

NATIONAL HIV/AIDS ADVOCACY FRAMEWORK AND GUIDELINE



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ACRONYMS

| | |
|----------------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| CDC-Ethiopia | Centers for Disease Control and Prevention-Ethiopia |
| CRDA | Christian Relief and Development Association |
| CSA | Central Statistics Authority |
| EMSAP | Ethiopian Multi-Sectoral AIDS Project |
| EPHA | Ethiopian Public Health Association |
| FBO | Faith Based organizations |
| HAPCO | HIV/AIDS Prevention and Control Office |
| HIV | Human Immune deficiency Virus |
| IEC/BCC | Information Education Communication/Behavioral Change Communication |
| M&E | Monitoring and Evaluation |
| MoH | Ministry of Health |
| NGO | Non-Governmental Organizations |
| NOP | National Office of Population |
| OVC | Orphans and Vulnerable Children |
| PLWHA | People Living With HIV/AIDS |
| SLOT | Strengths, Limitations, Opportunities and Threats |
| SMART bound | Specific, Measurable, Achievable, Realistic and Time- |
| USD | United Stated Dollar |
| UN | United Nations |
| UNGASS | United Nations General Assembly Special Session |
| UNICEF | United Nations International Children's Fund |
| UNDP | United Nations Development Program |
| WHO | World Health Organization |
| TWG | Technical Working Group |
| SPM | Strategic Plan and Management |
| CSOs | Civil Society Organizations |

FORWARD

With 1.5 million people living with the virus and 115,000 adults and children dying in a single year, Ethiopia is one of the countries hard hit by the HIV/AIDS pandemic. We have now reached a stage whereby the impacts of the epidemic have transcended individual and family levels and are posing serious threats to the economic development of the country.

The magnitude and impacts of the epidemic in Ethiopia mandate multi-sectoral responses, and the recently launched Ethiopian Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response (2004-2008) clearly verifies and upholds such an approach.

There are a number of strategies that help contain the spread of the virus and mitigate its social and economic impacts. One of these strategies is HIV/AIDS advocacy. This is a cross-cutting intervention that assists decision makers at all levels to put in place, modify or expedite the implementation of policies, laws, systems, procedures and practice in favor of scaling up the responses to the epidemic. Through HIV/AIDS advocacy, the rights and needs of vulnerable groups such as children, women, people living with HIV/AIDS, etc will be protected. Advocacy in HIV/AIDS is a dynamic process involving a number of issues, advocates, targets and alliances.

Although advocacy in HIV/AIDS is a crosscutting and very essential instrument in the process of fighting against the epidemic, the level of systematic and planned advocacy in Ethiopia is still at its earliest stage of development. There are of course institutions, in particular associations of PLWHA and other organizations that have been attempting to promote advocacy on issues pertaining to HIV/AIDS. But this has to be systematized and scaled up by engaging additional institutions and coalitions in advocacy work.

The proclamation providing for the legal existence of NAC and HAPCO clearly defines the role of HAPCO in facilitating, encouraging and building the capacity of stakeholders for HIV/AIDS

advocacy. This legal mandate provides a structural capacity to implement this role. HAPCO itself has the responsibility of advocating on different issues at international and national levels with different partners so that the responses to the HIV/AIDS epidemic are being scaled up and expanded. To this end, a National HIV/AIDS Communication Guidelines containing important approaches of HIV/AIDS advocacy based of socio-economic, policy, spiritual, gender, and cultural domains have been prepared and made available to the partners as of June 2003. This was used as an important basis for the development of comprehensive advocacy tools.

Taking this background and other competing needs into account, HAPCO in collaboration with Ethiopian Public Health Association has developed detailed framework and guidelines for HIV/AIDS advocacy interventions. These tools can provide conceptual clarity and encourage more partners to undertake systematic and planned advocacy for change.

This document is believed to elevate the level of HIV/AIDS advocacy in Ethiopia and accelerate the implementation of the different objectives of the HIV/AIDS Strategic Plan. Hence, the development of the tools represents another milestone in the expanded and comprehensive responses to the epidemic in Ethiopia.

I would therefore like to take this opportunity to thank the Ethiopian Public Health Association, US Centers for Disease Prevention and Control, members of the Technical Working Group and all organizations and individuals that contributed from the inception to the completion of this document.

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Executive Summary

With an estimated adult HIV prevalence rate of 4.4% for 2003, Ethiopia is among the countries in the forefront of the global HIV epidemic. The responses to the epidemic started very early, but the momentum did not make significant impact on the spread of the epidemic and its impacts. In the last 3 to 4 years, however, the responses have relatively been scaled up and now HIV and AIDS are receiving better attention from all sectors of the society. The Ethiopia Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS responses, 2004-2008, has been launched in January 2005. This strategic plan focuses on making HIV/AIDS communities' agenda and on increasing the health sector responses.

Among the different interventions that assist the prevention and control of the HIV/AIDS epidemic is advocacy. Efforts for systematic and standardized HIV/AIDS advocacy in Ethiopia have been going on for some time through a national communication framework and guidelines. In February 2004, the Federal HAPCO and the Ethiopian Public Health Association convened a daylong consultative workshop for the development of National Advocacy Framework/Guidelines/Implementation Manual (Tools) for HIV/AIDS interventions. The consensus at the workshop was that advocacy work in Ethiopia has not been systematic and well planned. The final decision was to form a technical working group to guide and assist the development of National HIV/AIDS Advocacy tools. The TWG, with the leadership of Federal HAPCO and EPHA, gave the responsibility of developing the tools to a professional consultancy firm.

To identify the gaps in HIV/AIDS advocacy in Ethiopia, the consultancy firm made extensive desk review and rapid assessment among 33 public, civil society organizations, private organizations and associations of PLWHA. The rapid assessment showed that advocacy in general and HIV/AIDS advocacy in particular are at their very early stages of development in Ethiopia. It verified the earlier impression that there is no systematic, planned and sustainable

HIV/AIDS advocacy in the country. There are also misconceptions, particularly emanating from the widely prevailing confusion between advocacy and IEC/BCC. Based on the findings and underpinning on already existing national communication framework and guidelines, a draft document on national HIV/AIDS advocacy tools was developed. The Federal HAPCO and EPHA convened a review workshop in order to further enrich the draft document. This workshop conducted on January 27- 28, 2005, in Nazareth, provided significant inputs to the document.

The document, that has 3 sections, deals with the general background of HIV/AIDS and HIV/AIDS advocacy, framework and guidelines of HIV/AIDS advocacy in Ethiopia.

The Introduction and Background consist of a brief introduction, rationale, general/specific objectives, i.e. whom the document is targeting, as well as background to HIV/AIDS and HIV/AIDS advocacy in Ethiopia.

The general objective of this document is to enable all stakeholders, at all levels to understand, plan and implement HIV/AIDS advocacy. There are several specific objectives such as providing conceptual framework and national standards for HIV/AIDS advocacy in Ethiopia. Governmental organizations, Civil Society and private organizations, associations and coalitions of PLWHA, in particular, as well as the community organizations are the major users of this document. The same holds true to researchers, trainers and international development partners.

Section II of the document deals at length with the conceptual and operational frameworks of HIV/AIDS advocacy in Ethiopia. The general principles, broad tactics and strategies as well the operational framework (in conceptual design) have been included in this section. The definition of HIV/AIDS advocacy indicates the comprehensiveness of HIV/AIDS advocacy, i.e., the advocacy of HIV/AIDS is not only limited to the traditional policy advocacy, but also includes advocacy on programs, services, resources, cultural values and norms, religious beliefs, etc. It is clearly shown in the

document that issues in HIV/AIDS are diverse and multiple, while advocates and the targets are many. The operational framework has been built based on three basic tenets: identifying the issues, the process and the intended outcomes of advocacy. It clearly depicts that advocacy is a dynamic process that perpetually moves by making use of the achievements that have been gained in due course. This clearly reflects the multi-dimensional, multi-institutional and multi-level nature of HIV/AIDS problems and solutions, and the crosscutting nature of advocacy as intervention to contribute to the prevention, support, care and impact mitigation.

The guiding principles and purposes of advocacy assist advocating institutions or networks to frame their advocacy works so that they succeed with their advocacy efforts through planning and implementing in a standard way.

The roles and responsibilities of different stakeholders that are included in section II clearly define the roles of different stakeholders. This attracts the attention of stakeholders to engage in constructive HIV/AIDS advocacy.

Section III is the last section dealing with how stakeholders initiate and conduct effective advocacy. The eleven steps to carry out effective advocacy include: defining the issue of advocacy propose solutions, assessing the capacity, setting the advocacy goals and objectives, strategies & tactics, finding supporters and forming partnership/networking, identifying targets, developing detailed activity plans, developing budget and securing fund, discussing the plan with other stakeholders, setting the time, conducting the advocacy and finally monitoring and evaluation. All steps have been very well elaborated and illustrated with adequate number of worksheets. This will definitely assist advocates to conduct systematic HIV/AIDS advocacy.

The annexes include summary of important HIV/AIDS advocacy issues in Ethiopia identified during the rapid assessment. They are essentially summary of the opinions of the interviewees, yet they reflect the context. Since HIV/AIDS issues are dynamic, some might

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have been addressed or changed already, whilst others need in-depth research before picking them as advocacy issues.

This document is a dynamic one with the expectation that it will keep abreast of the rapid changes in the HIV/AIDS situations and responses in Ethiopia as well as in the international context. It is believed to scale up systematic advocacy in Ethiopia by ensuring accelerated engagement of all stakeholders in constructive HIV/AIDS advocacy.

SECTION I: INTRODUCTION AND BACKGROUND**1.1 Introduction**

Throughout history, people have been using advocacy to bring about certain changes for a particular cause. Through the effective actions of advocates and activists, policies, laws and strategies have been changing. Anti-colonial, anti-racial, and anti-war movements in various countries can be cited as examples of the contribution advocacy made to the betterment of the present world.

After the advent of the HIV/AIDS pandemic, advocacy became an important tool to be used by institutions, activist groups, politicians, individuals and PLWHA. Policies, human right issues, social beliefs and even the responses of HIV/AIDS strategies have improved through worldwide and nationwide advocacy works¹. As HIV/AIDS affects all sectors of the societal system, new issues always emerge in the disease response that require modification or change of policies, laws, and strategies. Advocacy, in this respect has a great role to play in shaping this process.

HIV/AIDS advocacy has reached high levels in recent years. Since the onset of the pandemic over two decades ago, advocacy efforts in countries most affected by the problem, and their supporters have done immense job of shaping the course of the disease's spread and

¹ United Nations. Women and HIV/AIDS: Advocacy, Prevention and Empowerment . DPI/2343/February 2004.

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the responses to the pandemic². One glaring example is the access to treatment that was advocated by UN agencies, international alliances of association of PLWHA and other civil society organizations worldwide, which made antiretroviral drugs available in resource-limited settings at lower price³.

However, advocacy in general and HIV/AIDS advocacy in particular, is at its earlier stage of development in Ethiopia. Well-organized and systematized HIV/AIDS advocacy has not yet emerged. The results of the rapid assessment conducted in preparation of the tools unraveled that there are significant misconceptions among stakeholders working in HIV/AIDS prevention, support, care and treatment with respect to advocacy.

Hence, the Ethiopian HIV/AIDS responses have not adequately enjoyed the added value of this intervention to advance policies, programs and other important inputs that are known to scale up the prevention and control efforts against the epidemic.

In order to narrow this gap and intensify HIV/AIDS advocacy in Ethiopia, a one-day workshop organized by HAPCO and EPHA in February 10, 2004, recommended the development of comprehensive tools (framework and guidelines and subsequently manuals) of HIV/AIDS advocacy for Ethiopia.

² Policy Project: Moments in Time: HIV/AIDS Advocacy Stories: July, 2003

³ UNAIDS/WHO: Accelerated Access Initiative, Progress Report, June 2002, P.9

Review of important documents such as the *HIV/AIDS Communications Framework*, the *National HIV/AIDS Communication Guideline* and the *National Monitoring and Evaluation Framework for Multi-sectoral response to HIV/AIDS* was the basis to initiate this document. The National HIV/AIDS Communication Framework and Guideline focuses on bringing individual and social changes based on the five contextual domains, i.e., policy, socio-economic, gender, culture and spirituality rather than targeting solely on the individual for behavioral change. In this document, objectives and strategies are treated through the five contextual domains, thereby mainstreaming advocacy interventions needed to enhance individual and institutional behavioral and attitudinal change. By doing this, the document has demonstrated effective mainstreaming of advocacy intervention in the national communication strategy for IEC/BCC.

Even though the current document complements the National Communication Framework and Guideline in the above respect, the latter does not provide the detailed tools or methodology, as to how to plan, process, implement and monitor systematic HIV/AIDS advocacy interventions for policies, the different thematic areas in the SPM, social and institutional mobilizations at all levels. Such gaps warrant the development of these tools of HIV/AIDS advocacy for Ethiopia. Essentially, any individual, organization or coalition can choose any HIV/AIDS issue of interest for advocacy, the tools

successful advocacy.

Extensive desk review and rapid assessment including key informant interviews were conducted among 33 organizations that were directly or indirectly engaged in different aspects of HIV/AIDS work. The major findings were that most organizations have the interest to advocate, however, most lack clear concept of advocacy –, the purpose of it, how to go about it, when to do it. As indicated above, all IEC/BCC programs and activities were considered advocacy ventures by the majority of the stakeholders.

This advocacy framework and guidelines document is therefore developed in order to facilitate the initiation of systematized HIV/AIDS advocacy by the public sector, associations and coalitions of PLWHA, other CSOs, and the private sector.

The document comprises principles, conceptual frameworks and guides for HIV/AIDS advocacy. Its effective implementation will increase the knowledge and understanding of policy and decision makers at all levels and bring critical issues to their attention, so that actions such as changing, modifying, re-enforcing or implementing national policies in favor of expanded response to HIV/AIDS will be achieved. Since HIV/AIDS is a multi-dimensional problem, advocacy is not limited to policy and policy makers. In this regard, this document has addressed the comprehensive approach of advocacy,

clearly indicating the multiple targets and the immense issues of HIV/AIDS advocacy.

The *ultimate outcome* of making available these tools is to contribute to the realization of the goals of the Ethiopian Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response (2004-2008) – reduce HIV transmission and mitigate the social and economic impacts of HIV/AIDS.

1.2 Background

With a projected population of 71 million for 2004⁴, Ethiopia is among the least developed countries in the world.⁵ The population is at the earliest demographic transition with 44% being under 15 years of age⁵. The population's annual growth rate projected for 2000-2005 is 2.9%⁵. The infant mortality rate is 97/1000, which is one of the highest in the world⁵. The average GDP per capita is 102 USD and 30% of the population lives with less than 1 USD per day⁴.

1.2.1 Status of HIV/AIDS in Ethiopia

⁴ UNDP: Human Development Index , 2004. <http://hdr.undp.org/reports/last>
(accessed on December 15, 2004)

⁵ CSA(Central Statistic Authority). *1994 Population and Housing Census of Ethiopia: Results at country level*, Volume I, Statistical Report, Addis Ababa, June 1998.

The first HIV infection was documented in Ethiopia in 1984⁶ and the first cases of AIDS were diagnosed in 1986⁷. Since that time, the epidemic has been increasing in an exponential manner, whereby from 2 cases by 1986 it reached its highest level in the early 1990's.⁸ The epidemic is now leveling at high rate in the urban centers but gradually increasing in rural centers. According to the year 2003 report of the Ministry of Health on HIV/AIDS, it is estimated that the prevalence of HIV in adults ranges from 12.6% in urban areas to 2.6% in rural areas. As of 2003, 1.5 million people were living with the virus, with an annual estimation of new AIDS cases at 98,000 and 25,000 for adults and children respectively. In the same year there were approximately 90,000 adult and 25,000 pediatric AIDS deaths⁹. Earlier data have shown that 91% of the morbidity and mortality occurs in economically and socially productive age group of 15-49¹⁰.

There are several underlying determinants for the rapid spread of the epidemic in Ethiopia. These include poverty, low literacy rate, gender

⁶ Tsega E, Mengesha B, Nordenfelt E, Hansson BG, Lindberg J. Serological survey of HIV infection in Ethiopia. *Ethiop Med J.* 1988; 26:179-84.

⁷ Lister FT, Ayehunie S, Zewdie D. Acquired Immuno Deficiency Syndrome: seven cases in Addis Ababa Hospital. *Ethiop Med J.* 1988; 26: 139-45.

⁸ National AIDS Control Program of Ethiopia. Second Medium Term Plan 1992-1996 and work plan and budget for 1992-93..

⁹ Disease Prevention and Control Department of Ministry of health (Ethiopia). AIDS In Ethiopia (5th report). June 2004.

¹⁰ Disease Prevention and Control Department of Ministry of health (Ethiopia). AIDS In Ethiopia (4th report). October 2002.

inequality, difficult traditional norms and values, recurrent natural and man-made disasters and inadequate institutions and infrastructures to respond to the epidemic effectively. There are also immediate determinants that are fueling the epidemic, such as multiple sexual partners, unsafe sexual practices, high rate of sexually transmitted infections and low use of condoms. According to the first round behavioral surveillance survey in Ethiopia, comprehensive knowledge is low especially among female farmers¹¹.

The country is witnessing a generalized heterosexual HIV/AIDS epidemic with multitude of negative socio-economic consequences. Over the last 20 years, Ethiopia has lost more than a million of its productive force to the HIV/AIDS epidemic¹². Currently, almost twice this number of adults and children are living with the virus with different degree of health status¹³. The number of orphans and vulnerable children is increasing alarmingly. Almost all sectors of the society are affected by the consequences of the epidemic.

Consequently, the epidemic has been posing very serious social and economic problems affecting all sectors of society. This is best illustrated by the high number of orphans. Out of 4.6 million orphans

¹¹ HIV/AIDS Behavioral Surveillance Survey(BSS)-Round One. Ethiopia 2002.

¹² Disease Prevention and Control Department of Ministry of health (Ethiopia). AIDS In Ethiopia (4th report). October 2002

¹³ Disease Prevention and Control Department of Ministry of health (Ethiopia). AIDS In Ethiopia (5th report). June 2004

overall impact of the epidemic is blurring the country's development vision, deepening and widening its poverty. The already existing poor social and economic situations are very much exacerbated by the epidemic.

1.2.2 *Response to the Epidemic*

Ethiopia responded to the epidemic early in 1985 by establishing a national task force on AIDS. A department of AIDS control was established in 1987 within the Ministry of Health to coordinate HIV/AIDS prevention and control at the national level. The department has performed some activities and laid the groundwork for the HIV/AIDS response in the country. With government reorganization in 1991, the department was decentralized with many functions mandated to the regions. In this transition period, there was a gap in scaling up the HIV/AIDS response as the newly organized regions were in their early stage of development.

Subsequently, realizing the magnitude of the problem and the gaps, the government has scaled up the response by forging multi-sectoral and multilevel partnership with various actors. A national policy on HIV/AIDS was developed in 1998. Following that, the Ministry of Health launched the process for the development of a national strategic planning and program development in all the regions by

¹⁴ Disease Prevention and Control Department of Ministry of health (Ethiopia). AIDS In Ethiopia (5th report). June 2004

involving all stakeholders, i.e. - institutions, civil societies, multilateral and bilateral organizations. The result was a five-year (2001-2005) multi-sectoral strategic plan document.

The main aim of the National Strategic Framework was to reduce the transmission of HIV and associated morbidity and mortality, and its impact on individuals, families and the society at large. The strategy has four principles: *multi-sectionalism, participation, leadership and efficient management with inbuilt monitoring and evaluation*. The new multi-sectoral HIV/AIDS National Council, chaired by the president of the country, was established in April 2000. The Council consists of representatives of sector ministries, regional states, NGOs, religious bodies, with representation from civil society and people living with HIV/AIDS.

Similar structures were established at regional, zonal, woreda and kebele levels. National and regional secretariats, which later on evolved as National and Regional HIV/AIDS Coordinating Offices (HAPCOs) were established for the day-to-day coordination of the efforts of all the stakeholders. Furthermore, the country secured a three-year loan from the World Bank for HIV/AIDS program- Ethiopian Multisectoral AIDS Project (EMSAP), which initiated the rollout of the multisectoral response.

As a result of this, the response to the epidemic in the last 3 to 4 years is better than it was before. New institutions and structures are

epidemic. Political and religious leaders at the national and regional levels are focusing on HIV/AIDS prevention in every section of the public. Community leaders, Associations and NGOs are increasingly engaged in HIV/AIDS issues. Today, international development partners are more committed in making available resources, best illustrated by the Global Fund and the President's initiative. The public and private media are giving growing attention to the epidemic response measures. However, the responses are not sufficient while the epidemic deserves an emergency rather than business as usual approach. The recently launched "Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response-2004-2008", and the Social Mobilization documents will definitely contribute to scaling up of the response to the epidemic and its consequences in the coming years.

1.2.3. Brief Background to HIV/AIDS Advocacy

In the past, there were some positive moves towards advocacy work in Ethiopia, such as advocacy on treatment, by associations of PLWHA and UN agencies advocating on different issues pertaining to HIV/AIDS. The first International Conference on HIV and AIDS in Ethiopia organized by the Ethiopian diasporas in United States, held at UNEC in November 1999 played a critical advocacy role in upholding a mutisectoral approach to the epidemic in Ethiopia. The local advocacy experiences of the NOP and the NGO umbrella, CRDA, would also lend good lessons to HIV/AIDS advocacy.

However, the assessment of the gaps in HIV/AIDS advocacy based on interviewing critical stakeholders in the public, private sectors and civil societies, as well as reviewing relevant documents showed that the intervention has not been given the attention it deserves. There is a conceptual gap in understanding what advocacy means in general and HIV/AIDS advocacy in particular. Few organizations have attempted to advocate on an ad hoc manner. The gaps analysis indicated the existence of misunderstanding of HIV/AIDS advocacy with IEC/BCC. The limited HIV/AIDS advocacy measures by few organizations were not well planned and the implementation was poorly conceived.

Furthermore, the policies and strategic frameworks that have direct and indirect relevance to HIV/AIDS have not addressed HIV/AIDS advocacy sufficiently. The gaps analysis of important documents pertaining to HIV/AIDS prevention and control shows that important social and economic documents such as Social Security Policy, Health Policy, etc., have not included HIV/AIDS as one of the major social and economic problems. The policies were approved a long time ago and need revision to incorporate HIV/AIDS issues.

From such a background of HIV/AIDS in Ethiopia, we can envisage that the levels, issues and areas of advocacy are many and complex. The targets, as well as potential advocates and supporters, are multiple.

1.2.4 Rationale of developing the tools

The general consensus that advocacy in general and HIV/AIDS advocacy in particular are at their earliest stage and characterized by a number of gaps, has been corroborated by the intense desk review and rapid assessment conducted in the process of developing this document. Although there is a desire to advocate by the vast majority of stakeholders that are engaged in HIV/AIDS work in one way or another, there is lack of conceptual clarity of advocacy. Conceptually and operationally, HIV/AIDS advocacy is at its earliest stage. Very crucial communication framework and guideline documents show the general direction of HIV/AIDS advocacy, but the need for detailed tools of advocacy is evident.

In addition to the gaps identified through rapid assessment, there are a number of legal, moral, national and international mandates to mount effective HIV/AIDS advocacy in Ethiopia. The Ethiopian Constitution upholds basic human and democratic rights, the realization of which protects citizens from HIV as well as ensure the rights of people infected and affected by the virus. The UNGASS declaration and the call for advocacy there from is an international obligation to engage in a systematized and well-planned HIV/AIDS advocacy. Ethiopia is signatory to a number of human right conventions, such as the Convention on the Child, the implementation of which has significant relevance to HIV/AIDS responses. Since HIV/AIDS advocacy is a crosscutting intervention,

the goals and strategic objectives in the SPM cannot be effective without well planned and systematized advocacy by all stakeholders. The rights and needs of the vulnerable groups such as PLWHA, women, children (in particular OVC) and youth as well as specific groups such as female sex workers, migrants, displaced people and prisoners, can never be ensured without effective HIV/AIDS advocacy. Such a tool is needed to mount effective advocacy so that the rights and needs of vulnerable groups would be met, and the legal and moral imperatives in fighting the epidemic would be fulfilled.

For all these reasons, building up effective advocacy, comprehensive approaches with viable networking and partnership are mandatory. This tool of advocacy is believed to bring about significant progress in the initiation and development of HIV/AIDS advocacy in Ethiopia by acting as medium of intensifying networking and partnership.

1.3 General and specific objectives of the HIV/AIDS advocacy tools:

General Objective:

Develop a comprehensive HIV/AIDS advocacy Framework and Guidelines that will enable all stakeholders, at all levels to understand, plan and implement HIV/AIDS advocacy interventions.

Specific Objectives:

1. Provide conceptual framework that enables stakeholders to engage in systematic and planned HIV/AIDS advocacy.
2. Provide guidelines for national standard in undertaking advocacy for HIV/AIDS interventions.
3. Facilitate the development of effective plans, implementation, monitoring and evaluation for HIV/AIDS advocacy interventions.
4. Encourage stakeholders to establish and strengthen partnership and networking for successful advocacy.
5. Indicate the overall responsibilities and roles of stakeholders in HIV/AIDS advocacy
6. Attract future potential advocates.

1.4. Who are the users of these HIV/AIDS Advocacy tools?

The tools are prepared to assist organizations, and people who want to advocate for the causes and issues related to all aspects of HIV/AIDS. They are primarily designed for:

- *Governmental organizations* to advocate at international forums and in bilateral relations on issue that affect the Ethiopian population in relation to HIV/AIDS response, including fair allocation and speedy disbursement of resources, reduction of debt burden so that more resources are available for HIV/AIDS responses in Ethiopia.
- *Associations and Networks (coalitions) of PLWHA* to secure their legal and human rights, for availability and access to services, to fight stigma and discrimination, etc.
- *Civil Society organizations including* NGOs, professional and popular associations, FBOs, interested in advocating on issues that affect the HIV/AIDS responses and on behalf of PLWHA as well as special target groups like orphans, women and the youth.
- *Donor Institutions* interested in supporting advocacy in HIV/AIDS response to overcome obstacles due to policies, laws, strategies or organizational response capabilities. The tools also help secure more resource for Ethiopia as well enhance the absorption capacity in the country.
- *Trainers, researchers and activists* interested in bridging the gap between the civil society, the government, FBOs, influential people, the business community to promote conducive policies, laws, strategies etc for a better HIV/AIDS response.

- *Vulnerable groups* including youth, children and women, as well as special groups such as female sex workers, their clients, displaced people and migrants to advocate for empowerment, realization of their rights and access to services.
- *Communities* to demand their government, FBOs, influential leaders and international bodies and campaign for the protection of their rights and needs related to HIV/AIDS.

SECTION II: NATIONAL FRAMEWORK FOR HIV/AIDS ADVOCACY INTERVENTION

2. Concepts in HIV/AIDS Advocacy

As described in section I.4, this advocacy framework is developed to assist all stakeholders to plan, conduct and monitor advocacy initiatives. It can serve as a reference document for everyone who are engaged or interested in but do not have the knowledge and experience to initiate HIV/AIDS advocacy.

2.1. Definitions

2.1.1 There are as many definitions of advocacy as there are groups and network of advocates. The definitions below reflect how various organizations understand and operationalize advocacy differently:

- i) “Advocacy is the act or process of supporting a cause or issue. An advocacy campaign is a set of targeted actions in support of a cause or issue. We advocate a cause or issue because we want to:
 - o Build support for that cause and issue
 - o Influence others to support it
 - o Try to influence or change legislation that affects it”

International Planned Parenthood Federation (IPPF Advocacy Guide)

- ii) “Advocacy is a set of targeted actions directed at decision makers in support of a specific policy issue”. *POLICY Project, 1999.*
- ii) “Advocacy --The promotion of specific message and/or courses of action in order to influence or contribute to the development of public policies which will alleviate the causes and consequences of poverty.” *Oxfam UK*
- iv) “Advocacy: Organizing information into arguments to be communicated through various interpersonal and media channels, with a view to getting political and social

- v) "Advocacy is a process to bring about change in the policies, laws, and practices of influential individuals, groups, and institutions". *International HIV/AIDS Alliance, Zimbabwe, July 2001.*

What we learn from the sample definitions is that there is no single or universally applicable definition of advocacy and it may not be necessary to have a single working definition as it all depends on the objective of the advocate.

HIV/AIDS advocacy is aimed at changing, modifying or re-enforcing relevant issues around HIV/AIDS, by influencing policy makers, leaders, institutions, organizations, communities and individuals. Taking these points into consideration, and the objectives of this HIV/AIDS advocacy document; the following definition of advocacy has been developed for Ethiopia.

HIV/AIDS advocacy for Ethiopia can be defined as "A *process or series of organized actions applied in order to change, modify, put in place, expedite implementations or reinforce attitudes, policies, laws, programs, systems, structures, services, social norms and values, enhance resource and community mobilization through influencing or persuading individuals or institutions/organizations with authority and decision making at different levels to create enabling*

2.2 Difference between Advocacy and Programs such as IEC/BCC

IEC/BCC is a process of changing social and individual attitudes and behaviors by providing relevant information, education and monitoring through appropriate channels. Although the communication process for both advocacy and IEC/BCC may be similar, the former goes beyond this, by seeking support for a cause or issue, influencing others to support it and/or, influencing or changing policy or legislation that affects it. HIV/AIDS advocacy communication is any planned communication activity that seeks to achieve one of the following communication goals: inform, persuade, or move to action. The table below shows differences and similarities between advocacy and other related programs.

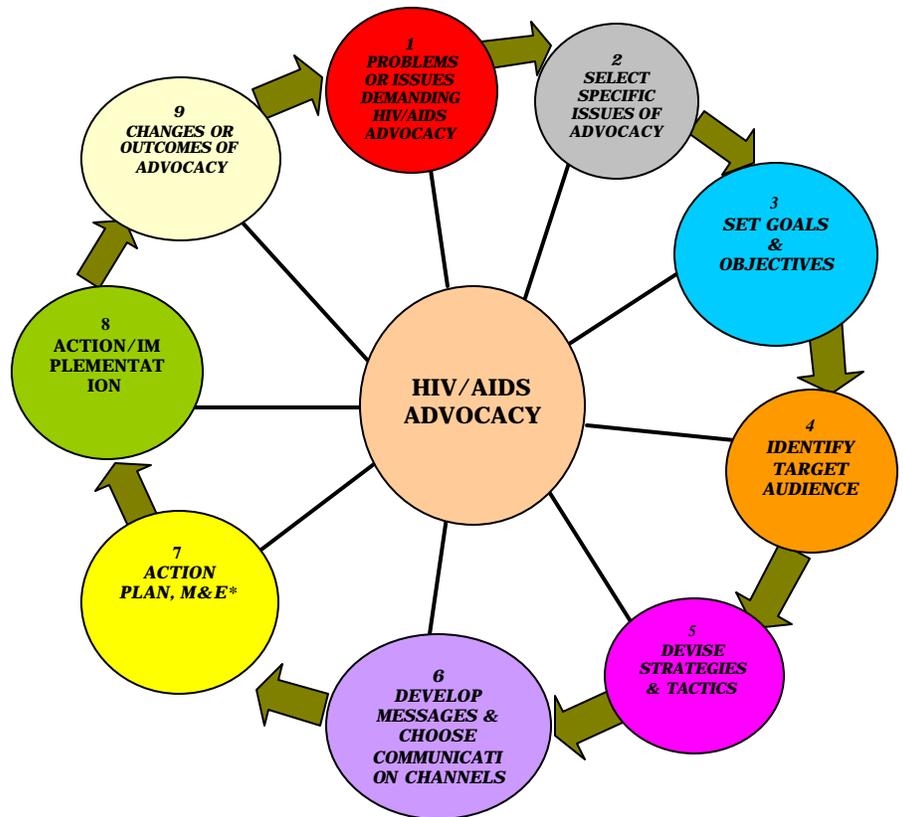
| Approach | Definition | Target Audience | Objective | Strategies |
|------------------------|--|---|--|---|
| IEC/BCC | Refers to interventions that combine informational, educational and motivational processes | Individuals Segments of a community(women, men, youth) Opinion leaders Others | Raise awareness on HIV/AIDS and change behavior Promote support, care and treatment for infected and affected Reduce stigma and discrimination | Sorting by audience Mass media campaigns Community outreach Traditional media Peer education Preventive counseling |
| Public Relations | Act of seeking good relationship with the public, especially by agencies working on HIV/AIDS | Donor community Government officials Community members | Increase support for HIV/AIDS responses Improve use of services Improve image of offices working on HIV/AIDS | Providing information through mass media(radio, TV, print media) Public events Press conferences |
| Community mobilization | The process of organizing communities to support a cause, e.g., HIV/AIDS interventions | Community members and leaders Civil society leaders | Build a community's capacity to rank needs and take action on HIV/AIDS | Door-to-door visits Community conversation Village meetings Participatory Rural Appraisal (PRA) |
| Advocacy | A set of actions to create support for a cause or issues, i.e., law, policy, programs and services on HIV/AIDS | Government leaders Policy makers Parliamentarians Community leaders Business community Donor community , etc | Change and development in policies, programs, and resource allocation Create conducive social environment | Focus on policymakers with the power to affect advocacy objective High-level meetings Public events (debates, demonstrations, lobby, etc) |

2.3. Operational Framework.

To conceptualize HIV/AIDS advocacy, in particular in its operational sense the following framework has been included. It is essentially a planning framework selected to figure the most central components/strategies in advocacy work.

There are a number of issues of HIV/AIDS advocacy that need to be promoted by individual advocates, organizations or coalitions (networks). One or more issues are picked depending on the priorities of the advocating organization or network and the process of systematized and standardized advocacy is conducted until the intended outcome(s) is/are reached. Since advocacy is dynamic and the issues of HIV/AIDS are inexhaustible, what has been achieved will be used to further galvanize advocacy on more and more issues pertaining to HIV/AIDS prevention, support, care and treatment.

CONCEPTUAL FRAMEWORK FOR HIV/AIDS ADVOCACY INTERVENTIONS



* Research/Analysis and Monitoring and & Evaluation are cross cutting activities through out advocacy process.

*Advocacy interventions should take into account the five Communication Contextual Domains (the Policy, the Socio-Economic, Cultural, Gender and Spirituality), wherever applied.

The framework applies the following definitions of HIV/AIDS advocacy steps for Ethiopia:

- *Issue*: the problem or cause that requires advocacy. The first step in advocacy process is to identify and select the advocacy issue. And propose solutions to the problem or issue identified.
- *Goals and Objectives*: an *advocacy goal* is a long-term outcome to be achieved as related to the identified and selected issue. *Objectives* are short-term, incremental steps towards achieving a goal and are: specific, measurable, attainable, realistic and time-bound. Setting goal and specific objectives make the second step in advocacy process. Based on the analysis of the issues and related factors workable strategies are put in place so that the desired goals and specific objects of HIV/AIDS advocacy are achieved.
- *Target Audience*: The primary target audience includes decision makers who can bring about the desired changes. These are policy decision makers, community and religious leaders, leaders of private or NGO sectors, managers or professionals, institutions, etc., depending on the issue of advocacy. The secondary target audience includes persons who have access to and are able to influence the primary target

audience. Identification of both primary and secondary target audiences is a step essential in HIV/AIDS advocacy. The level of support and opposition to be expected from those in primary and secondary target audiences must be determined. As to how to analyze targets has been put in detail in the guidelines.

- *Message Development*: statement tailored to different audiences that define the issue, state solutions, and describe the actions that need to be taken.
- *Channels of Communication*: the means by which the message is delivered to the various target audiences. The strategies of conveying key messages of advocacy should be target audience specific.
- *Plan of action (developed)*
- *Implementation or Action Plan*: is carrying out a set of planned activities to achieve the advocacy objectives.
- *Change/or outcome*
- *Data Collection*: is gathering, analyzing, and using appropriate quantitative and qualitative information to support each step of your advocacy. Data collection is done at all steps of the advocacy process.
- *Monitoring and Evaluation*: Monitoring is getting information to measure progress toward your advocacy outcome. It is applied almost to every stage of the advocacy process. Evaluation is a process of

gathering and analyzing information to determine if the advocacy objectives have been achieved with acceptable resources, time and efforts.

2.4 Guiding Principles in HIV/AIDS Advocacy.

The principles that guide advocacy for HIV/AIDS are as follows:

- Evidence based or research based/approach

Comprehensiveness: HIV/AIDS issues are multidimensional, multi-institutional and multilevel. Focusing on policy advocacy or targeting political leadership alone will not be enough in producing effective impact on the epidemic. Therefore, advocacy will aim at aspects such as programs, services, social and cultural beliefs, norms and values and promoting best practices and new intervention methods. The targets, in addition to policy makers or political leaders, are all other stakeholders at all levels and in all sectors including the community.

Persuasiveness: The main approach of HIV/AIDS advocacy will be fact-based persuasion. Non-violent approaches or tactics of advocacy are presumed to be more productive at the moment in Ethiopia.

Advocacy as a deliberate process: A number of organizations advocate without knowing that they are doing so, however HIV/AIDS advocacy is not the type of advocacy that is done in passing. It is a deliberate process with well-defined vision, goals,

objectives and mechanisms of implementation. Therefore actions should be planned and monitored.

Participatory: Advocacy is more effective if it involves those who are affected by the issue directly. For example, without direct involvement of PLWHA, HIV/AIDS advocacy cannot be effective. Participatory approach should include empowering the primary beneficiaries such as PLWHA, OVC, youth, women, etc, to advocate for themselves.

Winning the support of the majority and key influential: Increasing voices is very essential for effective advocacy. Key influential that can win the primary target must always be sought and drawn in the exercise to achieve the desired outcome. On-going, step-by-step action must be taken to win the support of the majority. Advocates think big, start small and act now in the process of gaining the trust and support of the majority.

Addressing adversaries and challenges: Issues of HIV/AIDS advocacy may be controversial; therefore, tactical handling of people so as to achieve results is required. A number of factors influence advocacy depending on the context, therefore, challenges must be anticipated and addressed tactically for effective advocacy. There is no single formula to address all adversaries and a remedy for challenges should be handled case by case.

Partnership and networking: Although an individual or a single organization can advocate, advocacy becomes successful when it is done in networks or coalitions, at local, national or international levels. Therefore, forming partnerships and establishing networks will serve as a cornerstone of HIV/AIDS advocacy in Ethiopia. Building trust and confidence among advocating partners is an exceedingly important direction in successful networking for HIV/AIDS advocacy.

Result-oriented: We should always achieve a certain outcome when we advocate. The intended outcome may not be achieved easily or with the first attempt, yet advocacy should be an ongoing activity until the required result is achieved. HIV/AIDS advocacy should be viewed as an incremental process, building on achievements previously secured.

2.5 Purpose of HIV/AIDS Advocacy

2.5.1 Securing leadership commitment

The responses to HIV/AIDS in the present day Ethiopia warrant emergency approach and utmost leadership commitment and attention. Hence, advocacy to secure more leadership commitment will be among the profiles of HIV/AIDS advocacy in Ethiopia.

2.5.2 Establishing a positive policy environment

The existing policies that are directly or indirectly related to HIV/AIDS may not be properly implemented or need revision in line with the emergency nature of the epidemic. On the other hand, new policies may be needed for better response to the epidemic or to uphold the rights and interests of PLWHA. This makes policy advocacy one huge sphere of HIV/AIDS advocacy in Ethiopia.

2.5.3 Re-enforcing response interventions

There are several issues on HIV/AIDS that require re-enforcing response interventions in Ethiopia at the moment. These include:

- a. Developing, strengthening and implementing effective prevention, care or support programs.
- b. Issues of standardization, availability, accessibility, equity and quality of treatment, counseling and support, including ARV therapy.
- c. Making available friendly information and services for adolescents, youth, women, and others; difficult to reach groups of the society (people with disabilities).
- d. Involving stakeholders to decide on the intervention, designing program and strategies; enhancing partnership & collaboration.

- e. Adapting, introducing and popularizing new and effective strategies and processes of HIV/AIDS interventions such as mainstreaming.

2.5.4 Mobilizing resources along with effective absorption and accountability of utilization of available resources, in cost-effective and efficient manner

Local and international resource mobilization along with efficient utilization that leads to sustainability of the interventions.

2.5.5 Advocacy on greater involvement of PLWHAs & vulnerable groups

PLWHAs in Ethiopia have shown courage and tenacity in living with the life threatening diseases and organize themselves to challenge fear, apathy, ignorance, stigma and discrimination. The associations and their members have contributed to the reduction of denial in the society (Our interview results of associations of PLWHA). A coalition of associations is in the process of evolving. However, a lot remains to be done to effectively engage associations and individuals living with the virus at all levels and in all sectors. This is an area that requires a lot of advocacy by different stakeholders, associations and networks of PLWHA in particular.

2.5.6 Improving national coordination

New institutions and coordination structures have been established in Ethiopia in recent years to coordinate and harmonize the efforts of stakeholders. These include HIV/AIDS Councils and Coordination Offices at the federal and regional levels. There are challenges as to rolling out their legal mandates. Issues like infrastructures, accountability, capacity, clarity of roles with existing institutions, etc still remain to be addressed. These require systematized and planned advocacy by different stakeholders.

2.5.7 Availability of information and data for evidence-based decision

For fact-based advocacy, data must be available in order to monitor the epidemic and its impacts, and make evidence-based decisions. Apparently, there is severe paucity of information on all aspects of HIV/AIDS in Ethiopia (Results of interviews with institutions working in HIV/AIDS). This has resulted not only in misunderstanding, but also in lack of shared vision. Issues of HIV/AIDS research, and research resources and capacities in the country deserve to be addressed, in particular by professional associations and responsible public offices. This remains an important area with a number of issues for advocacy. The issues

range from initiation of HIV vaccine research in Ethiopia to sound operational researches. Issues of existence and sustainability of strategic information (M&E, surveillance, operational research) in Ethiopia, with well identified ownership are demanding active advocacy.

2.5.8 Influencing cultural norms and religious beliefs

The spread of HIV/AIDS is affected by issues such as socio-cultural practices, norms, taboos related to sexual behavior, the use and exchange of blood, marriage and inheritance. Religious beliefs and doctrines – Islam, Christian, and traditional—pervade the daily lives of most Ethiopians. Cultural and religious leaders have more influence at the grass-roots levels than government or other formal and “modern” institutions. Therefore, for institutional and community behavioral changes to prevail, wise, careful and non-violent advocacy among cultures and religions is imperative. In addition to advocating for modification in norms and values of these traditional institutions, advocacy should be directed to making use of community and religious comparative advantages and to mobilize community resources in containing the epidemic.

2.5.9 Re-enforcing global solidarity

Some of the key strategies of global partnership are resource mobilization, increasing political commitment and technical assistance to programs. There are global goals and targets enshrined

in important international documents of commitment such as UNGASS. These are important issues of advocacy that forge effective impact on the epidemic.

2.5.10 Undertaking advocacy for behavior change

Although the purpose of advocacy is not to affect behavior directly, it can be used to complement or improve the environment and effectiveness of behavior change. Behavioral change is not only an individual issue. Institutional and community behavioral changes should compound efforts to change the individual's behavior in an effective and sustainable manner. This is achieved through community advocacy.

2.6. Levels of Advocacy

Advocacy takes place at many levels, wherever there is relevancy. The level varies according to the issues or problems to be addressed. The advocates in one level on an issue may be the target at another level or another issue, and the vice versa. The following table shows the various levels of advocacy based on decisions to be taken:

| Levels of advocacy | Examples of advocacy issues and decisions |
|--------------------|--|
| International | International debt, greenhouse gas emission, world trade rules, arms trade, mines, global fund for AIDS, TB and malaria, etc |
| Regional | Regional conflicts, trading policies |
| National | Health and education policies, freedom of speech and religion, political representation and land rights, enhanced political commitment in HIV/AIDS response, etc |
| Local authority | Provision of health care and education, expanded and comprehensive response to HIV/AIDS |
| Community | Allocation of land, roles of women and children, social security systems in AIDS care and support |
| Family | Who works and who goes to school, allocation of resources, role of women, open discussion on HIV/AIDS in families |
| Interpersonal | Everyday decision-making, safe and healthy lifestyle to reduce HIV risk. |

Decisions made at one level affect people at another level. Therefore, advocacy is necessary at all levels for lasting change. For example a local authority cannot fulfill its role of delivering primary education without sufficient debt relief at the international level. Advocacy work aimed at the local authority level will not bring about change unless the issue of debt at international level is also addressed.

The advocate-target relationships and alignments in advocacy are dynamic and vary from level to level and issue to issue. This is one aspect of the inherent nature of advocacy. One is not always the target and the other always the advocate.

2.7 Broad Techniques of HIV/AIDS Advocacy

HIV/AIDS advocacy is increasingly becoming refined and specialized. Techniques that fit into specific issues at a given time and in a given space are being used for successful outcomes. Hence, all techniques may not be used at the same time. Indicated below are just illustrations of some of them rather than the complete list of techniques.

- *Pilot or model programs:* Advocates by developing and sometimes implementing pilot programs or models can influence policy makers or important members of the society. For example, by designing, implementing and promoting a small initiative of HIV/AIDS prevention or care, advocates can show the feasibility of a larger scale intervention by the Government or other sectors.
- *Collaboration:* Civil society groups collaborate directly with government to design and/or implement legislation or state services. Joint citizen-government monitoring of HIV/AIDS initiatives is becoming increasingly common.

- *Public education and media:* These are techniques used to build public support to influence policy makers. Publicizing data, articles and alternative policies through the media are among the techniques in media campaign. Creative messages using music, videos and drama, enhance communication. Public dialogues, theaters, posters, pamphlets, etc are alternative media. In Ethiopia word of mouth is a popular way of disseminating messages in many communities.
- *Research:* Conducting research or collecting research products on an issue and providing scientific-based information for the policy makers or community leaders is another strategy of advocacy. In addition to facilitating evidence based decision and strengthens alliance research builds constituencies and helps develop skills. Where HIV/AIDS information is hard to get, research efforts can evolve into “Right to Know” advocacy campaign.
- *Persuasion:* All advocacies must be based on persuasion to a wide range of people. Persuasion has two main ingredients: lobbying and negotiation. Lobbying is an attempt to meet face-to-face with the primary target in order to persuade him/her to support an issue. Negotiation is to involve in bargaining in order to seek common grounds or, minimally, respect for disagreement. It

happens between allies, advocates and constituents or adversaries.

- *Organization and constituency building:* The long term nature of HIV/AIDS advocacy demands strong links with constituency groups. Effective advocacy requires alliances among organizations and with individuals to leverage, legitimize and implement activities. Organization depends on effective decision-making, shared leadership, clear roles, communication, and members and staff with analytical skills and confidence to do effective advocacy.
- *Empowerment through capacity building:* This is a vital component of all advocacies, especially HIV/AIDS advocacy. This strategy is geared towards strengthening people's confidence and capacities. In HIV/AIDS advocacy, particular focus should be given to developing capacity of PLWHA, vulnerable groups and partners.

2.8. Management and coordination

2.8.1 Coordination of HIV/AIDS interventions at national level is the mandate of Federal HAPCO in collaboration, and consultation with other institutions having interest in HIV/AIDS intervention. Coordination in HIV/AIDS advocacy means encouragement, facilitation and building the capacity of advocates. At the national levels, HAPCO is optimally placed to carry out such activities through its Advocacy Team. HAPCO should encourage stakeholders

to establish networks and coalitions so that effective advocacy can be achieved at all levels. The development and dissemination of the advocacy framework and guidelines is one approach in building the capacity of stakeholders.

For coordinating structures at all levels to effectively discharge their responsibilities in HIV/AIDS advocacy, a mechanism that takes into account the unique nature of the intervention should be in place.

2.8.2 Roles of stakeholders: All relevant stakeholders, individuals or organizations in Ethiopia are expected, in one way or another, to do advocacy for better HIV/AIDS response. Below is the list of important actors and their roles in HIV/AIDS advocacy in Ethiopia:

2.8.2.1. Government/public

i) Leaders (e.g., Head of State and Government Ministers, the cabinet, and other key government officials). Leaders, be them political or traditional, are expected to play key role in HIV/AIDS advocacy. The specific role of public leaders in HIV/AIDS advocacy can be made effective through using their comparatively advantageous positions in the public offices as well as by tapping on their moral authority. Leaders in the public sector have structures under them that are responsible for broader HIV/AIDS responses. Political leaders advocate at international and regional (continental) levels for equitable resource allocation, debt reduction, etc. At the national level they are primary or

secondary targets of a number of HIV/AIDS advocacy issues. However, they have national advocacy roles in such HIV/AIDS issues as modification or changes in cultural and social values and norms, encouraging the engagement of the private sector and CSOs in responding to the epidemic.

ii) *Legislators* (parliament and/or members of parliament): The roles of legislators including newly emerging institutions under them, such as the Ombudsman and Human Rights Commission, in HIV/AIDS advocacy are evident. In addition to following the outcomes of HIV/AIDS advocacies relevant to their constituencies, legislators advocate at all levels on different legal issues pertaining to HIV/AIDS. They are also primary targets, but play a major role as secondary targets in persuading primary targets at all levels. By doing so, legislators have to make sure that all relevant issues raised on HIV/AIDS by different organizations and individuals are addressed and HIV/AIDS is mainstreamed in the policies and laws promulgated at the national level.

iii) *Judiciary* (The Chief Justice, Supreme/High Court Judges; Judges of other courts, etc). From the very nature of the profession and the mandates entrusted upon them by the Constitution, this category of government officials has the role of coming out in the forefront of right-based advocacy. They are also primary or secondary targets depending on the HIV/AIDS advocacy issue.

All authorities that are involved in the interpretation of the law of the land should be part of the advocacy process in transforming the legal processes in favor of addressing HIV/AIDS prevention and control. As citizens with the highest moral responsibility, they are expected to advocate for the rights of PLWHA and vulnerable sectors of the society.

iv) Program and resource managers (Women's Affairs Office and its branches, Heads of parastatal organizations and specialized agencies, division and department heads and experts/technicians). At this level, officials have a lot of responsibilities in rolling out HIV/AIDS programs and projects. They have the responsibility of managing most of the international and local resources that the country secures for prevention and control of HIV/AIDS. They will apparently be primary targets for effective implementation of the programs, equitable distribution of available resources, responsible use of resources, effective coordination of efforts of stakeholders against HIV/AIDS, and spearhead the HIV/AIDS responses on behalf of the government. They are also advocates at international levels for fair share of resources, debt reduction, etc. They play important roles as secondary targets in supporting stakeholders in their advocacy efforts. The best example here is HAPCO, which advocates at international levels and national levels on issues of HIV/AIDS advocacy pertaining to the overall scaling up of the responses to the epidemic. At the same time HAPCO facilitates and builds the capacity of stakeholders at the

national level to conduct effective advocacy. The other dimension is that HAPCO will be a primary target of HIV/AIDS advocacy related to resources, accountability, efficiency, coordination, etc.

v) *The media (public and private)*: The media plays key role for the success of advocacy. Not only the institutions but also the associations of media practitioners and owners have important roles in HIV/AIDS advocacy. The private, amateur mini-medias and public relations offices in different organizations can contribute to the anti-AIDS advocacy. Since the major communication media for HIV/AIDS advocacy is the mass media; they have special roles in facilitating the efforts of HIV/AIDS advocates. They can be primary targets of different advocacy activities when they fail to accomplish their mandates or send messages counterproductive to the fight against the epidemic.

2.8.2.2 International development partners:

Various multilateral and bilateral international partners have been engaged in HIV/AIDS advocacy in Ethiopia. Their focus was on policy makers and HIV/AIDS advocacy at international levels. Resource mobilization has been another area of their preoccupation. Even though all these are their expected roles, scaling up and systematizing sustainable advocacy on different issues of advocacy remains to be achieved.

2.8.2.3. Civil Society Leaders

i) *Professional and community based associations:* These include among others, association of PLWHA, youth associations, women association, farmers association, workers confederations, Anti-AIDS clubs, associations of teachers, health professionals, lawyers, economists, chemists, statisticians, students and of the disabled; “Idir”, and etc. Apparently the civil society organizations across the board are major advocates in HIV/AIDS advocacy at all levels. One of the overarching goals for the existence of associations of PLWHA is to advocate on all aspects of HIV/AIDS prevention and care. The professional associations are expected to advocate, among other things, on new approaches to fighting the epidemic, including research on health, medical, psychological, demographic, social, cultural, economic and political/security aspects of the epidemic. Advocacy to effect the protection of their members who are occupationally exposed to the virus should be among the roles of professional associations. Mapping of stigma and discrimination in Ethiopia has shown that health provision establishments are among the sites where stigma is experienced (interview result of organizations working on HIV/AIDS). Therefore, health professional associations need to advocate for ethical provision of care and treatment for PLWHA

and their families and respect for human rights of individuals. Although civil society organizations are important advocates on a number of HIV/AIDS issues, they can also be primary targets when they fail to live up to their expected mandates. They can also play important roles as secondary targets through developing formal or non-formal alliances with advocating institutions.

ii) Faith Based Organizations: The lives of almost all people in Ethiopia are closely linked with religious values and norms. Religious institutions and leaders have irreplaceable role of advocating on issues pertaining to rights, stigma, discrimination, availability, accessibility, equity of services and supporting all initiatives that contribute to mitigating the sufferings of their followers. The religious leaders and elders have the comparative advantage or opportunities of accessing high-level political leaders in the country. Important advocacy work on HIV/AIDS can be done through such connections. The religious institutions enjoy respect, confidence and acceptance by the followers. They can use this comparative advantage to engage in systematic and planned HIV/AIDS advocacy. The religious institutions and organizations can also be primary targets if their responses to the epidemic are inadequate, slow or counterproductive. They are important supporters or secondary targets for other advocates on HIV/AIDS issues acceptable to their doctrines.

iv) Cultural and Traditional leaders: The vast majority of people in Ethiopia live in rural areas where cultural and traditional norms and values play significant role. The community and traditional leaders are very much respected and whatever they say is accepted by their communities. Therefore, these leaders, like the religious leaders, have particularly important advocacy role to play on issues of social mobilization and in changing cultural values and norms that are counterproductive to the prevention and control of HIV/AIDS. They can also be primary targets when cultural values and norms become important barriers to scale up the prevention and control responses against the epidemic.

v) Leaders in Finance and Industry: These includes Chambers of Commerce; Employers' Federation, Business Councils; Women in Business; Chief Executives of Enterprises; Directors of Banks, Finance Houses and Insurance Companies. These institutions and individuals within the private sector have critical roles to play in HIV/AIDS responses at the national and regional levels, including advocacy. They are expected to internally and externally mainstream HIV/AIDS to business. Therefore, they remain important primary targets. On the other hand they have vested interest and critical role in bringing together all advocates at the national and international levels so that the responses against the epidemic are scaled up and resources are mobilized.

vi) *Sports organizations*: These include the National Olympic Committee, the Football Federation; the Amateur Athletics Association and Associations/ Federations for other sports. Sports organizations are important civil society organizations well placed to mobilize the younger generation at the national and regional levels. The leaders and organizations have critical roles and responsibilities in being involved in different issues of HIV/AIDS advocacy. They are expected to be the voices of sportsmen and the youth. They can also be primary targets of HIV/AIDS advocacy if they cannot live with the expectations, in particular mobilizing the youth using sports as one of the important instruments of preventing the youth from HIV.

vii) *Non-Governmental Organizations*: There are NGOs that are entirely engaged in HIV/AIDS activities and others that include HIV/AIDS activities in their basic mandate, which may be development or relief. These organizations should not only advocate on major HIV/AIDS issues of national interest. They should also advocate for expansion of the NGO sector to handle HIV/AIDS impacts. More importantly, the advocacy work achieved by these NGO's should not be in vertical silo manner.

viii) *Coalitions, networks and partnerships*: Different coalitions are emerging around HIV/AIDS. These include, PLWHA associations, FBOs etc. This has to be encouraged by all parties, since they determine the future success of HIV/AIDS advocacy in

Ethiopia. HIV/AIDS coalitions' and networks' role in advocacy cannot be overemphasized. Predominantly, the purpose of formulating coalitions and networks is to gather different voices to be heard in critical HIV/AIDS issues and in turn to warrant change, modification or re-enforcement.

2.8.2.4 Celebrities and heroes (heroines) :

Renowned sportsmen, professionals, religious elders, and others will have critical roles in advocating at all levels. They have the comparative advantage of being listened by all target audiences.

2.9 Monitoring and Evaluation

As indicated above, in every advocacy campaign monitoring the process and evaluating the outcome are necessary . Workable and sensitive indicators should be developed together with the action plan. Data collection at each stage of the advocacy process is mandatory for sound M&E throughout the process.

The monitoring and evaluation indicators and systems of operation indicated in the National M&E Framework, may be used at the national and regional levels to see the overall progress and impacts of HIV/AIDS advocacy. However, indicators specific to advocacy have not been included. Since advocacy is undertaken at different levels by

different stakeholders, it might not be easy to develop M&E indicator to all issues at this level. But M & E should be part of the planning process of every advocacy.

SECTION III --- GUIDELINES FOR OPERATIONALIZING HIV/AIDS ADVOCACY

Based on the conceptual and operational frameworks, the guidelines for HIV/AIDS advocacy have been developed. These guidelines will definitely facilitate the efforts of stakeholders to promote effective advocacy or improve the level of advocacy in Ethiopia. The guidelines clearly show how an organization or coalition/network would initiate and mount effective HIV/AIDS advocacy.

The processes or steps of advocacy are the backbones of the HIV/AIDS advocacy protocol. They comprehensively include what must be done to achieve the desired outcome and then continue with the dynamism of the HIV/AIDS advocacy.

Process of Advocacy

Common Steps in the HIV/AIDS Advocacy Process

There are common steps to follow for any advocacy work. HIV/AIDS advocacy follows most of the steps of any other

advocacy. These steps should be taken into account in order to mount an advocacy that makes significant impacts. All the steps are put into effect with the full participation of all relevant stakeholders.

The Steps are:

Step 1: *Define the issue that needs advocacy; and propose solutions to issue at stake:*

Step 2: *Assessing the capacity:*

Step 3: *Set Advocacy Goals and Objectives*

Step 4: *Design strategies*

Step 5: *Find Supporters/Form Partnership/Networks:*

Step 6: *Identify Targets Audiences*

Step 7: *Develop the detail activity plans*

Step 8: *Develop Budget and Secure Fund*

Step 9: *Discuss the plan with other stake holders & build consensus*

Step 10: *Set the Time*

Step 11: *Conduct the advocacy*

Step 12: *Monitor and Evaluate*

Step 1: **Define the issue that needs advocacy:**

As HIV/AIDS is a new disease, multi-dimensional and complex in its nature, there is no specific area of advocacy. The issues can vary

depending on the situation and can change every time. The first step in advocacy is identifying the issues that need advocacy.

Where do the issues come from? They come from:

- Programmatic people as they face the issues in their day -to-day activities
- PLWHA as they are facing the problem themselves
- Researchers
- Concerned citizens
- Interviewing of people
- Communities
- International forums
- Literatures
- Experiences of other countries
- Policies, laws, strategies and activities of other countries
- Mass media interviews and so forth.

Further Research the Issue you wanted to advocate:

- Define the issue
- Identify the responsible bodies to solve the issue
- Who is affected by the issue?

- What needs to be done to solve the issue? Policy/regulation development, modify the strategy, more resources, improved organizational structure etc.
- Who should be the primary and secondary responsible bodies to solve the issue?

Explore the Current Policies, laws, regulations and strategies

It is very important to know the existing political, social, cultural, organizational and policy environments in relation to the issue that is under study for HIV/AIDS advocacy. This helps to pinpoint where the gap is and what to do to improve the situation. It will also lead us to the targets for advocacy and even the approaches to follow. The issue identified may be due to several factors:-

- There may be no policy
- There may be a policy but it might be inadequate or improper or the implementation is weak
- There may be no law to address the issue.
- There may be law but needs revision to address the issue
- There may not be a good organizational structure to address the issue
- There may be a good structure, but it may be poorly led, with a lengthy bureaucracy, and may be poorly staffed both in quality and quantity
- The social and political system may be the cause of it all.

Prioritizing issues for advocacy

Potential HIV/AIDS related issues for advocacy could be as extensive as the problem itself. Organizations need to be selective in making priority for advocacy based on their capacity, importance of the issue and feasibility of the specific issue for advocacy. Considering the strengths and weaknesses of the advocating organization, and its core mandates at the background the following standard “Changeability and Importance Grid” the best possible tool to use in setting priority issues for advocacy. One can also choose the priority issues by giving weight for each issue and averaging.

A variety of methods can be employed to select issues in terms of priority. In this regard, the following criteria can be used:

- Relative contribution of the issue to the problem.
- Potential impact on a large number of people
- Likelihood of success.
- Potential for working in coalitions
- Potential risk
- Potential for an organization to advocate effectively.

Worksheet 2: Changeability and importance grid for prioritizing issues

| | More Important | Less important |
|-----------------|----------------|----------------|
| More changeable | Priority 1 | Priority 3 |
| Less changeable | Priority 2 | Priority 4 |

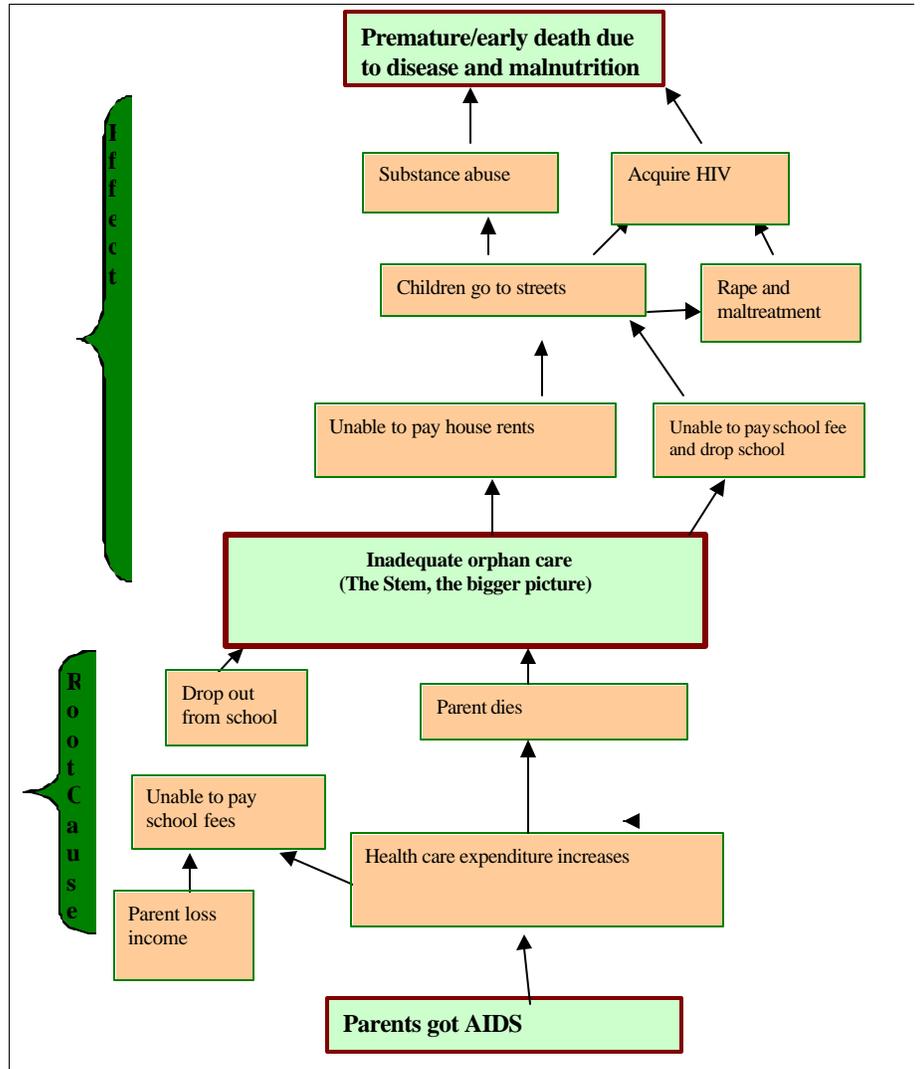
More changeable and more important issues are the first priorities to be addressed. For example, lowering the cost of anti-retroviral treatment is very important for PLWHA and it is relatively easy for the Ethiopian government to make the import of drugs tax-free. Dealing with this type of advocacy can bring about change quite easily. The changeability and importance of the issue again depends on many factors. Some of the factors are the strength of the advocate, the timing, the available resource etc.

Worksheet 2: Issue research summarization form with an example

| Issue | Who is affected? | Issue is the result of.. | Main strategy to solve the issue | Primary target | Secondary Target |
|---|------------------|---|---|--------------------------------------|----------------------------------|
| Un affordability of ARV drugs | PLWHA | Drug companies high cost and taxation | Advocate for subsidies, tax free, lowering the cost by companies | -Rich governments -Drug companies | National governments to advocate |
| Poor organizational structure of HIV/AIDS coordination response | The public | There is a good policy but inadequate implementation strategy | -Government improve the implementation strategy by assigning capable managers and make the system less bureaucratic | President of the nation | -parliament |

A problem tree can be used to analyze the issue in depth. One issue may be a result of many underlying causes. And one issue might have multiple effects. The problem tree, (Root Cause Analysis diagram as shown in Worksheet 3), can help to understand the root causes and the effects of a single issue in-depth. See the following example of a problem tree. An objective tree can be drawn for the problem tree to give solutions to each root cause.

Work Sheet 3: Root Cause Analysis (simple hypothetical example)



Step 2: *Assess the capacity:*

After researching the major issue for advocacy, assess the relative strengths and weaknesses in advocating the issue identified. Based on this assessment, the advocate looks for a solution to overcome the weakness. If there is not enough capacity, the advocate can join similar interest groups, individuals or hire professionals to help in the process of advocacy steps and tools development.

If one is a recognized, well reputed or expert in the field, the chance of acceptance by his/her audience is very high. The individual can also boost his/her capability by including an influential and respected spokesperson in the team.

The SLOT analysis can be used to assess the internal capacities and prioritize issues. It can also be used to assess the external factors. A substitute to **SLOT** stands for **S**trengths, **L**imitations, **O**pportunities, and **T**hreats (some times also called Concern). Strengths are *positive* aspects *internal* to the organizational entity, and, Weaknesses are *negative* aspects also *internal* to the entity. Opportunities are *positive* aspects *external* to the entity, and Threats are *negative* aspects also *external* to the HIV/AIDS execute entity.

SLOT analysis is a tool for assessing an organization and its environment. It is a very effective way of identifying Strengths and

Weaknesses, and of examining the Opportunities and Threats an entity faces in advocating for issues related to HIV/AIDS. Carrying out an analysis using the SLOT framework helps organizations and/or individual activists to have an inward look to review their internal capacity in relation to their surroundings on issues of HIV/AIDS advocacy.

Though there is no restriction to the timing of its use, it is more appropriate that this tool is used at the *early stage* of planning for advocacy. SLOT analysis provides a framework for identifying these critical issues. First, the focus should be on the concerned entity: an organization, a region, a city, a community, or a person. Then, analyses are limited to the significant strengths, weaknesses, opportunities, and threats that characterize the situation.

How to use the tool

To carry out a SLOT analysis, the steps presented hereunder are recommended:

1. Write down / define the Subject of SLOT analysis.
2. Prepare an agreed checklist identifying strengths, limitations, opportunities and threats.
3. Draw a matrix containing strengths and weaknesses at the top row, and the opportunities and treats in the first column.
4. Fill the issues categorized in their respective rows and columns of the matrix.

5. Analyze each category and the corresponding interface.
6. Finally make conclusions and recommendations based on the analysis.

Worksheet 3 - Sample Matrix for SLOT Analysis

| | STRENGTH | LIMITATIONS |
|---------------|----------|-------------|
| OPPORTUNITIES | S - O | L - O |
| THREATS | T - S | T - L |

S - O: Shows how strengths can be employed to take advantage of the prevailing opportunities for proper advocacy of an identified issue/issues. If an organization has internal strength; it is possible to utilize the existing opportunities to the maximum possible.

T - S: Shows how strengths can be used to counteract threats that tend to hinder achievements of objectives and pursuit. Organizations that are internally strong could adjust their strategy to work under stressful environment. Issue of advocacy sometimes could be to challenge government or donor policies and strategies, which may not be easy to advocate against those issues that require organizational strengths in terms of technical capacity, specialization on the subject of the advocacy, credibility and resources.

L – O: This helps organizations to identify their weaknesses and utilize existing opportunities to the maximum to improve their weaknesses or maximize their existing strengths for advocacy.

T – L: This is a very serious area that organizations need to consider before making any attempt to advocate against any issue. If organizations are weak internally and face threats externally, the possible solution could be organizational restructuring before any attempt to advocate.

The following grid can be also used to assess the external factors that affect the advocate. See Worksheet 2. Based on the assessment one can estimate the internal capacities to take the responsibility of advocacy on the identified issue.

Worksheet 4: Capacity Assessment Form

| Steps | Points to answer as preparation | Notes to take... |
|---|--|------------------|
| Laws, Policies related to the issue | | |
| Analyze the existing laws, policies etc relevant to the issue you are exploring | <ul style="list-style-type: none"> -Is there a law, policy to the issue? -Is it adequate to answer the issue? -Where is the area of the law, policy that needs improvement? -If there is a policy or law, is it properly implemented? -What should be done to improve the implementation? | |
| Understand the political environment | <ul style="list-style-type: none"> -Who is the primary decision maker? -How is the system of government working? -What are the rules and regulations of the country to conduct advocacy? | |
| Understand who is affected by the issue | <ul style="list-style-type: none"> -Who is affected? -What are the real concerns of the affected? | |
| Assess Risks | | |
| Make judgments on the risks of raising the issue | <ul style="list-style-type: none"> -Are you going to raise any point that poses violence? -Will you be considered as biased or partial? | |
| Form Networks | | |
| Network with similar other organizations or individuals | <ul style="list-style-type: none"> -Who are possible advocacy partners? -Are they credible experts, influential or good spokespersons? -How can you build relationships? | |

Step 3: Set Advocacy Goals and Objectives

The goal is the general area of interest the advocate wants to reach in the long run. The objectives are the collective short term plans to achieve the stated long-term goal. The objectives should be specific, measurable, achievable, realistic and time-bound (SMART). No advocacy work should be planned without a goal and specific objectives. The following Project Planning Matrix (Logical Framework) can assist in setting goals and objectives in a clear manner.

Worksheet 5: Project Planning Matrix (PPM) with hypothetical example

| Narrative | Objective Verifiable Indicators | Means of Verification | Important assumptions |
|--|--|---|--|
| Over all Goal: To develop a workplace HIV/AIDS policy in the country or organization | -Policy developed | -Policy document | -The government is willing to develop. |
| Specific Objectives a) By the end of year 2006 a meeting will be conducted with important decision makers to discuss workplace problems of PLWHA b) By the end of 2006 a working group comprising of experts assigned by the decision makers , PLWHA and our institution to draft the workplace policy c) By the end of the year 2007 the draft policy will be approved by parliament | Meeting conducted Draft policy developed -The Policy | -Proceeding of the meeting The draft document -Approved policy document | -The decision makers have the time for the meeting. The fund is available to cover the expenses Parliament has time to see the draft policy document |

Step 4: Find Supporters/Form Partnership/Networks

Contact interested groups, networks or individuals to assist you or support your advocacy plan. Increasing voices is essential for successful advocacy. To be a successful advocate, all partners should

have the interest, and the time to become effective. They have to bring together the talents and knowledge of their members for a better impact of advocacy work. Building partnership will have the following advantages¹⁵:

- Facilitate access to people and places
- Get good ideas and new information
- Solicit more support
- Get people having better knowledge and skills in advocacy
- Get more influential people and more supporters to influence
- Get funds
- Get political support
- Support in resources to advocating other issues by learning from the previous one.

Supporters can be solicited either from the already existing or through purposely organized small group meetings, lectures, advertisements, peer recruiting and so forth. Arrange for meeting influential people like public figures, members of congress and the community that you think can be of assistance and part of the team.

¹⁵ Policy project: Pathways to partnership tool kit international HIV/AIDS alliance, 1999 and Network for policy change an advocacy training manual. The policy project, 1999.

Network building needs a good leader to create a cohesive team that can contribute to the advocacy cause. Successful teams need to have trust, openness, a sense of belongingness to the common cause, and honest communication wherein diversity of experience is encouraged and flexibility and sensitivity to others is practiced. They take success as the effort of the team and failure as a learning process without assigning blame to one group or person.

Networks have leaders and usually it is a participatory leader that can facilitate the process. The leader should have the following qualities:

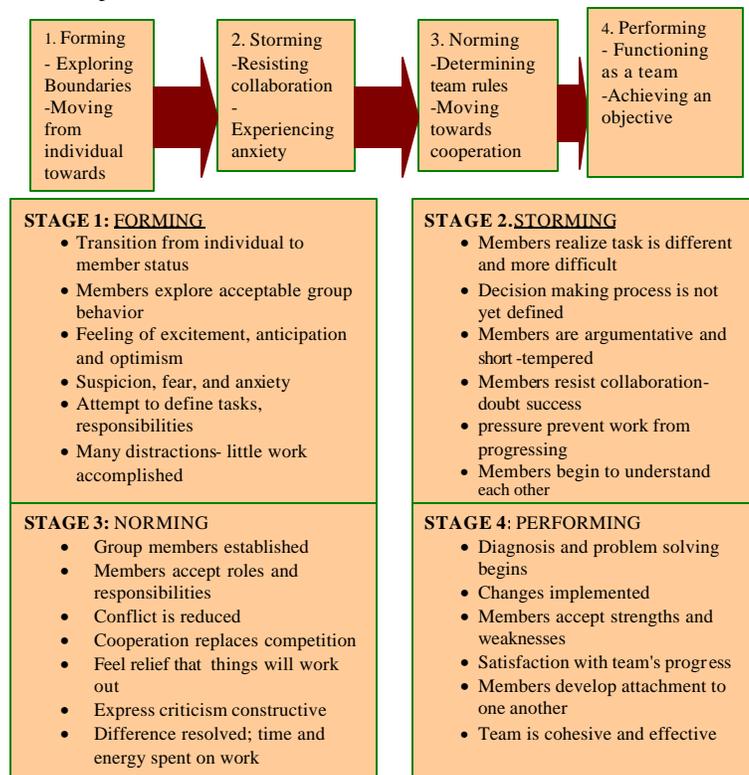
- Careful listener,
- Create a climate of trust,
- Eliminate fear,
- Act as role model,
- Delegates task
- Shares information readily,
- Motivates and empowers members,
- Deals promptly with conflict,
- Keeps network on track, and
- Runs meetings effectively and efficiently

Members of effective networks practice cooperation, not competition. They take responsibility for their individual roles in advancing network objectives, but they value their team identity. In addition to

pooling their skills and understanding, they recognize that the team approach provides mutual support.

Advocacy requires hard work and a long-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.

Stages of Team Growth: The growth of teams involves the following four steps.¹⁶



¹⁶Policy Project. Network for policy change an advocacy training manual. The POLICY project, 1999.

Step 5. Identify Target Audiences

It is possible to have one or more target audiences for your advocacy. The targets can be categorized as primary or secondary targets. The primary targets are usually decision makers or policy makers, which have the power, authority and responsibility for creating or modifying policies, structures, resources etc for the issue affecting the HIV/AIDS response. These body/ies are not necessarily the government, but they can be religious decision makers, institutions, or donors. The secondary target audiences can be those who have direct or indirect role to address the advocacy issue, but may not have the full authority or can be supported by the primary target/s. Sometimes secondary targets can be influential people like traditional leaders, known personalities, or friends and families of the key decision maker/s. This is vital for a successful advocacy work.

However, issues should be clearly identified based on evidence. Then advocacy can be started when members of a group agree on the issue of advocacy like access to ARV therapy, or advertising condoms on the public media or others. Mixing up issues, selecting issues based on hearsay rather than research, inconsistency with upholding an issue of advocacy, etc is detrimental for effective HIV/AIDS advocacy work.

Step 6: Develop the detail activity plans

A detail activity plan including who should do what should be worked out. Leaders of each main activity should be identified, and all should study and rehearse before the advocacy campaign starts. The leaders should be conversant of the subject matter.

The following are important points for this step:-

6.1 Develop the Message

Message development should be tailored in a convincing way to the target audience/s. The message should be:

- Clear and presented in an easy language,
- Appealing and attractive,
- Concise(time the message)
- Should be framed according the experience, social level of the target,
- Should be framed in convincing manner, do not make vague,
- Try to show the consequences of not addressing the issue,
- The message should contain problems and suggest solutions of the advocacy issue,

- Do not try to address many issues at a time as it becomes confusing,
- Do not dwell on the general issue; go directly to the specific issue,
- Try to show the area,
- Give examples of the effect/s of the issue,
- Give examples from other countries/organizations success stories in that particular issue,

6.2 Select the methods of advocacy/Channels

The choice of ways of advocacy depends on the target audience, the experience of the advocate, the availability of that channel, the culture and political environment. Here are some of the possible advocacy ways:

a) Using the media: The following can be done through electronic and print media -

- *Op-Ed Pieces*- These are opinion pieces that appear on opposite editorial pages. They are persuasive, well thought-out, well written, short in length (usually not more than 800 words) but longer than a letter to the editor. The published op-ed should be timely, and present a strong, well-informed position, supported by facts.

- *Letters to the editor*- it represents your perspective in the local newspapers and can be a counter argument for articles that were published before,
- *Press releases* - A press release is a full and succinct account of the issue on HIV/AIDS advocacy, usually in one or two pages and should be written as a news article.
- *Public service announcement*- Short messages that radio and television stations air on behalf of the advocates.

b) Phone Calling Campaign

It is a system where the advocates pressurize the target audience through a persuasive number of calls. For example everybody in the advocacy network calls the council office and delivers the same issue of advocacy message prepared.

Steps of Phone calling Campaign

- Choose a coordinator to maintain and activate the phone tree. This person pass the advocacy message to several people, who in turn can pass the message to other members,
- Make a list of the members,
- Select a few key people to be responsible for calling (up to 10 people,)

- Give these key people the names and phone numbers of members to be called,

c) Meetings

Meetings with the target audiences can be arranged to discuss the issue of advocacy. It should be well prepared and different experts should be present to elaborate the situation for the advocacy target/s

d) Letter writing campaign

It is an easier, less expensive and less time consuming means of advocacy. A short letter is written containing the clear advocacy message to the target audience. All the advocacy allies and members will do the same. This draws the attention of the target audience for the cause. Here are some tips for writing a letter campaign:

- Start always by using the proper title of the audience,
- Be brief and courteous,. Thank the audience if there was involvement in the area related to the HIV/AIDS response,
- Time your message to be most effective. One example is when a bill is introduced;
- Be specific to the point,
- Write your own letter and personally sign it.
- Put the return address on the letter as well as on the envelope.

e) Organize a Teach-in

It is a delivering of speech on the issue for small groups like in churches, mosques, gathering friends and community gatherings. It can also be done in other meetings by asking the organizer a small slot. It can be possible to call small gatherings by putting up posters, writing the message by writing with chalks on the sidewalks. It can be done also in class.

The other forms of Teach-Ins are open mikes and speak-outs, as well as debates & panel discussions.

f) Demonstrations

It is a rally used to support, protest, oppose or improve an objective.

There are a number of demonstration types-

- *Vigil*: Typically a quiet event at night with candles to honor and remember lost lives or victims.
- *Sit-In*: Occupying a public or private space, typically a decision maker's office. The protesters demand and do not leave until the demand is met or negotiated.
- *March*: A group of people holding signs and chanting, walk from a designated point to a communal destination or decision making office. The message is then delivered.
- *Picket Line*: People holding signs and chanting, march outside a building or office.

- *Civil disobedience*: Is the refusal to obey civil laws regarded as unjust, usually by employing methods of passive resistance.

g) Creative actions

- Interactive theaters
- Invisible theater
- Guerrilla theater

h) Cyber activism

- Create a web page to go with your event. Make your e-mails short and direct people to a hyperlink to the web for more details. Make sure that your page is always up to date.

Step 7: Develop Budget and Secure Fund

The following are the major steps to follow:

- *Decision on the human resource required*. This includes how many you need, their qualification, and experience required. It is a means to determine the cost for human resource.
- *Decision on the physical assets required*. List the type of equipments, tools and other related costs you required for your advocacy work. Assess the market value and include in your budget.
- *Cost the whole plan*. Based on the above two major areas, work the total cost of the advocacy.

- *Look for possible donors.* Based on your previous information or networking, locate the possible interested donors for such advocacy work.

Step 8: Discuss the plan with other stakeholders

The preparation for implementation is reaching the final stage. Present your advocacy strategic plan to all stakeholders for their final comments, and approval for the feasibility of the plan. In actual terms the draft advocacy plan is drafted with key experts of the stakeholders or through consultations. But this is a step where every body should agree with the whole advocacy plan.

Step 9: Set the Time

- Do not go for advocacy until all the legal permissions for advocacy from the responsible government office is solicited.
- Ask the legal permission in advance of the date of the advocacy
- Choose the time where it is convenient to all alliances
- In as much as possible, time the advocacy dates where you can get the main leaders in one place.
- Times of drafting policies, regulations, elections and national or international conferences on HIV/AIDS will be the preferred time for advocacy.

- If using the radio or television for advocacy, choose the time when most people attend these media. Immediately after the news are good times.
- Announce to all the alliances of advance date. Include the place and the starting time of the advocacy.

The following grid can serve as a summary sheet in preparation for advocacy plan.

Work sheet 6: Sample Advocacy Implementation Plan (with hypothetical example)

| Advocacy Objective: By the end of the year 2006, a workplace guideline for PLWHAs will be developed | | | |
|--|---|-----------------------------|-----------------------|
| Activity | Needed Resource | Responsible Person/s | Timeframe |
| Organize meetings with PLWHAs to discuss issues affecting them in work places | - Working place expert facilitators. - A conference hall - Budget for the meeting | - Advocacy Program Manager | November 12- 16, 2005 |
| Sensitization meeting to leaders of factories | - Working place expert facilitators. - A conference hall -Budget for the meeting | - Advocacy Program Manager | December 10-15, 2005 |

Step 10: Conduct the advocacy

During the advocacy work, especially if it is a demonstration type, the organizers needs to watch the following:

- In as much as possible, every person in the group should stick to the assigned responsibility
- Keep peace and order. Try to be non-violent
- Watch other intruders. Opponents may come as supporters and can change the whole situation and create confusions.
- Messages should be delivered as planned and with the assigned person/s to control the intruders. You should not also expect all supporters to know the details of the advocacy issue and the procedures. Unknowingly they may pass different messages.
- Record the whole process.

Step 11: *Monitor and Evaluate*

Information is important to plan actions and make solid decisions. Timely and well thought out monitoring and evaluation is required in advocacy. Monitoring and Evaluation involves acquiring, analysis and utilization of information.

Monitoring is the process of routinely gathering information in all aspects of advocacy campaign and using information in networking management and decision-making. There should be an advance plan of information collection tools, analysis and the system to share the information to other users.

In order to achieve successful monitoring and evaluation, data collection at all steps is mandatory.

Evaluation is a periodic, systematic and objective analysis of the performance, efficiency or impact of the advocacy campaign. The collection of data can be done through qualitative, quantitative or a combination of the two methods.

To the common benefit of all, documenting all the advocacy campaigns and distribution mechanism for utilization should be in place. One central controlling body should take this responsibility and any advocacy planner should forward the M&E results of the campaign to this central body. In this case HAPCO is the likely coordinating and responsible body to collect the information and disburse it to others who can benefit from the experience in the future. The national M&E framework will assist in providing the national framework of advocacy.

Monitoring and Evaluation occurs throughout the whole process of advocacy work. Before undertaking the advocacy work, the planners should set the monitoring and evaluation plan, its analysis and utilization.

ANNEX I: MAJOR ISSUES OF HIV/AIDS ADVOCACY***1. Major Advocacy issues for Ethiopia***

The following is a summary of the rapid assessment involving nearly 37 institutions including governmental and civil societies. These issues are not comprehensive by any means and it needs further in-depth research to develop a clear advocacy issue. The issues are also dynamic and the broad issues identified were realities at the time of the interview. Any advocate can raise any issue and these are just examples brought up in the interview.

1.1. Policy Issues

- The Ethiopian government has given serious attention to the epidemic. One of the indications is that the HIV/AIDS council is led by the country's President. Even though all those interviewed appreciated the effort; all stressed that more commitment by policy makers at all levels is required as the HIV/AIDS issue has reached an epidemic level involving all sectors of the society. The other community leaders, such as spiritual and the civil society leaders, should also be involved in policy development and implementation.

So far the country has not clearly categorized HIV/AIDS either as an epidemic or an endemic disease. During the interview, some of the respondents recommended the

government to declare a state of emergency. The emergency should also be addressed like the other policies of the country on epidemics. In connection with this, special fund utilization, recruitment of personnel and support system policy is required for all those involved in the control effort. The policy should also be revised as the interface with the community is weak. The following can be included in the issues for advocacy: -

- Policies that affect the HIV/AIDS response should be designed modified and their proper implementation regulated.

1.2. Leadership commitment at all levels:

- Strong leadership commitment from the political, religious and community leaders is required.

1.2. Mainstreaming of HIV/AIDS:

- Mainstreaming of HIV/AIDS program is the core mandate of governmental, non-governmental sectors at all levels should be undertaken.

1.3. *1.2. Human Rights and Legal issues*

- The main concern that came out of the interview was that the law regarding HIV positive individuals who intentionally infect others or raped was not properly gauged. There is a need for revising the law.
- Workplace policies should be revised to ensure the health, safety and job security of HIV/AIDS cases.
- Age of consent for HIV testing should be lowered.
- Confidentiality of personal information is vital for this disease. In some institutions, confidentiality concerns were not important, especially in some private firms. A code of conduct should be developed for this purpose.
- No person should be screened without consent and privacy should be maintained.

1.4. *Gender*

- Any rape/abduction predisposes to HIV and the law should be strong on this.
- Gender inequalities fuel the HIV/AIDS response in Ethiopia. This needs advocacy.

1.5. Program

- Voluntary Counseling service is weak as the training of counselors of quality was not achieved and did not meet the demand. If possible training should be given at the diploma level and the quality of training requires more attention. In relation to the decrease in the treatment cost, more people can be ready for testing. This will overload the already compromised public health system.
- Another issue coming from people working in the area of counseling areas is mass screening. Mass screening should be seen cautiously. It needs a thorough counseling and should consider current level of counselors' availability and quality of counseling. Failure to address these issues might result in damages to individuals and society.
- The health infrastructure is not ready to address the increased demand for care and treatment because of inadequate capacity in human resource, systems and equipment.
- HIV/AIDS programs are predominately implemented by the health sector and are complex. This requires active community participation. According to the respondents, the health facility/community interaction is very limited.
- PMTC coverage is limited, and service utilization is very low. The reasons are health infrastructures are limited and community participation is low.

- Condom promotion activities require scaling-up and consideration of social and cultural settings.
- There is confusion in the roles and responsibilities of line ministries and most run it through a task force as sideline activity. It is not taken as one of the mandates of each institution. Committee work is at convenience and there is no responsible section in each office to implement it on day - to-day basis. Mainstreaming in sector ministries does not exist in practical terms.

1.6. Resource Mobilization

- Almost all those interviewed stressed that currently the country is not able to utilize the fund allocated either by donors or the government. Some of the reasons mentioned were the lengthy approval and fund flow system, lack of trained managers, poorly motivated implementers and the whole management of the epidemic taken as business as usual.

1.7. PLWHA

- In as much as possible, PLWHA should get the appropriate health care service, and stigmatization and discrimination should be minimized.
- ARV therapy should be given free of charge.

- The human resource development is low and because of this there is a problem of leadership, designing programs, implementation, monitoring and evaluation.

1.8. Special groups: female sex workers, prisoners, migrant laborers, internally displaced people, refugees, and orphans

- Orphans did not get the proper care and support.
- Children forced to leave their homes after their parents died.
- Orphans are asked to pay school fees.
- Orphans are abused and raped.
- The court process for inheritance and other legal issues is lengthy. Children are represented by guardians who may not really care for them.
- Efforts should be made to reduce factors that lead women to sex work.
- Emphasis should be given to areas with high labor migration and re-settlements, as the transmission is likely to be high.

1.9. Cultural and traditional norms

- Some respondents raised widow inheritance as a factor for HIV/AIDS transmission.