

REPORT

TRAINING OF TRAINERS

ADVOCACY
AND
PUBLIC-PRIVATE
PARTNERSHIP

(26th to 30th March, 2007)

A Training of Trainers on Advocacy and Public Private Partnership was held from 26th to 30th March, 2007 at Hotel Margala Islamabad. The training was held as part of the capacity building program of TAMEER project. It was facilitated by AMAL and Mr. Imran Rizvi was the key facilitator for the training.

A detailed day to day report is given below:

DAY 1

The first day of the training was commenced by an opening ceremony which formally announced the training open. Ms. Yusra Qadir, Assistant Training Coordinator initiated the opening ceremony. Mr. Abid Atiq was invited to share the purpose and expectations of the training. He emphasized that advocacy in the field of HIV and AIDS is, so this training can prove to be a good opportunity for all the participants to broaden their horizons. Mr. Imran Rizvi later talked to the participants about the agenda of the training and how the training will be conducted. National Manager, PNAC; Mr. Aftab Awan also addressed the participants. He showed his satisfaction with the continual of TAMEER capacity building program. He also said that he hoped the training will prove useful to the participants and will be replicated as well at provincial level as it will be conducted here. He said he has no doubts that the participants are the best candidates to deliver forth these trainings in their respective setting so as to teach people how to advocate for HIV and AIDS. Prof. Ismail represented the Presidium on the opening ceremony and he appreciated the performance of PNAC and wished that this training bring about the expected output.

After opening ceremony the training formally started and a complete round of introductions was run to make the participants comfortable with each other. The participants were asked to elaborate on their feelings and mood regarding the training along with the regular attributes in the introduction.

After tea break the first activity was initiated. It aimed to clarify the concepts of the participants on Advocacy; and how advocacy is practiced through IEC material, resource mobilization, fundraisers, community mobilization and networking and partnerships etc. The participants in this session also reflected on which activity for advocacy will target what group of population, what the role of influential and powerful groups and individuals is, what the core indicators can be and why advocacy is practiced. The activity proved very useful for the participants as they formulated a clear understanding on what advocacy is, why it is so necessary in HIV and AIDS sector and how can it practically be practiced. The participants were divided into groups and each group was designated a topic for identifying target population, indicators and effects etc. The ideal model for the activity is given below:

Advocacy and Related Concepts

	<i>Advocacy</i>	<i>IEC</i>	<i>Community mobilisation</i>	<i>Networking & partnerships</i>	<i>Fund raising & resource mobilisation</i>	<i>Overcoming stigma & discrimination</i>
<i>What can it change?</i>	<i>Policies, implementation of policies, laws and practices</i>	<i>Awareness and behaviour</i>	<i>Capacity of communities to identify and address their problems</i>	<i>Isolation and duplication</i>	<i>Level of resources available for HIV/AIDS work</i>	<i>Level of stigma and discrimination against people living with HIV/AIDS</i>
<i>Target group</i>	<i>Decision-makers, leaders, policymakers, people in positions of influence</i>	<i>Particular age group, gender, residents of an area, etc.</i>	<i>Members of a community</i>	<i>Individuals or groups who have a similar agenda</i>	<i>Communities, local councils, government, donors</i>	<i>People who stigmatise or discriminate</i>
<i>Does it mainly target people who have influence over others?</i>	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
<i>Typical indicators of success</i>	<i>Policies, implementation, laws or practices</i>	<i>Percentage of youth using condoms;</i>	<i>A community problem is solved;</i>	<i>Members of the network or partnership</i>	<i>Farmer gives use of building for meetings;</i>	<i>Fewer workers dismissed because of HIV status;</i>

The participants were then asked to brainstorm over a definition of advocacy and think of any additions or modifications for the definition over lunch.

After lunch, the training resumed by discussing various aspects of the given definition and many definitions were evaluated by the participants. The aim was to agree upon a particular definition of advocacy so as to take a clearer concept ahead.

Imran Rizvi, the facilitator for the session explained to the participants many attributes of the definitions of advocacy. Different definitions which were evaluated by participants are given below:

"Advocacy is a process to bring about change in the policies, laws and practices of influential individuals, groups and institutions."

Reference: Adapted from advocacy skills-building workshop for HIV/AIDS, International HIV/AIDS Alliance, Zimbabwe, July 2001.

"Advocacy is an ongoing process aiming at change of attitudes, actions, policies and laws by influencing people and organisations with power, systems and structures at different levels for the betterment of people affected by the issue."

Reference: Adapted from an advocacy skills-building workshop, India HIV/AIDS Alliance, India, November 2002.

"Advocacy is an action directed at changing the policies, positions and programmes of any type of institution."

Reference: An Introduction to Advocacy, Training Guide, SARA Project.

"Advocacy is pleading for, defending or recommending an idea before other people."

Reference: An Introduction to Advocacy, Training Guide, SARA Project.

The definition agreed upon was:

“Advocacy refers to the process of actively engaging in activity to support, plead or argue in favor of a cause with the view to influence and facilitate change”

Later the link between advocacy and training was discussed. It was agreed that complementing advocacy and training can result in a very effective advocate for a particular issue. Only after being properly trained can a person understand the relevant issues, prioritize them and facilitate the process which is known as advocacy. Also it was decided that advocacy is not simply raising a voice through boisterous means; but should be viewed as a process. The participants had consensus that advocacy and training are interlinked due to following factors:

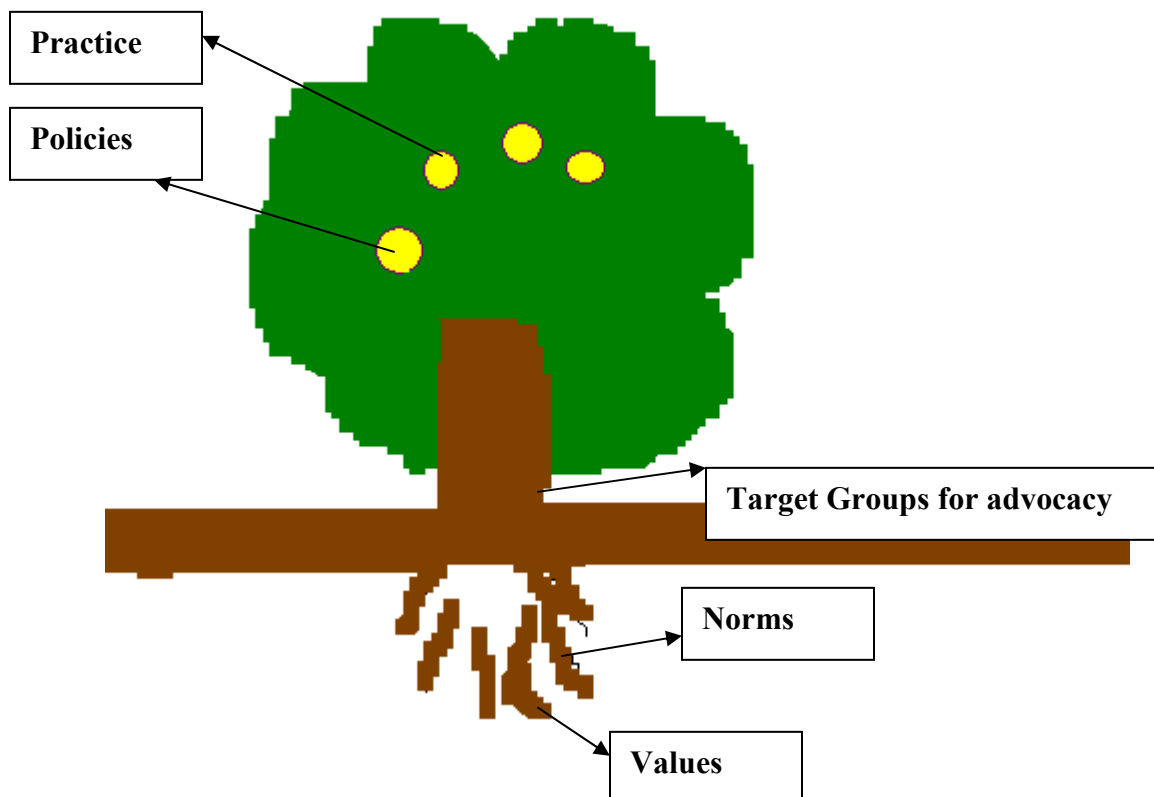
- Create a common agenda with communities and decision makers
- Deliver the right message to the right people
- Lobby effectively in different political and economic environments

- Foster community partnership and collaboration

Participants were also informed that advocacy can be practiced by:

- Speaking up
- Drawing a community's attention to an important issue
- Directing decision makers towards a solution
- Delivery of information through interpersonal/media channels
- Organizing/building alliances across various stakeholders
- Delivering messages to those who influence policy makers
- Prepare communities/peers to influence policy change

The participants were explained why advocacy was important for HIV and AIDS and how particular high risk groups can be advocated for. Various ministries, legislative bodies, religious institutions were identified by participants as targets for advocacy by a tree model..



The symbolic tree activity made participants realize that for advocating for a certain issue one has to start from the roots; values, norms etc

It was said that advocacy symbolizes selling your idea and therefore it demands devotion to the cause you are advocating for. It was deemed necessary that if an advocate is not devoted to his cause, he has least chances of success.

An activity superseded the session where participants self-evaluated themselves regarding their knowledge about HIV and AIDS, sex and sexuality and various high risk groups out of a scale of 10 more than 80% of the participants rated themselves as 10 out of 10 and none of the participants rated themselves below 8. This was encouraging to see that good knowledge of the issue you are advocating for also plays as a motivational factor in advocacy.

After the activity working tea was announced and the participants were given case studies to evaluate and answer key questions pertaining to advocacy. It was decided that 4 groups will be formed and each group will have a different case study. After working tea each group presented its case study and recommendations. The participants found the case studies very relevant as issues highlighted in them were relevant to Pakistan's context.

The participants reflected on the activities of the day as very productive especially for clarification of concepts regarding advocacy and advocacy for particular high risk groups.

DAY 2

The second day of the training commenced with a recap session of the previous day. The participants were given meta cards to write out their feelings for Day 1. Later the meta cards were randomly distributed amongst all participants where each participant read out the comments on the card given to him. The trainer reflected on the comments. Some important comments are stated below:

- Punctuality in terms of time was appreciated by participants
- Contextual relevance of case studies was important source of learning
- Participants recognized the importance of advocacy in their relevant fields of work i.e. HIV and AIDS
- The framework of advocacy (the 8 steps) were very useful as levels from basic to most advanced were identified by the participants
- Understanding on the power structure and power dynamics for advocacy in the field of HIV and AIDS was established
- Importance of peer learning was recognized

- The tree model helped a lot to clarify concepts and process of advocacy
- The 5 Cs were considered as very helpful

Some observations made by participants were:

- Case studies would have been more energy and time efficient if they were in national language
- It would have been more helpful if the same case study would have been given to all groups
- It would have been more helpful if answers of key questions would have been provided by the trainer.

The trainers Mr. Imran Rizvi and Ms. Nadia answered all questions of the participants and first formal session of Day 2 superseded.

The session focused on different advocacy strategies and concepts related to it. Various interlinked concepts like coalition, allies, networks, lobbies etc were explained. Some key definitions are given below:

Network

A network is a convection of individuals or institutions with common interest—network is to share, to commit, to connect information, resources, time as well as efforts with others who have similar goals

Coalition

A coalition is an organization of independent organizations and/or individuals who share a common social change goal and join forces to influence external institutions while maintaining their own autonomy

Alliance

People and/or organizations focused on the same or similar short term objectives. Such alliances shift; do not expect them to be permanent. They are more effective when include unexpected or unlikely allies.

Lobby

Lobbying consists of actions that influence decision and policy makers. The lobbying organization, or coalition, urges the policy makers to take a specific action and work to built continuing relations to achieve a social or public policy objective.

Tea break followed this session.

A very dynamic session followed tea where participants were divided into three groups and each group was assigned a theme (topic) regarding power dynamics at different levels i.e. household, community and state. Each group was requested to use a statue technique to portray the power dynamics.

Group 1

Portrayed power setting at community level; where a typical “panchayat” in Punjab was portrayed. The scene showed an HIV positive patient pleading to allow him to stay in the village.

Group 2

Showed a household setting of a medium class rural Punjabi; where gender roles were very extremely defined and the daughter-in-law of the family had full blown AIDS and she was being discriminated against by the whole family.

Group 3

Showed a state level activity where the police was harassing and abusing injecting drug users and the IDUs were being forced to get tested.

A documentary made by Panos South Asia was screened for the participants. The participants were asked to think about the film making techniques used in the documentary and the messages delivered therein over lunch.

Mr. Pervez Tuffail was the guest speaker and he gave a brief presentation on the relationship between TB and HIV and AIDS. He showed through his presentation different techniques to advocate for an issue. The participants learned that how an individual can advocate for his issue in front of an audience and what aspects of the issue should be focused upon.

Later working tea was accompanied by a very important activity of preparing an advocacy work plan related to their topics in the sculptor activity. Each of the three groups worked on their one year advocacy work plan for the remainder of time on the following format:

One Year Advocacy Plan

Overall Aim:

Objectives:

-
-
-

Success Indicators:

-
-
-

Objective 1		
Activities	Methods/Tools	With Whom?
1.1 1.2 1.3 1.4 1.5		
Objective 2		
Activities		
2.1 2.2 2.3 2.4		
Objective 3		
Activities		
3.1		

The day was concluded with the decision that each group will present its one year action plan next day.

DAY 3

The third day of the training started with the presentations of each of the three groups. Group 1 had developed its action plan on advocating at household level, the second group developed the plan for community level and the third group planned for advocating at state level. Work plans of the groups are given below:

One Year Advocacy Plan (Group 1)

Overall Aim: To advocate gender sensitive, care and support and access to counseling and testing services in Tehsil Dusht of District Turbat by 1yr.

Objectives:

- Gender Sensitization
- Increase Care & Support
- Access to VCCT

Success Indicators:

- Formation of ten women support groups
- # of women availing Health care Facilities increased
- # of persons availing VCCT services increased

Objective 1 Gender Sensitization		
Activities	Methods/Tools	With Whom?
1.1 Formation of project steering committee at teshil level	One to one meetings	Political and administrative authorities
1.2 Hiring of ten female and five males out reach workers	Head hunting	Steering committee members
1.3 Meeting with gate keepers and influentials	One to one/Group meetings	Gate keepers and influential Community members
1.4 Conducting of 120 mohalla meetings/Month	Each worker is conducting two meeting/week in his/her project area	
1.5 Formation of women support groups	Formation of one group from each cluster	Community Members

Objective 2 Increase care and support		
Activities		
2.1 Mohalla Meeting	Household heads meeting by male workers arranged by female support group at mohalla level	With household heads
2.2 IEC Material Develop	Pictorial posters develop & illustered in group meetings By the help and support of local CBO	All group meetings f of community
2.3 Theater performance for awareness development		Males and females separately
2.4 Meeting with health care provider	One to one and group meeting with health care provider by male and female workers	Health care providers and concern authority
Objective 3 Access to VCT		
Activities		
3.1 Awareness session	By outreach workers in field	With vulnerable and high risk group

One Year Advocacy Plan (Group 2)

Overall Aim:

To reduce Stigma & Discrimination among community leaders regarding HIV & AIDS through advocacy in UC # 73, Adam Wahan, Tehsil Karor Pacca, District Lodhran

Objectives:

- Media Support and Documentation
- Sensitize community leaders on HIV & AIDS
- Improve the behaviour of community leaders through advocacy

Success Indicators:

- Understanding developed with the issue
- Participation of community leaders
- Caring and supportive attitude of community leaders

ACTIVITIES	METHODS / TOOLS	WITH WHOM?
OBJECTIVE # 01		
1.1 Media Interaction	Seminar [Presentation, Prevailing Facts, Q/A Session]	Local Print Media Representatives [Karnama, Sairaki Adab, Reporters]

ACTIVITIES	METHODS / TOOLS	WITH WHOM?
<p>1.2 Fact Finding</p> <p>1.3 Publication of fact finding material</p>	<p>Interview, Observation</p> <p>Leaflets, Brochures, Press Clips, etc</p>	<p>from WASEeb, kook Channel]</p> <p>PLWHA, PABA, identified supportive personalities which may or may not have influence to improve the behaviour of community leaders</p> <p>Sharing with community leaders, Public representatives at three tiers of District Government, Journalists, etc</p>
OBJECTIVE # 02		
<p>2.1 Corner Meeting</p> <p>2.2 Seminar</p> <p>2.3 Capacity Building (Awareness on Basic Knowledge of HIV/AIDS)</p>	<p>Caucus Formation</p> <p>Speech, Report Sharing</p> <p>Training Workshop (5-Days) in lines with the manual developed by PNAC, Interactive Theatre, Video, Documentary</p>	<p>Selected UC Representatives, Members of Insaf Committee, Masalahat-e-Anjumn,</p> <p>Influential community leaders (Landlord, whose behaviour supposed to be changed), Monitoring Committee Representative for Health, Education, PABA, PLWHA (As per situation)</p> <p>Influencia people, CCB Members, Monitoring Committee for Health [20 participants in all]</p>
OBJECTIVE # 03		
<p>3.1 Interaction with PLWHA</p> <p>3.2 Interaction with PABA</p> <p>3.3. Observance of World AIDS Day</p>	<p>Expsoure visit to New Light, Multan, VCT Centre</p> <p>Meeting with Widows, Orphans, Blood Relatives who were discriminated for the sin they did not commit.</p> <p>Walk, Speech</p>	<p>Community Leaders, Local public Representatives</p> <p>–do–</p> <p>Public At Large</p>

One Year Advocacy Plan (Group 3)

Overall Aim:

“To contribute towards raising life standards of IDUs and protect their rights through advocacy with police department in district Hyderabad.”

Objectives:

To:

1. Make 300 IDUs aware of their rights and responsibilities by networking amongst key stakeholders
2. Sensitize police department on the rights of IDUs

Success Indicators:

1. Increased number of IDUs accessing VCCT centers
2. Increased number of VCCT centers
3. Attitudinal change of police department towards IDUs through pre & post analysis/surveys

Objective 1		
Activities:	Methods/Tools:	With Whom?
1.1 Formation of IDUs networks at district level 1.2 Establishment of VCCT center 1.3 Capacity building of networks working with and for IDUs	Consultation workshop with IDUs Meeting with organization working with IDUs Peer education, counseling sessions	IDUs Organizations and networks/consortia working DCO, DPO, Nazim and Health department
Objective 2		
Activities	Methods/Tools:	With Whom?
2.1 Literature review Data collection on the impact of police harassment 2.2. Information dissemination/educational workshop for police officers 2.3. Awareness raising regarding police responsibilities and IDUs rights.	Base line surveys, Questionnaire, compilation of final report Policy Dialogue Signing of ToRs. Trainings, seminars, Dialogue and Theatre	Police Department, Local bodies, SWO Police, Lawyers

The action plans of groups were evaluated against SMART and all participants gave their feedback.

S	Specific
M	Measurable
A	Attainable
R	Relevant
T	Time bound

After tea, a participant summed up the activities of Day 2 and forum was open to all participants to give feedback on the training and training techniques. Some points which were discussed are given below:

- **Delivery**
Opening, voice/tone, clear objectives, used effective examples/illustrations, used easy terms or defined unfamiliar technical terms, summarized main points before finishing
- **Body Language**
Good eye contact, used body language to help communicate ideas visually
- **Audience Participation**
Involved the audience, handled questions/ideas with courtesy, provide clear instructions for all the activities, clarified/rephrased questions, be aware of the cultural/gender sensitivities)
- **Visual Aids**
Used visual aids, didn't block the screen or flipchart, used key words rather than reading sentences from the screen, make sure materials could be seen easily from the distance
- **Technical Competency**
Gauge audience level of technical knowledge and adjusted the presentation, answer technical questions, taught technically accurate content
- **Cross Cutting Themes**
Gender and cultural sensitivity. Rights based

The superseding session was conducted on the training techniques and facilitation skills which was aimed at helping participants

5 Ws were highlighted by Imran Rizvi. This was aimed at making the participants understand how they can deal with and understand participants at provincial level when they replicate the training. The Ws were:

1	Who
2	Why
3	What
4	Where
5	When

The participants were taught what types of training there were and what are the positive and negative aspects of both teacher centered training (pedagogy) and learner centered training (andragogy). Participants evaluated what approach in training will be opted by them in their replica trainings. Types of adult learning i.e. visual, auditory, read/write, kinesthetic, sensory and orfactory were made known to participants.

The difference between training and facilitation was identified. It was explained that a trainer:

- Presents information
- Provides right answers
- One- way communication
- Gives assignments
- Dictates objectives

While a facilitator

- Guides discussion
- Provides right question
- Two- way communication
- Coordinates learning
- Moulds groups goals

Understanding was developed on what sessions require facilitation and which sessions call for training mode.

The participants were told different principles of adult learning and were explained that part of being an effective facilitator/trainer is to understand how adults learn and what

methods are the most successful in terms of the likelihood of remembering; especially when a lot of information has been covered. The basics of a training need assessment (TNA) were also shared with the participants so that they can identify the need of the provincial trainings.

A step to step guide of training was shown to the participants to clarify the process of training. The steps are given below:

- Step 1:** Define purpose of the training and target audience
- Step 2:** Determine participants' needs: Evaluating the TNA
- Step 3:** Define training goals and objectives
- Step 4:** Outline training content
- Step 5:** Develop instructional activities
- Step 6:** Prepare the written training and Agenda
- Step 7:** Prepare participant evaluation form(s)
- Step 8:** Determine Follow-up Activities to the Training

The participants were given different tips on effective communication and listening. The training cycle was evaluated and participants asked various questions regarding facilitation and training. The session was enjoyed by the participants and the feedback was very encouraging as participants self-evaluated their facilitation skills and identified where improvement was needed.

The session after lunch constituted the topic of advocacy through theatre, and theatre as a tool of advocacy. The session was facilitated by Nighat Rizvi. The importance of advocacy through theatre was explained. Also the types of theatre were reflected upon to identify which type is more relevant for advocacy in the participant's context.

A dynamic activity followed the discussion which was titled "circle play". The participants were asked to be floor seated at the back of the room in a circle. An object was introduced in the circle and the participants were asked to use their imagination and without using words use the object as a prop. The participants were very active and all took turns to show different uses with the object. Later another object was introduced and participants used both object but the pace of participation slowed, then another object was introduced and very limited ideas could be seen for using all three objects simultaneously as prop.

Conclusion of the activity led towards the discussion where the first object introduced was compared to AIDS and the objects later introduced were compared to TB and poverty. The moral concluded therefore, was that advocating/dealing with HIV alone is much easier than dealing with multiple social issues... which is the present situation in Pakistan.

Another activity of participatory theatre followed where a group of volunteers from the participants planned a short theatrical performance (skit). The skit portrayed a family where the elder son returns from abroad and has contracted HIV. The reaction of the family on facing this reality and the drama till their attitudinal change comprised the skit. The feedback of the participants was taken in an unconventional way. The participants wanting change or modification in any character were asked to replace that particular character and play it.

The activity was very useful and participants recognized what messages they will deliver and what type of advocacy activities they will replicate in their trainings.

The last session constituted guidelines on how participants will prepare their manuals, agenda, session plans, norms setting, evaluation forms and handouts etc when they replicate the training at provincial level.

DAY 4

The fourth day of the training aimed at the practice of the trainings which participants will replicate in their provinces. The participants were divided in 5 groups with regard to their geographical working area and were asked to formulate the following:

- 1. Participant's agenda for 3 days**
- 2. Trainer's agenda for 3 days**
- 3. Session plan (for mock session)**

The participants were asked to conduct a session of their choice as trainers and the group participating in that session was to evaluate the trainer. Each individual got a chance to conduct/moderate a mock session where all other participants recorded their comments on meta-cards which were handed over to the moderator for self-evaluation.

The groups were given time to prepare all the asked material till lunch.

After lunch 2 groups presented their sessions and were given an hour and fifteen minutes each. Participants from Punjab and N.W.F.P constituted the two groups.

The groups conducted their specific sessions well but the feedback was withheld till the remaining groups completed their sessions for ensuring transparency in evaluation.

The day's proceedings concluded on the note that the remaining three groups were to present their sessions next day at 9:00 am.

DAY 5

The last day of the training was very dynamic and 3 groups conducted their presentations simultaneously and were monitored by the lead facilitator, co-facilitator and training coordinator.

After tea participants gathered and the meta cards with comments on their sessions were handed over to each participant and the participants were given 5 minutes to prepare a summary of their self-evaluation.

The participants then took turns explaining what their positive and negative feedback was. They also shared how the training contributed to their capacities and learning. Furthermore, each participant was evaluated by the lead facilitator; Imran Rizvi, co-facilitator; Nadia and training coordinator; Yusra Qadir. The participants were assessed on their delivery, time management, body language, audience participation, visual aids and technical competency. They were also told what their areas of improvements were and how they could overcome their shortcomings.

After lunch the participants were asked to add organizational activities to their advocacy action plan which they would perform as follow up to this training in their respective provinces/organizations.

The participants were also invited to share their action plans with trainers so as to improve and refine them in terms of language etc.