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Introduction

BACKGROUND

The Indian Network of People Living With HIV/AIDS (INP+) is an organization by, for and of People Living With HIV/AIDS (PLWHAs) in India. It is the voice and face of all Indian PLWHAs and aims to help them lead their lives with dignity. Its three main activities include advocacy, building networks of PLWHAs at state and district levels, and service delivery. The workshop, supported by UNAIDS, was designed to assist INP+ design a national advocacy strategy as well as build capacity of the newly appointed advocacy officers and other members in the use of advocacy techniques and strategies.

The workshop facilitators were Venu Arora and N.Ramakrishnan from Ideosync Media Combine, New Delhi.

OBJECTIVES

The overall purpose of the workshop was to contribute to the capacity building of the participants in the area of effective advocacy, and to formulate a draft national advocacy strategy for INP+. The aim of the workshop was to help participants to:

- understand what advocacy means and how it works
- critically analyse previously undertaken advocacy strategies
- design goals and objectives for an effective advocacy plan
- formulate advocacy strategies that followed the INP+ vision and goals and design advocacy strategies that reflected the participants' priorities and understanding of these issues

(The full workshop agenda, designed to achieve these objectives, is found in **APPENDIX 1**)

PARTICIPATION

Thirty one men and women, including leaders of four state level PLWHA networks and seven advocacy officers, drawn from INP+, the Positive Women's Network (PWN+), and twelve affiliated state level networks, participated in the workshop. An observer from UNAIDS sat in on the first two days of the workshop, and another from Family Health International (FHI) sat in on the fifth and last day.

(For a complete list of participants, see **APPENDIX 2**)

DAY 1 : 17th November 2004

WELCOME & INTRODUCTIONS

Manoj Pardesi, President, Network of Maharashtra People Living With HIV/AIDS (NMP+), welcomed the gathering on behalf of INP+ president K.K Abraham. Mr.Pardesi noted that while the networks were already working hard and doing good work, there was a need to understand how to develop a more effective advocacy strategy at the national level as well as at the state and district levels. He expressed the hope that the workshop would equip participants with the tools and techniques required to achieve this objective.

Mettine Due, Programme officer with UNAIDS, spoke next. She urged the participants to bring together all their experiences and efforts in order to develop a convincing argument for positive political, cultural and social change. Ms.Due, while lauding the good work INP+ had done to raise awareness regarding PLWHA issues in India, stressed the importance of having clear advocacy objectives if concrete policy changes were to result. She mentioned that there would be a follow-up meeting in New Delhi a few weeks after the workshop to disseminate the advocacy plan developed at the workshop to the main stakeholders.

Mr.Abraham, who took the stage next, reiterated the importance of having a clear plan for advocacy, and mentioned that the internalization of that plan was the only way for INP+ and its affiliate networks to advocate their issues strongly. He urged participants to identify gaps in existing government programs and to identify which promises were not being kept.

Ms.Venu Arora, one of the workshop facilitators, spoke last. She outlined the workshop agenda for the next five days. She also clarified that the advocacy plan that would be developed during the workshop would emerge from the participants' own priorities and ideas; and that the facilitators were present principally to assist the process.. Towards this end, Venu encouraged the participants to take ownership of the plan right from Day 1 and ensure that all their issues were represented adequately.

MORNING SESSION 1: Detailed INP+ situational analysis

Ms.Geetha Venugopal, Program Manager, INP+ Chennai, started off the workshop activities with a brief overview of INP+ as an organization, including its main focus, basic objectives, and principal activities. The following is the gist of her presentation:

INP+ was formed in Chennai in 1997 by twelve PLWHAs to give the epidemic a human face and voice. The main *raison d'être* of the network was, and continues to be, effective advocacy on PLWHA issues by PLWHAs themselves, since it was felt that nobody else could do it on their behalf as knowledgeably, or intimately, as they could themselves. The network was formed, in other words, to 'personalise the 'invisible' epidemic for everyone else', and to take it from a 'distant possibility' to a 'current reality'.

INP+ aims to involve different communities of PLWHAs in its network, including women and children, sex workers, IV drug users, and MSMs. It also coordinates activities and interactions between all its affiliated state level networks.

(DAY 1, CONTD.)

The three main activities of INP+ are represented by what it refers to as the 'INP+ triangle'. The three corners of the triangle are:

- Advocacy
- Network building
- Service Delivery

In 1999, when the network had expanded to four cities, its members put themselves through a series of focus group discussions. The basic objectives of the network that emerged out of these discussions were, and continue to be:

- To facilitate and improve access to treatment for PLWHAs
- To facilitate their access to information about prevention, treatment, positive living, and more
- To promote and protect their human rights
- To promote their involvement at all levels of decision making
- To promote social acceptance and to end stigma and discrimination
- To provide them opportunities for networking

Towards this end, INP+, working with the National AIDS Control Organisation (NACO) and various State AIDS Control Societies (SACS) has pushed for PLWHA involvement in the role of peer counselors at government-run counselling centers like the Voluntary Counseling and Testing Centres (VCTC) and Prevention of Parent to Child Transmission Centres (PPCTC), and have also spearheaded the formation of their own counselling centers, like the Positive Living Centres and the Family Counselling Centres (this last in association with government hospitals). Another effective and powerful INP+ initiative is the Positive Speakers' Bureau (PSB), from where trained PLWHAs are sent out to speak at different forums, in an effort to raise visibility for and awareness about HIV/AIDS.



Img 1: The NMP+ team works on its presentation

After the presentation, there was a general discussion before the group broke up for tea. Some participants wondered if there was a possibility of multilingual facilitation as the group was linguistically diverse. Although most participants had a working knowledge of English, there were a few that could only understand Hindi, and a few who were more comfortable in Tamil. The facilitators promised to work in all three languages as far as possible.

MORNING SESSION 2: Group work: overview of SLNs & their history

The facilitators divided the representatives of the various State Level Networks (SLNs) into groups based on their geographical region. The representatives from the Karnataka Network of Positive People (KNP+) were clubbed with those from the Telugu Network of Positive People (TNP+), while the representative from the Nagaland Network of Positive People (NNP+) was in

(DAY 1, CONTD.)

the same group as those from the Manipur Network of Positive People (MNP+). The representatives from the Gujarat State Network of Positive People (GSNP+), Zindagi Goa, Bengal Network of Positive People (BNP+) and Utkal Network of Positive People (UNP+ Orissa) formed one group; as did those from HPPWS (HIV Positive People's Welfare Society, Tamil Nadu), the Pondicherry Network of Positive People (PNP+) and CKP+ (Council of people living with HIV/AIDS, Kerala). The representatives from INP+ formed their own group, as did the representatives from NMP+ (Maharashtra) and PWN+ (Positive Women's Network, Chennai).

Once the groups had been formed, the facilitators asked each group to work on a presentation covering the following, relative to each individual network represented in the group:

- Brief history
- Current initiatives and activities
- Analysis of strengths and weaknesses
- Listing of areas in which a clear direction of movement is not visible
- Wish list in an ideal situation with no constraints
- Expectations from the workshop

AFTERNOON SESSIONS 1 & 2: Post-Group work presentations by SLNs

The post-lunch session was taken up by the presentations made by each of the region-wise groups that had been formed. Some of the key issues/constraints faced by PLWHAs in different states that were raised in the presentations were as follows:



Img 2: The KNP+ and TNP+ teams brainstorm

- Policy issues such as PLWHAs not being able to open bank accounts, take insurance or loans; the discrimination between low prevalence and high prevalence states in terms of funding and programmatic support from the government and international agencies
- Social issues such as stigma and discrimination against PLWHAs, and lack of community involvement in prevention, treatment, and care and support.
- Treatment issues such as inefficient distribution of Anti Retroviral drugs (ARVs) to needy PLWHAs
- Infrastructure issues such as lack of hospital beds for PLWHAs in government hospitals, lack of sufficient and accessible testing facilities
- Organisational issues like lack of a clear understanding among district level networks (DLNs) about the role of SLNs, and among SLNs about the role of INP+; and the inability to coopt certain communities of PLWHAs into the network;

(DAY 1, CONTD.)

- NACO and SACS related issues like political corruption; high turnover of SACS Project Directors, which requires networks to start sensitization processes from scratch with every new incumbent; concentration of government efforts to combat HIV/AIDS in urban centers and municipalities; lack of GIPA implementation in NACO and SACS
- NGO related issues, like tokenism in GIPA implementation
- Women and children's issues, like the lack of a separate platform to address their issues, and the lack of a clear directive on implementation of Income Generation Plan (IGP) programs that will help women support themselves and their children when the infected breadwinning partner succumbs;



Img 3: Rick of MNP+ makes the initial presentation on behalf of the North-East team

- Uniquely regional issues such as the insurgency in the North East leading to frequent bandhs and curfews, thus making HIV/AIDS a non-priority issue; and the shunning of PLWHAs by the church in the same region, thus leading to stigma and discrimination in the general community, as well as denial of access to hospitals, clinics and schools run by the church.

The presenters also shared their triumphs and small victories with the rest of the group, and also the techniques they had used in making them come about. Participants felt they could learn from these stories and try the techniques in their own networks. Particularly noteworthy were the stories of CKP+'s good rapport with the media and its well-documented public battle against Majeed, a local quack who claimed to have a cure for HIV infection: Both issues increased visibility for the infection and the network, and lent added weight to the CPK+ response to human rights violations against PLWHAs (particularly in terms of discrimination in hospitals and schools) which resulted in positive remedial action by the groups involved.

DAY 2 : 18th November 2004

The day began with a warm up LAUGH exercise, where the facilitators reminded the participants that it was important to:

- **L** laugh, listen and learn
- **A**sk questions
- **U**nderstand each other
- **G**ive feedback
- **H**ave fun!

MORNING SESSION 1: Presentation & brainstorming on the national health programme, NACP-II, and the UN Theme Group response to HIV in India



Img 4: SLN participants listen to the morning presentation on the UN Theme group response

During the first morning session, the facilitators made a presentation about the UN Theme Group's response to HIV/AIDS in India. (The UN Theme Group comprises, apart from the nine co sponsors of UNAIDS, of organizations like NACO, UNIFEM, AUSAID, USAID, and INP+.) The presentation analyzed budgetary allocations across all these agencies for the period 2003 – 07, as well as budgetary allocations within the National AIDS Control Organization's (NACO) National AIDS Control Plan - Phase II (NACP-II). Finally, the presentation also reviewed the Indian government's current position on IEC, counselling services, GIPA, ARV drugs, drug adherence monitoring and compliance, referrals, and care and support.

Now that all participants were armed with this information, the facilitators suggested that it would be easier for them to decide where to focus the thrust of their advocacy for maximum success. The session was then thrown open for discussion about the relevance of these programmes to INP+ and the SLNs. Participants were also encouraged to talk about what they thought needed to be changed, and how.

First off, R.Elango of KNP+ opined that the bimonthly UN Theme Group meetings were too short to foster any in-depth discussion. Geetha Venugopal of INP+ added that since an agenda was not circulated well before the meetings, it was difficult for participants to prepare themselves adequately or appropriately. Responding to these points, Mettine Due of UNAIDS informed the group that there was a plan within the UN Theme Group to meet as subgroups, so that more in depth discussion could happen.

Participants were then asked to prioritise the issues facing PLWHAs in India, and jointly agreed that GIPA, which has the smallest budgetary allocation across all agencies (0.059% of funds) should in fact have the highest priority, followed by treatment and care (currently

(DAY 2, CONTD.)

receiving 7.15% of funds). Manoj Pardesi of NMP+ pointed out that it was difficult to monitor spending on prevention (which currently hogs over 80% of total available funds), unlike treatment and care, which has concrete products like drop-in centers to show for it. The facilitators stressed that it was a huge step in the right direction that the VCT Guidelines 2004 agreed on by NACO, included a chapter on coopting PLWHA networks as peer counselors; and suggested that participants go armed with this information when they advocated the operationalisation of GIPA.

MORNING SESSION 2: Understanding advocacy in the context of HIV

The facilitators defined advocacy, and talked about the various stimuli that could bring about attitude change. They analyzed where Indian PLWHAs were situated within a five-step matrix of change; and underlined the importance of assessing the stage of change at which a potential audience is, in order to be able to communicate more effectively. They also discussed the obstacles to advocacy, and the ways in which advocacy could be made more effective. Finally, their presentation concluded by focusing on advocacy in the context of HIV; and discussed how HIV-related advocacy was complicated by the fact that the issues were invariably linked to personal ideas around morality.

Participants were then given handouts listing various possible definitions of advocacy as it applied to various organizations and contexts. They were also given printed copies of the annual report of the UN Theme group. The group then took part in a fun exercise designed to demonstrate how a keen sense of observation was required to notice changes in the world and the people around us.

A lively discussion rounded off this session. Participants discussed the constraints peculiar to advocacy on HIV/AIDS issues in the Indian context, especially given that there is so little awareness in the general community regarding HIV and PLWHAs. Participants who were also part of their PSBs confirmed that it was difficult to convince audiences that they were HIV+, because of the popular media-driven misconception that all infected people looked a certain way.



Img 5: Arun of Zindagi Goa presents his team's constraint analysis

AFTERNOON SESSION 1: Articulating advocacy goals & objectives

The facilitators stressed the importance of being able to articulate advocacy goals clearly, and discussed the difference between a **goal** (a statement of general result that one wants to achieve) and an **objective** (one of the incremental steps towards achieving the goal).

The group discussed how the benefits of articulating advocacy goals clearly were twofold: Internally, it kept the organization focused, while externally, it defined the programme for community groups, the media, and potential partners.

Group Work: Articulating an advocacy goal, doing a situation analysis, and listing the constraints to the achievement of this goal

The introduction by the facilitators was followed up by a groupwork exercise: The participants broke up into the same regionwise subgroups as the previous day. Each subgroup was then asked to come up with one joint advocacy goal; and to list out the primary constraints to the achievement of that goal. The stress was on developing a joint goal, which the members of each group were to arrive at by mutual discussion and agreement.

AFTERNOON SESSION 2: Group presentations on advocacy goals

During the final session for the day, each subgroup made a presentation summarizing the goals they had identified, and the impediments they saw in their achievement of their respective goals.

The main advocacy goals identified by the subgroups were as follows:

- **Ensuring that all PLWHAs in India who require treatment have access to drugs including ARVs, and access to lab monitoring tests to improve their quality of life**
- **Operationalising GIPA**
- **Changing the attitudes of religious and community leaders and elected representatives to end stigma and discrimination for PLWHAs.**
- **Empowering all Women Living with HIV/AIDS (WLHAs) in India so that they can enjoy equal rights and dignity within the community**
- **To ensure complete acceptance of PLWHAs within the general community**



Img 6: Farida from MNP+ explains her group's goal - Ending stigma and discrimination - and the constraints to its achievement

DAY 3 : 19th November 2004

The day began with an engaging warm-up exercise to make sure each participant remembered everyone else's names.

MORNING SESSION 1 & 2: Responding to key questions on HIV advocacy

The facilitators urged the participants to answer a few key questions before progressing to the formulation of an advocacy strategy. The questions included the **purpose** of the advocacy; the **key audiences** (divided into primary, secondary, and tertiary audiences); the **key benefit** to be offered to each of these audiences; and the **desired action response** from each of these audiences. The facilitators stressed the importance of identifying the biggest 'dragons' (obstacles) in the path to the achievement of the goal, as also the importance of identifying the weakest links in the plan.

In the discussion that followed, participants recognized that, apart from external advocacy, there was an urgent need for internal advocacy within the networks themselves. The internal advocacy, they felt, was required in order to reach the goal of making newer members; and in order to ensure that the state and district level networks saw themselves as part and parcel of the larger movement called INP+.

Group Work: Identifying primary, secondary and tertiary audiences for advocacy, and articulating the key benefit to each of these audiences.

The participants then broke up into random subgroups for a short groupwork session. They came back with clearly articulated benefit statements for each of the audiences they had identified to advocate with, in order to achieve their goals. Participants discussed how it was necessary to offer each of the audiences different benefits for the advocacy to work, and understood why one-size-fits-all advocacy was doomed to failure.



Img 7: INP's Geetha Venugopal ideates with Balasaraswathi (TNP+), Daxa Patel (G SNP+) and Shabana Patel (Advocacy Officer, INP+)

AFTERNOON SESSION 1: Creating SMART objectives

The facilitators began the afternoon session by revisiting the discussion on objectives, and stressed the need for objectives to be **SMART** (**S**pecific and **S**imple, **M**easurable, **A**chievable and **A**ctionable, **R**elevant to the purpose, and **T**ime-bound). They also suggested that advocacy is most effective when it is **credible**, **feasible**, **relevant**, **high priority**, and **urgent**.

(DAY 3, CONTD.)

Group Work: Designing SMART objectives for a national advocacy plan in the short term, the medium term, and the long term.

The brief introduction by the facilitators was followed by another round of groupwork, during which the groups began developing SMART objectives to help them achieve the goal defined the previous day. While they worked, the groups began to realize the difficulty of setting objectives when the processes were unfamiliar to them. (Geetha Venugopal of INP+ conceded that many previously undertaken advocacy strategies may have failed or even been complete non-starters because of this very reason: For instance, it is easier to advocate for better access to ARV drugs for needy PLWHAs if one knows the exact route that the ARV takes from the Govt. of India to the PLWHA.)

AFTERNOON SESSION 2: Group presentations on Goals & Objectives

When the groups presented their lists of objectives, it became clear that there was still some confusion regarding what constituted an **advocacy objective**, and what constituted a **programmatic objective**. The facilitators helped in clearing the confusion. Bobby of MNP+ highlighted the difficulty of developing time-bound objectives in a region like North-eastern India, where insurgency and frequent curfews and strikes could derail the best planned advocacy programs. Facilitator Ramakrishnan clarified that SMART simply meant SMART relative to each situation, and suggested that inevitable delays be factored into the time frame.

Dr Venkatesan Chakrapani, consultant to INP+, listed a number of comprehensive advocacy objectives towards the INP+ secretariat's goal of providing all PLWHAs access to recommended drugs. These included (among others) advocating for paediatric formulations of ARVs; advocating for distribution of second line and salvage regimen drugs; and advocating for ARVs to be put on the government's essential drugs list so that they would be available through the public health system to anyone who needed them.



Img 8:
The participants listen attentively as Ratan Singh of MNP+ talks about the SMART objectives his team has developed

DAY 4 : 20th November 2004

The day began with presentations from the groups who hadn't presented the previous evening. Two groups required additional time to complete their work and refine their goals, an activity in which some of the members from the INP+ team assisted them.

MORNING SESSION 1: Sharing positive experiences with the media

The facilitators had requested KNP+'s Elango and CKP+'s Joseph to share their positive experiences with the media with the other participants. The facilitators suggested the participants' own experiences with leveraging the media were the most practical and replicable case-studies for the workshop, a view that was endorsed by everyone present. This became one of the most appreciated and useful sessions for the participants.

Elango suggested creating media events (by involving a celebrity or a political leader in the program, for instance) to ensure media coverage. He advised against reacting to negative press coverage, since public memory was short and there was more to be lost than gained by adding fuel to the controversy. He also cautioned against PLWHAs bringing their internal differences into the public space through the media, since such wrangling would only damage the cause of all PLWHAs.

CKP+'s Joseph said that what had earned his network the attention of the media was their sharp and instant reaction to any event where the rights of PLWHAs had been compromised. He suggested one-on-one sensitization sessions with reporters who used politically incorrect language while covering HIV/AIDS related stories, or engaged in negative reporting, since it was (in his opinion) mostly simple ignorance on their part that was responsible. He cautioned against only giving the media the human-interest stories that they demanded and urged the networks to leverage their media relationships to insist on reportage on PLWHA issues as well.

MORNING SESSION 2: The 'How' of leveraging the media

The facilitators then led an animated discussion on the advantages and pitfalls of working with the media. Participants shared experiences, put forth suggestions, and discussed what kind of media mix would suit a number of different situations. Everyone agreed that the biggest challenge was creating the kind of buzz around an event that would ensure extensive media coverage.



Img 9: Raghuram of PNP+ puts forward his team's suggestions on how to best utilize media support

HPPWS's Pichai Mani shared the story of a marriage between two HIV+ people that his network had organized, which had had been covered by national television news networks. GSNP+'s Daxa Patel suggested inviting top guns in the media to be chief guests at PLWHA events. PWN's Kousalya recommended inputting into existing media programs (at the local

(DAY 4, CONTD.)

Press Club, for instance) instead of organizing special programs for them. Jeyapaul of INP+ reminded the group that media groups are businesses that have their own agendas, and that this should be kept in mind while dealing with them.

Group Work: Possible ways to leverage the media

Subsequent to the discussion on leveraging the media, the participants broke up into subgroups and worked on presentations listing possible ways to leverage the media.

Some of the recommendations from the group to ensure media coverage for PLWHA issues and HIV/AIDS included the following:

- Involve government officials in the event
- Utilise World AIDS day as a media leveraging tool
- Use all celebrations - Children's Day, Mother's Day, Women's Day, and Indian festivals like Diwali and Navratri as media leveraging tools
- Institute PLHA-friendly Media Person awards
- Leverage the fact that one media group gives you, say, subsidized advertising rates, to demand the same from another
- Use key program bands that are specific to your content
- Use national and international events, sporting or otherwise, to promote your cause
- Partner with international organizations to ensure high visibility for your event in the press
- Participate in exhibitions / expositions that will be covered in the media
- Include media persons as resource people at network workshops or as media consultants to the network
- Leverage the media with women's and children's programs
- Create new days - Positive Living Day, Safer Sex Day - to create a media buzz
- Acknowledge the media person's efforts each time to ensure continued coverage

AFTERNOON SESSIONS 1& 2: The 'A' Frame for Advocacy

The facilitators explained the concept of the '**A' frame**, a framework that can be used to help any program or group structure its advocacy strategies. It involves working through six steps:

- □ **Analysis** (current situation, stakeholders, decision makers, decision making process, how it can be influenced and by whom, desired changes)
- □ **Strategic Design** (identifying goals and audiences, developing SMART objectives, identifying key benefits for individual audiences, identifying allies and partners most relevant to your audience, preparing a budget and time plan)
- □ **Activity Development** (planning events incorporating credible spokespersons, creating media opportunities, raising issues with government, pressure groups, policy makers and legislators)
- □ **Mobilizing and Monitoring** (keeping partners informed, responding to opposition views, documenting successes and failures)

(DAY 4, CONTD.)

- ▣▣ **Impact Evaluation** (documenting changes based on initial objectives, documenting unintended changes, identifying factors contributing to the change, sharing and publicizing results)
- ▣▣ **Planning For Continuity** (if desired changes occur, decide follow up; if not, repeat advocacy process and identify other activities).

As an illustrative example, the groups selected one issue - **Stigma and Discrimination** - and in an interactive discussion with the facilitators, worked through all six steps on this issue. Some of the points raised with regard to this issue as part of analysing the existing situation included the following:

- ▣▣ Discriminatory nomenclature (e.g.: 'High risk groups')
- ▣▣ Mandatory testing
- ▣▣ Differentiation between high and low prevalence states
- ▣▣ Lack of guidelines in the public health system for treating PLWHAs
- ▣▣ Lack of policy directives on treatment of PLWHAs by private medical practitioners
- ▣▣ More funds allocated for prevention and less for care and support

When the group discussed what exacerbated the problem of stigma and discrimination, it came up with some of the following:

- ▣▣ Discriminatory laws (Section 377, PITA/SITA, lack of law against discrimination)
- ▣▣ Discriminatory customs (Patriarchy, social pressure to marry by a certain age and produce offspring by a certain age, norms of sexual and social morality)
- ▣▣ Discriminatory behaviour by opinion makers like doctors, religious leaders, political leaders, families of PLWHAs



Img 10: INP's Jeyapaul works with the UNP+/BNP+/GSNP+/Zindagi Goa team to refine their advocacy strategy

Group Work: Designing a framework for strategic advocacy plan

The group then broke up into the same subgroups that had been formed on the first day to work on designing a framework for an advocacy plan to achieve the goals that had been articulated by each subgroup the previous day.

The group work continued till the end of the day, going past the scheduled close of the session, as groups remained engrossed in planning their strategies.

DAY 5 : 21st November 2004

The day began with the subgroups continuing work on their frameworks. The participants were joined by **Ms. Sumita Taneja** from **FHI (New Delhi)**, who joined the group as an observer for the final day. The first session was utilized by the teams to finish writing up their final presentations

MORNING SESSIONS 1 & 2: Presentations on strategic advocacy plans by groups

After thinking through the same issues several times over in the duration of the workshop, and refining goals and objectives through interactive sessions with the larger group and the facilitators, the subgroups had internalized the various steps in the process of designing a strategic advocacy plan to a large extent. This internalization was evident in their final presentations.

In the free ranging discussion that followed, the group brought up larger issues peculiar to the HIV/AIDS epidemic and debated ways to deal with each. Raghuram from PNP+ pointed out that the main reason for non-acceptance of PLWHAs in the general community was the existing mores on sexual morality, and opined that the way to ensure acceptance was to break deep seated prejudices first. Manoj Pardesi from NMP+ shared his experience of interacting with religious leaders drawn from different faiths at a recent summit. He expressed his belief that the way to get through to the general community was by changing the mindset of influential religious leaders. The group discussed what strategies might be used to bring this about. Bobby of MNP+ asked for the group's suggestions on how to classify his network for the local community, since it was playing the role of both grassroots organization and advocacy organization. The group also discussed the issues surrounding monitoring drug adherence, and monitoring side effects of ARVs (among others), which are almost non-existent in the public consciousness at this point.



Img 11: Participants enjoy a welcome tea break!

AFTERNOON SESSION: Workshop Evaluation & closing

After lunch, the workshop participants filled out forms evaluating the workshop. Sumita Taneja from FHI made some closing remarks based on her observations during the day; and offered support and encouragement to the network.

The session was finally concluded with a vote of thanks for the participants, the facilitators, and a special vote of thanks for Geetha Venugopal of INP+ for her interpretative skills. The final workshop activity before the group dispersed was conducted by Geetha, and emphasized the importance of coordinated collective action.

APPENDIX -1

Workshop agenda

Advocacy for HIV/AIDS Prevention: A Workshop

Participants: Leaders of 4 state level PLWA networks + 7 Advocacy Officers
Total number of Participants: 25
Duration of workshop: 5 days
Workshop Design & Facilitation: Ideosync Media Combine
Facilitators: Venu Arora/N. Ramakrishnan

DAY 1/ 17TH NOV

Morning session 10AM-11:30 AM

- Introduction to workshop and welcome of guests
- Introductory speeches and presentations by invited guests from UNAIDS, NACO, Ministry of health
- Presentation of a detailed situation analysis by INP+

Mid morning Session 11:30AM -1PM

Detailed presentations by participants from various states covering the following issues:

- Key issues in their states
- Key challenges
- Accomplishments and work done by the various networks in the past

Lunch 1PM-2PM

Afternoon Session: 2PM-5PM

Continue presentations by networks

DAY 2/18TH NOV

Morning session 10AM-1 PM

Presentation and brainstorming

NACO Programme and National health Programme and budgets

UN programmes and bilateral contributions to HIV/AIDS prevention projects

- Discussions about relevance of these programmes to INP+ and state networks
- What needs to be changed - and how

Lunch 1PM-2PM

Afternoon Session 2PM-5PM

Understanding Advocacy in the context of HIV

- Discussing definitions: What is advocacy? Who is an advocate?
- Understanding the behaviour change continuum especially in the context of Health and HIV
- Why it is important to understand the change continuum for advocacy?
- Difference between advocacy and effective advocacy? Who are effective advocates?

(Appendix - 1, contd.)

Looking back at presentations of first day from perspective of advocacy and lacunae

- □ HIV/AIDS and PLWHA situation as per presentations: What do we understand?
- □ What are the lacunae we notice?
- □ What are we trying to advocate? (what is the current situation & what is the desired situation?)

Group Work: In the context of the presentation - Identify the single most important shared issue/circumstance (stress is on the **shared**) where you would like to see change - and answer the first three questions on the slide.

DAY 3/19TH NOV

Morning session 10AM-1:00 PM

- □ Responding to key questions for HIV/AIDS Advocacy:
 - What is the purpose?
 - Who is the primary, secondary and tertiary audiences?
 - What is key promise/benefit?
 - What are the support points?
 - What is the desired action response?

- □ Levels of Advocacy: Personal; Community; Institutional
- □ Group work on answering key questions

Lunch 1PM-2PM

Afternoon Session 2PM-5PM

- □ SMART Objectives : Designing SMART Objectives for Advocacy Plans
- □ Advocacy works best if ideas being advocated are **Credible, feasible, relevant, high priority, urgent**. Learning how to make ideas work on these six principles
- □ **Group Work:** Design objectives for a national advocacy plan

DAY 4/20TH NOV

Morning session: 10AM-1PM

Understanding the 'A' frame for Advocacy: Deriving an advocacy Strategic plan through following the 'A' frame

Lunch 1PM-2PM

(Appendix - 1, contd.)

Afternoon Session : 2PM-5PM

- Importance of Media: the how of Media leveraging: No News is bad News!!
- Advantages of Media Campaigns, Selecting a media mix.

DAY 5/21st NOV

Morning session: 10AM-1PM

Designing framework for advocacy strategic plan - Groupwork (contd.)

Lunch 1PM-2PM

Afternoon Session : 2PM-5PM

Presentation of advocacy strategic framework plans

Evening session: 5PM-5:30PM

Evaluating the workshop

APPENDIX -2

List of Workshop Participants

S.NO.	NAME	ORGANIZATION
1.	Manoj Pardesi	President, NMP+ Pune
2.	Farida	Advocacy Officer, NMP+ Pune
3.	Shabana Patel	Board Member, NMP+ Pune
4.	P.V.Ramesh	President, TNP+ Vijayawada
5.	Bala Saraswathi	State Sectt. Coordinator, TNP+ Vijayawada
6.	Renuka	Board Member, TNP+ Vijayawada
7.	R.Elango	President, KNP+ Bangalore
8.	Asha	Board Member, KNP+ Bangalore
9.	Meriam	State Sectt. Coordinator, KNP+ Bangalore
10.	Pitchai Mani	Board Member, HPPWS Theni
11.	Kousalya	President, PWN+ Chennai
12.	Shanthi	Capacity Building Officer, PWN+ Chennai
13.	Padmaja	Finance & Admin Officer, PWN+ Chennai
14.	Rick	Secretary, NNP+ Dimapur
15.	Bobby	Secretary, MNP+ Imphal
16.	Ratan Singh	State Sectt. Coordinator, MNP+ Imphal
17.	Jotin	Advocacy Officer, MNP+ Imphal
18.	Joseph	President, CPK+ Trivandrum
19.	Umesh	President, GSNP+ Surat
20.	Daxa Patel	Board Member, GSNP+ Surat
21.	Arun Tomar	President, Zindagi Goa
22.	Kishore	Secretary, BNP+ Kolkata
23.	Raghuraman	President, PNP+ Pondicherry
24.	Namita	Board Member, UNP+ Bhubaneshwar
25.	K.K.Abraham	President, INP+ Chennai
26.	Geetha Venugopal	Prog. Manager/FHI/GF, INP+ Chennai
27.	Jeyapaul	Prog. Manager/PLC/FHI, INP+ Chennai
28.	Dr. Venkatesh	Consultant, INP+ Chennai
29.	Ramesh Babu	Prog. Manager/INP+/GF, INP+ Chennai
30.	Leena Rane	Advocacy Officer, INP+ Chennai
31.	Mary Julie	INP+ Chennai
32.	Mettine Due	Programme Officer, UNAIDS
33.	Sumita Taneja	Programme Officer, FHI, New Delhi
34.	Venu Arora	Ideosync Media Combine, Faridabad
35.	N.Ramakrishnan	Ideosync Media Combine, Faridabad
36.	Roopa Pai	Rapporteur/Freelance writer, Bangalore