Local authorities	Orientation workshop	Yes, welcome support	Not fully cooperate	Problem analysis, findings
MOEYS	Formal appointment Letter	Yes. drug trafficking	Not completely representative	Risky target group
Mol	Formal appointment Letter	Yes. drug trafficking	Not completely representative	Message, broadcasting through mass media limit

MoH	Formal appointment Letter	Yes. drug trafficking	Not completely representative	Outreach activities
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Q. What would the key message be?

A. That this is everybody's issue

Comment: It is important not to stigmatise the group you are advocating with/ for.

Deaf young people

STAKEHOLDER	AGREEMENT	IMPORTANCE	INFLUENCE
Deaf people	+3	H	L
DDP	+3	H	M
DAC	+3	H	H
Relatives of deaf people	+2	M	L
Community members	+1	L	M
Ministry of Social affairs, Veterans and Youth rehabilitation (MOSVY)	+2	M	H
MOEYS	+2	M	H
MOI	+2	M	H
TV stations	+1	L	H
Private sector (companies)	+1	L	M

Key Audience	How to contact them	What do you think they already know?	Potential concerns	Possible advocacy and communication message
Mol	Technical working groups of DAC	You make the rights, so you have to implement them		

Comments: It was noted that the community was rated as giving the issue low importance and with only +1 agreement. This was because they were considered not to care much about the issue and have a low interest, but it was recognised that their voice and support could help achieve results in the community.

In support of this idea that one group can help to add pressure to achieve the campaign results, an example was given of an East African Regional Initiative on affordable medicines. Kenya and Tanzania signed up to an agreement and because they had signed, this put pressure on Uganda to sign as well.

*** It is important to develop different messages within a campaign strategy and to do some real research about the different audiences.*

Another example was given from Bangladesh and an advocacy campaign around building accessibility for people with disabilities. The campaigners did some research and found out that in one district there was a minister who had a disabled son. People from the DPO had a meeting with him and he agreed to take their message forward. It was a learning experience for the minister and he felt better about his son's impairment. The campaign resulted in legislation being put in place so that all new buildings have to be made accessible.

Some explanation of advocacy stakeholders, audiences and messages was given in Khmer by Dr Sin Somuny.

It was emphasised that this exercise would be much easier and become a lot more real and relevant when participants used the tools in real situations in their work. For the purposes of the workshop what was important was that participants understand the process rather than the product that they come up with. It was also felt that once the materials were available in Khmer it would be much better too. It was acknowledged that it was difficult to come to a workshop that is not conducted in your first language and that when the training is cascaded it will be in Khmer and the current participants will become trainers. They may want to adapt some of the materials and probably won't want to include everything that has been put into the current workshop

Some concerns were expressed about participant's ability to do everything, and fears were allayed by the reassurance that they are not expected to have all the expertise themselves, but by working with coalitions and networks they will have access to people who can provide the expertise that they need.

A handout was given out on how to analyse legislation (*Appendix 1.25*).

DAY 4: Thursday, 4 Dec

Objectives for the day

Participants should:

- gain awareness to good practice in developing CFA resources
- practice skills for engaging with the media
- practice skills in effective lobbying
- practice skills in repackaging information
- use skills in presentation

Facts and findings

There was a discussion over the difference between 'Facts' and 'Findings':

Facts = what actually happened, what you saw, hear, didn't hear, experienced

Findings = what you interpret from the facts when you do your analysis – when you ask why

Participants read through two handouts: one on the key differences between scientific and advocacy communication, and one on the differences between traditional development and citizen-centred advocacy (*Appendix 1.26 & 1.27*).

Organisational capacity

Participants were given some useful tools to help analyse their organisational capacity: SWOT and PESTLE analysis sheets (*Appendix 1.28 & 1.29*), and these were talked through together to discuss the different elements involved in each tool.

These and a tool to assess advocacy capacity (*Appendix 1.30*), which was also given to participants, are useful for analysing the capacity of the organisation and the capacity of the team that will be involved in advocacy.

It was recommended that participants used assessed their advocacy capacity over time and use it as a monitoring tool for their organisations; e.g. conduct the exercise now and then again in six months and compare the scores and if they are different analyse the reasons why, to help document organisational development and capacity. If used in this way, it is a useful self-assessment tool to help you see where you might need to do a bit of work.

Example of the risk to individuals who undertake advocacy:

“In Rattanakiri there is a land issue. Some people sell land to rich people without consulting the community. There was an organisation that was raising awareness of people’s land rights. They organised a demonstration and the person that the organisation had made leader was beaten up and ended up in hospital. We feel this organisation had pushed people into this.”

It is very important to look at the risks and to make sure that the context is right for Cambodia.

But advocacy doesn’t have to be attacking, it needn’t be a fight.

“We can make our opponents our allies. This suggests we are trying to persuade them and make them our supporters. This also reduces the risks.”

In the stakeholder analysis the question “What do you think they know?” is very important. At different points in time or over different issues, people can change from being allies to being opponents or from opponents to being allies.

Media skills audit

The participants were shown how to carry out a skills audit.

The names of the participants’ organisations were listed down the side of a sheet and then different media: newspapers, radio, TV, press conference, press release, drama forum, were listed across the top so that a tick could be placed against each type of media that an organisation has had experience of. Pressure of time meant that this audit was not completed in the workshop but it is a useful exercise to undertake when doing an advocacy

campaign and is a way to help build alliances and thus get a larger amount of skills for your campaign.

Organisation	Newspapers	Radio	TV	Press conference	Press release	Drama forum
RACHA		X				
AHEAD	X	X	X		X	X
HLWW	X			X	X	
MEDICAM	XX			X	X	
CHEMS		XX	X		X	XX

Dealing with the media

There was then a presentation about dealing with the media and why it is useful to make sure that you build up a good relationship with the media.

Comments:

This needs to be made relevant to the Cambodian context.

This is an important issue because if we don't use the media, other people will.

Working with the media is hard work. You need a good strategy and to understand how the media works. You also need to understand and to be aware of the risks of working with the media. You rarely achieve wonderful media coverage without working for it.

"The media have their own objectives. They want to sell their papers and to have stories that will sell papers...if you create your own media you can put your message across as you want. If you work with a journalist you don't know, they may change your story because they have their own agenda."

One participant, who had been a journalist gave an account of his experience of the media in Khmer.

Lobbying

What is it? – Persuading influencers.

"Isn't it like a hotel lobby?"

"Yes, that is where it came from. People would wait in the lobby of a building for politicians or other important people who they wanted to influence when making important decisions"

Together the participants went through a handout on Good practice for effective lobbying (*Appendix 1.31*) looking at how to prepare for a meeting, pointers for what to do during the meeting itself and what to do after the meeting.

An example from the field was given, relating to forestry, about how messages can be emotive.

A handout of suggested lobbying guidelines was distributed along with four lobbying role play scenarios (*Appendix 1.32 & 1.33*).

The participants divided into four groups, each taking one scenario, and prepared a five-minute role play.

Comments:

Make sure you have a clear issue that you are lobbying about

In one group the Minister passed the buck. If a Minister is difficult to influence then an informal meeting is likely to have the least impact because the Minister can deny that it had taken place.

One example of a long running advocacy campaign was against tobacco. The campaign had ground to a halt because the tobacco companies were in league with the government, so proposed legislation was “still stuck at the assembly”. So there now needs to be lobbying to try and release the law.

A handout on negotiating skills was given as background reading (*Appendix 1.34*).

What is a press release? (presentation)

“A press release is a briefing to notify the press in advance of an event or of something significant. It is important way to disseminate information because not all media outlets are interested in our issue. The media can then come back to us and ask questions.”

****Try to dictate your terms. Information is their business.**

Together the group quickly ran through a handout of points to try to do and try not to do for different aspects of your advocacy campaign (*Appendix 1.35*), *paying particular attention to:*

Preparing a briefing note or position paper,

It is important to think about the language you use and to reference everything.
Focus the information on the target audience and make sure that it is brief.

Make sure that the appropriate people have been consulted. Make sure that it is well edited and that there are no simple mistakes – they can make you look bad.

Carrying out a media interview, and

Preparing a press conference

A press release could invite journalist to a press conference (meeting).

In the Philippines a group held a press conference where people from the same group spoke about totally different issues. You need to decide before the press conference, who is going to speak and what they are going to talk about, so that you present a united front.

In Ethiopia one organisation has a woman who is living with HIV who is a very good speaker. She therefore gets asked to speak at various press conferences to give legitimacy to the campaign and to the message the group are trying to put across.

A press conference doesn't have to have a single speaker, but that can be very effective. If you are organising a press conference you need to think about organising speakers as well.

** If you are holding a press conference with other organisations or as part of a network, it is important why you are coming together.

Final presentation of from the field visits

The rest of the day was spent in preparing for the final presentation related to the field work. Each group was asked to prepare a 20 minute presentation of a realistic press conference for their issue and to include:

- a press release (that we will assume has been sent out a week in advance of your press conference. It needs to contain details of the press conference and also a little background and a hook to get journalists interested)
- a policy briefing paper (one page giving a bit more background information based on your drama)
- a press pack (just listing the items you would include – including business card/ contact details that can be given out to each member of the press who attends)
- a five-minute drama to help highlight the group's issue (based on the topic you are advocating about.)

To assist them with this, participants were given handouts on: how to organise a press conference, how to write a briefing note/ position paper and how to write and use a press release (*Appendix 1.36, 1.37, & 1.38*).

Clarification was given on the different between a press release and a briefing paper:

A press release is: written for journalists to inform them of and event or programme that we are trying to conduct. We write the message and fax it to the media and it is for them to decide whether they will cover it. It needs to be short, interesting, snappy and if possible contain a case study. Journalists will get some information from the press release and then may ask you for more details.

A briefing/position paper is: a policy statement. It is more scientific, with background evidence and representation. It is a more formal document.

DAY 5: Friday, 5 December

Objectives for the day

Participants should:

- practice skills in presenting communication materials
- be able to identify priorities for action within their work setting
- develop a time bound action plan
- analyse how learning has taken place
- discuss different types of methodologies used
- discuss how they might use all or part of the workshop in their future training activities

Key points from the presentations

- It is important that the press conference starts on time and you do not keep people waiting.
- Think carefully about who you want to speak at your press conference. Who is best going to put your message across?
- The chair needs to introduce the speakers and give the reason for the press conference.
- Think about the order of the conference and maybe have a Q & A session at the end.
- When writing a press release start with your important information:
 - What it is about
 - Why this activity/ even is happening
 - Who is involved
 - Where the event/ press conference is happening and when.

Following the presentations the groups reconvened for an after action review for self assessment. They were asked to consider:

1. How well were the issues you discovered in your research reflected in your presentation?
2. What did you enjoy most about all the press conferences and what lessons can we learn?
3. Have you helped to promote a positive change for your group?

In plenary the groups shared their main points:

Question 1

- There were some limitations in terms of time, bias, generalisations and ill prepared questionnaires
- We identified a real issue for vulnerable women
- The critical issues are converted into a strategy development plan for advocacy
- We did an excellent job! In showing the communication barrier, showing the real situation of deaf people and in giving recommendations and potential solutions to the problem
- Knowledge and data from drug users
- Analysis of the issue
- Developing the goal
- Setting up objectives
- Identifying the key stakeholders/ audiences
- The press conference
- To include drug users
- All the issues were collected and prioritised
- We provided recommendations and identified a possible advocacy issue

Question 2

- The role plays (for messages and information),
- the dramas (simple for audiences to understand the issue),
- practice in how to prepare a press conference and include a press release and briefing paper etc,
- the sharing of experience among participants.
- The preparation
- The role play
- Group feedback
- How to communicate from grass roots to national level
- Preparing and developing a press conference with different issues
- The poem of the PLHIV group

- Real case studies of the affected group
- The use of drama as a tool to link the press conference with the real situation and solution
- Team work
- Getting feedback
- The dramas
- Understanding about how to write a press release
- Getting experience from the team members
- The true attitude of the minister
- Good involvement from the media
- Fruitful
- A clear understanding between a press conference and other sorts of conference.

Question 3

- Equally distributed in terms of ideas, concepts and strategies for developing group exercises through group discussion
- Clear duties and assignments
- Facilitate group decision making
- Sharing and conclusion of the group idea
- There were some formal errors in the organisation of the conference
- The press conference was a successful step
- Provide counselling
- Promote awareness
- Vocational training
- Integrate the drug use education into the curriculum of the national education programme
- Promote PLHIV's rights through the enforcement of law and policies

Two handouts (Engaging policy and decision makers and the difference between advocacy and IEC) were discussed (*Appendix 1.39 & 1.40*). The difference between advocacy and IEC

is an important one because advocacy mainly targets people who have influence where as IEC does not.

Networks

There was then a session on the importance of networks and working as part of a coalition, during which two handouts - Elements for forming and maintaining networks and Coalition building (*Appendix 1.41 & 1.42*) – were discussed.

An example of a successful network - NACWOLA (the National Community of Women Living with AIDS in Uganda) was given. NACWOLA grew from six women living with HIV to around 60,000 in 10 years.

A short animated film based on a memory work project that Healthlink and NACWOLA have worked together, and which has been used both as an advocacy tool and an awareness raising tool was shown. But participants did not consider it relevant to the situation in Cambodia. This highlighted the need to use and develop country and region specific materials.

Speed dating to create networks

A large chart was created in which all the participants' organisations were written around the edge of a circle.

Each organisation then wrote the name of their organisation on a separate piece of paper and set up two or three chairs to create their 'office'.

They were asked to consider how they might be able to cooperate with each other and to have a series of three-minute meetings with other organisations. At the end of each meeting participants drew a line between the two organisations that had taken part on the large chart.

It was emphasised that this exercise was not simulation, it was to develop real networks that would be of value to participants in their work.

The purpose of the exercise was to show the potential of working together and the opportunities that are available within this new group that has come together for the first time.

After 20 minutes or so, a number of meetings had taken place and chart was very dynamic.

“It shows that we have a great network, to support, and co-facilitate. It is a good resource. We should work together to translate and share advocacy resources so that we don't double up.”

Action Plan

Participants were then asked to note down what they will do to take CFA forward if they thought it would be useful to do so, at a personal level, and an organisational level.

Some examples of what people noted down are:

I will share this with other staff

I will try to train staff in the skills and apply them in the field

I will first try to advocate with my family

I will review the training and handouts and then decide what I can do.

I will go through the handouts

I will get involved in facilitation

The whole group was then asked what they could do together in the future: e.g. create a facilitators network for CFA roll out training, support each other and share ideas.

In Bangladesh and India the networks created through CFA training now act as a peer support group – even outside the project.

Healthlink will be part of this network and we will all support each other in this.

The question of resources was also raised e.g. if something like the CFA training resources needs to be translated into Khmer then is it worth pooling everyone's resources and producing something together? Such things don't just happen. The group won't all reconvene again and to the next step needed to be agreed in the training so that something would happen in the future.

- The suggestion was to translate all the CFA materials into Khmer and then to recall the group for a day to feedback. Some pre-testing was also needed, so write a version, share it and see what everyone thinks then make amendments.

David showed the CFA manual that was produced in the Philippines and has been used in over 400 organisations across Asia.

- MEDiCAM was asked to update participant's contacts and e-mail addresses and send out an updated list to the group.

It was also suggested that the participants shared their research and experiences through e-mail, meetings and workshops and put some of their experiences on the MEDiCAM website.

The 'Engaging Communities for Better Health in Cambodia' project will include three CFA workshops to roll out the training at a local level.

At an organisational level the need is to prioritise and influence people who have power to make decisions and shift from the traditional idea of development needs towards more

interesting and effective demonstrations that get people involved and interested. Lobby your own organisation to include advocacy in its approach.

As a way of taking things forward, it was suggested that participants might take 30 minutes over the following week to reflect on the new learning they had experienced during the CFA training, what had really affected them, who they might want to keep in touch with and what ideas they might want to use.

They could then share their reflections with their colleagues as a learning and sharing exercise and from there go on to think about an advocacy project that they might want to start, first with their organisation but, if they had problems, then consulting the network created by the training.

Evaluation of the training

Participants were asked to fill in and hand back two handouts – one to evaluate the training and one pre- and post-training test of how they rated their knowledge before and after the training. (*Appendix 1.43 & 1.44*) (*For a synthesis of participants views Appendix 2*)

Close of workshop

David said that the workshop had covered a lot of ground and praised everyone for their hard work, at a group and individual level and how much they had all contributed.

***Advocacy is not easy. It is a long term thing. It is very complex and works at lots of levels. Many people have been working at it before the training but hopefully the training will help us to be more systematic and will give us a framework to meet the challenges of working out our message, goals, objectives and stakeholders.*

During the Engaging Communities project there will be three more CFA trainings – in the North East, the North West and North Central districts.

David also thanked everyone who had helped to make the workshop possible.

Dr Sin Somuny said he was very pleased and very impressed with the understanding of the participants.

***Advocacy is a very sensitive issue and today I heard people saying they saw many opportunities to do advocacy.*

The key things are that we have learned what advocacy means, that evidence is very important and so are the goal and objectives for our work plans. Also that networking is key for advocacy. It is about critical mass, not just about best practice and lessons learned.

He then spoke in Khmer about the benefits of lobbying skills for communicating evidence, and using advocacy skills for harmonisation and alignment in NGOs, the private sector and the Government working together. He said these skills were useful in capacity development and that a lack of knowledge causes fragmentation and damages the development of

Cambodia. A lot of importance needs to be given to NGOs in development work so that they can support a national plan that reflects the needs of the citizens of Cambodia. And that plan needs to be monitored and evaluated.

There is a role for NGOs to help with evidence-based policy development and to actively participate to improve transparency and good governance in the development of Cambodia through mutual accountability.

***You can't do advocacy only for your own benefit. It won't work. It has to be for mutual benefit.*

He thanked the training team from Healthlink Worldwide, especially David and Deepthi, MEDiCAM team and all participants, and hoped for a close relationship within the network.

Certificates were given to all the participants.

Appendix 1: HANDOUTS

Appendix 2: Analysis of evaluation and pre- and post-test analysis