

THE SELF ADVOCACY TOOL KIT

For Mental Health Services Users



Christina Angela Ntulo

FIRST
EDITION

Acknowledgements

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Table of Contents

Acknowledgments	
Executive Summary	
List of Figures Introduction.....	7
1.1 Background.....	7
1.2 The need for self - advocacy	7
1.3 The Solution.....	8
Overview of the toolkit.....	9
MODULE 1 UNDERSTANDING MENTAL DISABILITY.	11
1.4 1.1 INTRODUCTION TO MENTAL HEALTH.....	11
MODULE 2 UNDERSTANDING HUMAN RIGHTS.....	14
The Universal Declaration of Human Rights (abbreviated).....	17
MODULE 3 UNDERSTANDING ADVOCACY.....	18
2.1 What is Advocacy?.....	18
2.1.1. Definition of Advocacy.....	18
2.2 Self advocacy (this section is adapted from the self advocacy movement).....	19
2.10.1 The Eight Basic Elements of Advocacy.....	24
2.10.2 Identifying issues for advocacy.....	25
MODULE 4 DETERMINING WHAT TO ADVOCATE FOR	26
4.2 Activities that can be used to generate evidence.....	36
5.0 Advocacy Audience.....	48
6.1. Funds (Adapted from building donor relations - a BNUU document).....	53
6.3 Activities that can be used to identify potential coalition members.....	54
Before forming coalitions and alliances	58
MODULE 8 COMMUNICATING YOUR ADVOCACY ISSUE.....	61
7.2 Listening and speaking skills	62
7.2.1. Active listening.....	62
Becoming an Active Listener	63
Key Points.....	64
7.2.2. Effective Speaking.....	64
Keep it simple.....	65
Be prepared.....	65
Unforgettable delivery.....	65
7.4.2. Guidelines for writing a petition.....	69
7.6 Media Advocacy	72
7.6.1 Creating Local Media Attention.....	73
8.0 The Plan of Action	76
8.1 Activities that can be used to plan for advocacy	76
8.1.1. Gap Analysis.....	76
8.3 Community Action plans.....	79
9.0 Monitoring and Evaluation.....	82
9.1 Community Indicators.....	82
9.2 Monitoring: Feedback meetings	84
9.3 Evaluating your efforts.....	86
9.3.1. Why Should You Evaluate Your Advocacy Work?.....	86



9.4 Celebrating Successful Evaluation: Olympic Tool.....87
9.5 Success story.....89



Forward to The Self Advocacy Toolkit.



One of the five modules of the BasicNeeds Model for Mental health and Development is capacity building. The purpose of this module is to provide skills, resources and opportunity to a wide range of actors involved in implementing the model for its sustainability. These actors include persons with mental disorders or users of mental health services and their carers.

In moving on from treatment to implementing viable livelihoods, people with mental disorders and their families have demonstrated the willingness to engage with their policy and other decision makers not only as a right but as a way to assert their ability to participate in matters that concern them and the overall development of their community. Building on the slogan of the disability movement, “*nothing about us without us*”, this Self advocacy Toolkit is a means to achieving equal participation of people with mental disorders and their carers in advocating for their rights.

The exercise of human rights is the only way to ensure sustainability of the achievements of model for mental health and development. Giving people with mental disorders the skills to advocate for this means that the fruit of demonstration and scale up projects will live long after the funding has ended. In addition to this, their engagement in advocacy issues strengthens their voice, promotes collective action, gives opportunity for the development of leaders with mental disorders within the mental health movement, and alters power relations often in favour of those with mental disorders.

This toolkit is has been developed to guide advocacy efforts for groups of people with mental disorders at local and national level. Its activities are participatory by nature so as to add flavour to every group meeting. It uses the term “activity leader” to promote shared leadership, and provides a variety of activities for the groups to choose from as they plan for and execute their advocacy campaign.

The toolkit has been tested in Uganda with impressive results, and BasicNeeds Sri Lanka and Lao PDR and their partners have also received training on how to use it. The South African Federation of Mental Health has also been trained to use this manual. We hope that the use of this toolkit will increase the number of local advocates for mental health, truly building a global mental health movement from the grassroots up to international level.

A handwritten signature in black ink, appearing to read 'Chris Underhill'.

Chris Underhill
Founder Director
BasicNeeds UK Trust



Introduction

1.1 Background

BasicNeeds is an International Non-Governmental Organization founded by Chris Underhill and established in November 1999 with funding from World in Need and the Joel Joffle Charitable Trust. Our mission is to initiate programmes in developing countries which actively involve people with mental disorders and their carers enabling them to realise their basic needs and exercise their basic rights and in so doing, stimulate supporting activities by other organizations and influence public opinion. BasicNeeds had championed work in India, Sri Lanka, PDR Laos, Ghana, Uganda, Tanzania, Kenya and Colombia through the implementation of the Community Mental Health and Development Model.

Christian Blind Mission (CBM) an international Christian development organisation, committed to improving the quality of life of people with disabilities in low income regions of Asia, Africa, the Americas and eastern Mediterranean. CBM envisages an inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential. Specifically, CBM addresses poverty as a cause, and a consequence, of disability, and works in partnership to create sustainable solutions.

BasicNeeds' collaboration with Christian Blind Mission (CBM) aims at improving mental health services with an emphasis on low and middle income Countries. This partnership upholds the obligation to promote capacity building and good practice in community mental health at community, national and international levels, encouraging development of local initiatives by field staff and partners of both parties, resource mobilization for local, national and international initiatives for improving community mental health and to be inclusive to other likeminded organizations including professional associations, academic institutions, non governmental organizations and patient support associations.

This self advocacy toolkit for persons with mental, neurological and substance abuse disorders is the end product of an action research intervention that tracked and documented processes for Self Advocacy in low resourced communities of Uganda. This toolkit presents simple and easy to apply principals and is a replica of good practices identified in the Consumer empowerment project implemented by BasicNeeds UK in Uganda between April 2005 and March 2008.

1.2 The need for self - advocacy

It is estimated that there are at-least 3.6 million Ugandans suffering from severe mental disorders. According to the Ministry of Health only 15% of these have been served through the formal mental health system. Currently lack of access to treatment, poverty, stigma, discrimination and human rights abuse



are major obstacles to the rehabilitation of people with mental disorders. This situation is reflected in almost all countries in Africa, and most low income countries globally. It is estimated that 80% of disabled people live in low income countries¹.

The strategy of self advocacy is not sufficiently utilized to empower People with Mental Disorders to demand for change. There are no clearly defined processes that People with Mental Disorders can apply for self advocacy. Existing tool kits are general and do not incorporate unique needs of People with Mental Disorders. The self advocacy processes that have taken place in Uganda e.g. women, children and people with disability are not well documented and hence lessons learnt have been lost. The implication of these lost lessons is that other groups of vulnerable people cannot improve these processes for current and future advocacy needs.

The consumer movement in mental health does not have defined self advocacy processes, resource materials, training manuals to guide member groups on how to conduct evidence based local level advocacy. Where some advocacy work has taken place, documentation and dissemination of successes has been poorly done. Even where efforts for advocacy have been initiated, resources, motivation and technical know how to follow through has been deficient leading to “abortion” of lobbying activities which weakens the position of the movement in the eyes of the players (advocacy actors) and policy makers (decision makers). The repercussions of such aborted processes include among others

Continued stigmatizations of people with mental disorders
Continued de-prioritization of mental health.
Fragmentation of the mental health movement.

A strong user movement is needed to drive legislative reforms, policy formulation and consumer determined service delivery (quality, reliability and meet “real needs”) for community mental health services. The few existing programmes concentrate on service delivery but do little to empower users to demand for and monitor quality service delivery. Even worse is the fact that the voice of users is lacking in the process of policy development, legislative reforms and programme development, implementation and evaluation.

1.1 The Solution

BNUU's experience in facilitating consumer empowerment for poor People with Mental Disorders and their carers in Masaka and Sembabule Districts proved that district policy makers and programme implementers respond faster to advocacy issues that are raised by those directly affected by them. For example, due to BNUU's intervention in Sembabule district, the numbers of People with Mental Disorders and people with epilepsy accessing community mental health services was 356 in 2007. This number more than doubled to 1061 in just one year, after a self help group (Bulamu Kujjanjaba BUKA) began to lobby its

¹United Nations Development Programme, (2008) Convention on the rights of persons with disabilities, HuriTalk Insight Series, Issue 1, (2008) http://www.undp.org/oslocentre/flagship/insight_01_en.html, last accessed 27/9/10



district for improved and wide reaching services. BasicNeeds supported this process by training the group members in advocacy skills; including the development of local level advocacy strategies and plans, and monitoring group advocacy activities through predetermined indicators. BNUU development staff also coached and mentored self help groups to strengthen their self-esteem and build user confidence and assertiveness to enhance their advocacy work.

Therefore to facilitate local governments to fast track the integration of community mental health and development services in their districts development plans and programmes, more self help groups need to be capacitated to carry out their own advocacy. To do this effectively this self advocacy toolkit, provides a framework for uniformity in demanding for change.

BNUU is currently at the heart of the development of the mental health policy in Uganda. Our influence has ensured that policy spaces have been provided for people with mental disorders to participate in this process. It is important that when this policy is finally approved by the cabinet of Uganda, there will be some representatives from the consumer movement of people with mental disorders ready to occupy this space.

Overview of the toolkit

The aim of this toolkit

This toolkit was produced to provide tools to PWMD/E and their carers who want to lead their own advocacy initiatives. The toolkit provides information, skills and tools that will empower PWMD/E to be self advocates and, hopefully, even paid advocates. The toolkit uses simple language and has adapted various participatory rural appraisal tools to suit the needs of self advocates for mental health. This toolkit is written with the principles of participation in mind and is sure to keep SHG members interested in working with their groups. This toolkit has been pre-tested by 6 self help groups in Uganda, and peer reviewed by self advocates from Mental Health Uganda (a national association of persons with mental disorders and their carers), a wide range of development workers in Uganda, UK, India, Sri Lanka, Nigeria, Germany and Bolivia.

Who is this toolkit developed for?

The toolkit is primarily intended to be used by PWMD/Es who wish to become self advocates. The toolkit is designed in such a way that development workers and other field staff can support less literate PWMD/Es without influencing their advocacy outcomes.

The content of the toolkit

The toolkit is divided into an introductory chapter, nine modules, appendices, glossary and a list of references and other reading materials. The modules are arranged in chronological order: the way preparations for advocacy campaigns take place. Each module has a series of activities for the groups to work on together. The module uses the term “activity leader” for the purposes of

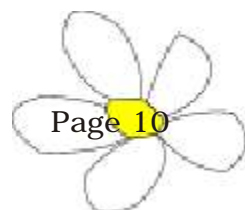


ensuring that shared leadership takes place as the group explores the contents of this manual

How to use the toolkit

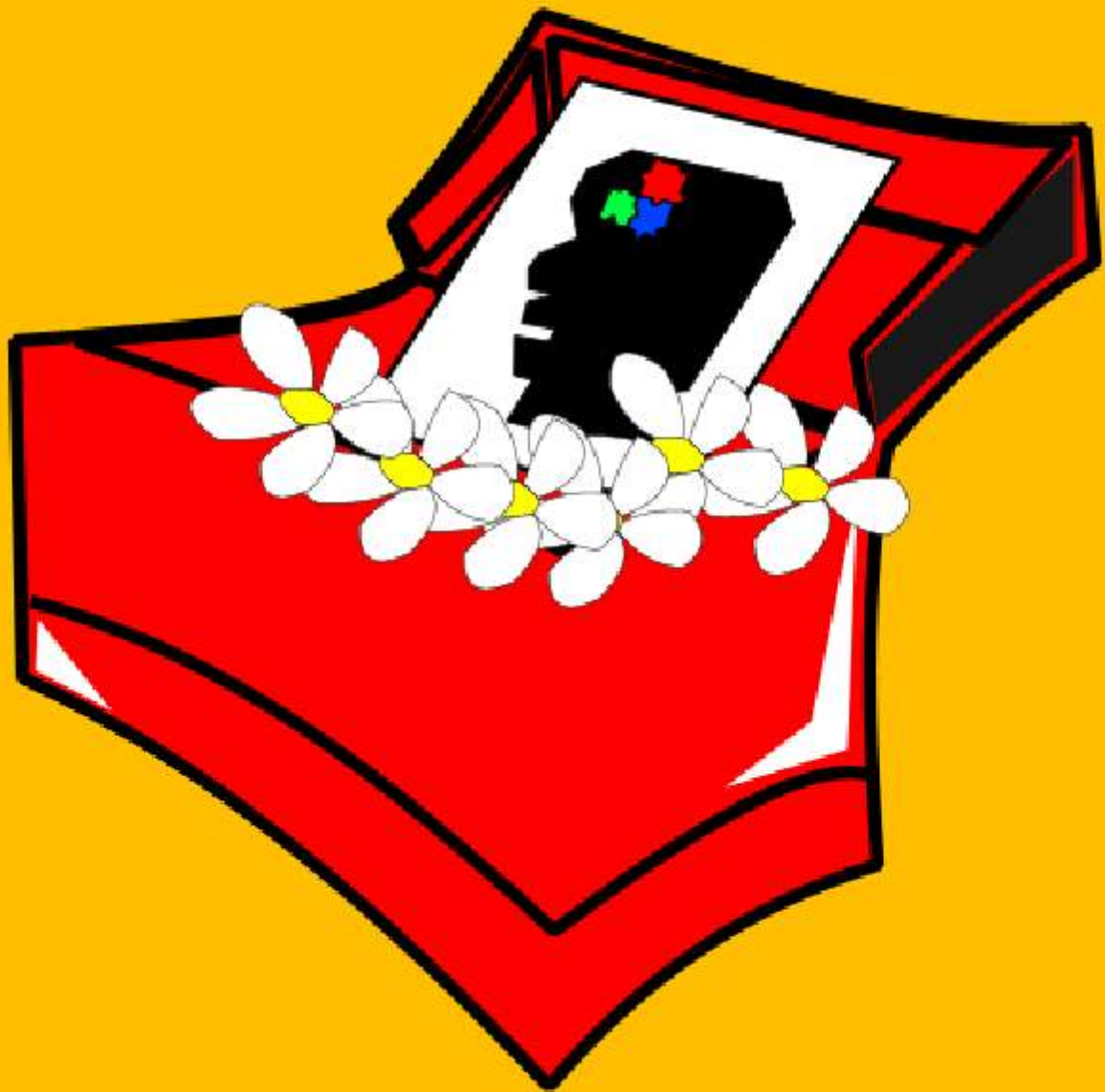
For each module, select an activity leader who will read the introductory paragraphs and then facilitate the group to follow instructions for each activity.

SHGs and development workers who use this toolkit are encouraged to fill out the evaluation form at the back to provide feedback to the authors of the manual. This can be emailed to info.uganda@basicneeds.org



MODULE 1

Understanding Mental Disability



MODULE 1 UNDERSTANDING MENTAL DISABILITY.

1.1 INTRODUCTION TO MENTAL HEALTH

This module is written to create a unified understanding of basic terminology used in mental health. The chapter also debates the use of different terms like mental disorder and psychosocial disability. In concluding the module the author recommends that the self help group agrees and uses the term that is most comfortable for them.

General Information about mental ill health.

Internationally recognised studies predict that if all sick, disabled and injured persons in the world were put in one basket, 14% of them would have at least one mental disease order. This is explained as the disease burden. It is also estimated that this burden is higher in developing countries because of poverty, conflict and strife, other conditions like HIV/AIDs and limited or lack of access to mental health services.

What is mental health?

WHO defines mental health, as “complete spiritual, emotional and cognitive well-being, not merely the absence of mental disorder” (WHO 2001).

WHO proposed that mental health is '.... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2001a, p.1).

What is psychosocial wellbeing ?

The term 'Psychosocial' has recently come to use. It is defined as the inter relationship of psychological and social factors. Psychology refers to the way of thinking and interaction with people. Psychosocial factors may be used to determine the well-being of a community.

Is there a real difference between mental health and psychosocial well being?

Ideally there is a difference in the use of the terms mental health and psychological well being. Psychosocial wellbeing is a subset of mental health. Mental health is a continuum with good mental health on one end and mental disorder on the other extreme. Psychosocial issues fall within the middle of the continuum moving from extreme end to the other depending on the impact of internal factors (personality, genes, biological functioning) and external factors (social, economic, political) on the individual.



What is a mental disorder and mental illness?

The term 'disorder' is used, in the place of the terms 'illness' or 'disease', it implies a grouping of clinically recognizable set of symptoms or behaviors, associated with distress and that interfere with an individual's psychological, social and behavioral functioning. Mental disorders are groups of disorders characterized by changes in the thinking, feeling, sensations, and behavior of a person, affecting the person's ability to interact with their environment. Examples of mental disorders or illnesses are Schizophrenia, Bipolar Affective Disorder, Clinical (major) depression, panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder

What is a psychosocial disorder?

The term psychosocial refers to the psychological and social factors that influence mental health. Social influences such as peer pressure, parental support, cultural and religious background, socioeconomic status, and interpersonal relationships all help to shape personality and influence psychological makeup. Individuals with psychosocial disorders frequently have difficulty functioning in social situations and may have problems effectively communicating with others. Examples are substance abuse disorders, anxiety disorders, somatoform disorders, adjustments disorders etc.

What is mental disability?

The term 'psychiatric disability' is used when mental illness significantly interferes with the performance of major life activities, such as learning, working and communicating, among others.

Why different terms are used?

Other terms that have been used to identify people who suffer from mental ill health are

- Consumers of mental health services
- Users of mental health services
- Survivors of mental health services
- Users of psychiatric services
- Survivors of psychiatric services
- People with mental disorders
- People with psychosocial disability
- People with mental illnesses.

There are various reasons for the diversity of terms. Some are because they originated from the medical fraternity, others come from within the mental health movement. In some cases, some people with mental ill health may have a psychosocial disorder and feel that they do not necessarily belong to the same group of people as those with mental disorders. At the end of the day, all these persons use mental health services, whether in a hospital setting, rehabilitation centre, or counsellor's office. They may also use mental health services through outreaches done by experts or through peer support.



Determining which term works based for you?

In an ideal world, labelling is wrong. People are human beings first before they are anything else. Nobody is perfect and everybody has some kind of challenge in their lives. However, labelling may be needed when discussing a group of people with unique needs. In this case the label should acknowledge the person before the condition. Each group should agree on which term will work best for them. They should also discuss the use of this term and how easily it is understood by those who they shall be lobbying or advocating.



MODULE 2

Understanding Human Rights



MODULE 2 UNDERSTANDING HUMAN RIGHTS

2.0 What are Human Rights?

2.1.1 Group exercise

Start by asking yourselves this question: What is the one thing that everyone in this world is entitled to? The one thing that should not be taken away from anybody?

Your answer was probably life. It is true. The right to life is the single most recognised right for all human beings.

Ask yourselves the following question

What are the things that keep you alive or determine the quality of your life?

Food, clean air, clean water, appropriate clothing and shelter, freedom from disease, the ability to work, to decide how you are governed, peace etc. the list is endless. Some of these things are a must, without them you cannot be alive for much longer, others like work are important to enable you to get food, appropriate clothing and shelter.

Because of their contribution to the quality of life, they are also rights.

2.1.1 Definition of Human Rights?

Human rights are what people need to live in dignity and enjoy freedom. To call them rights suggests that they are universal and are due to human society. They don't differ with geography, political or economic system or stage of development. They don't depend on gender, race, class status or colour. They are called rights because they are claims of right not appeals to grace, charity, brotherhood or love. They are claims of entitlement.

2.1.2 Origin of Human Rights

These originate from every culture, history, religion, philosophy and a world view of each people. Largely it is the experience of people through time that have brought the whole world to appreciate that there are certain things that are fundamental to human dignity and it is these things that the world holds true to be human rights.

2. 2 Characteristics or principles of Human Rights

Human rights have the following characteristics

- **Universal** enjoyed by every human being regardless of one's race, color, sex, gender, religion, disability, illness etc
- **Natural, Inherent and innate** God given and originate from nature of the human being integral part of what it means to be a human being and vital to human dignity.
- **Inalienable** never to be denied or removed from any person



- Indivisible stand together as one unit to uphold dignity and equality of rights
- Related to each other it is not possible to enjoy some rights and not others

2.3 Responsibilities of the government

A government is elected, a proclamation is made to the general public after which it assumes the STATE'S obligations which are to respect, protect and fulfil human rights.

- Respecting the right means a STATE can not violate the right directly.
- Protecting the right means a state has to prevent violations of rights by non-state actors or private individuals and offer some sort of redress that people know about and can access, if a violation does occur.
- Fulfilling the right means a STATE has to take all appropriate measures including but not limited to legislative, administrative, budgetary and judicial towards fulfilment of the right, including the obligation to promote the right in question.

1.5 The Gold Standard - UDHR

Gold is one of the most expensive and desirable metal in the world. Like gold, there is a desirable standard for human rights. This is documented in the Universal Declaration of Human Rights (UDHR). This was adopted in 1948 by the General Assembly of the United Nations. It has since been adapted by the World Assembly. Any other documents on human rights supplement expound or build on the principles of UDHR.

The word mental health or mental disability does not appear in UDHR. This is strange because this was written after the 2nd world war and at that time there were a number of people who were suffering and had both physical and psychological disabilities as a result of war and other injustices.

Group exercise

Do you think the drafters forgot? Was this an oversight?

The reason why mental health and mental disability is not mentioned in UDHR is because it was not an issue at the time. The drafters did not expect people with mental disabilities to be treated any differently from other human beings. Disability did not determine who a persons worth, or entitlement. Therefore it does not in any way reduce or take away the basic values that they need to leave in dignity.

1.5.2 Convention of the Rights of People with Disabilities

A very detailed document on the rights of PWDs. The definition of PWD is so comprehensive that it includes persons with mental disability. It focuses on



Both the right and the responsibility of the state to provide for these rights. Its language is distinctly different from UDHR and The African Charter on Human and People's Rights, also known as the Banjul Charter. It uses words like "STATE parties". Unlike UDHR that states the rights, CRPD emphasizes what governments shall do to ensure these rights are met.

Like other conventions that state government obligations to uphold the rights of special groups like women and children, CRPD was written because PWDs were not enjoying their human rights like other human beings. CRPD, like CEDAW¹ and CRC² therefore documents the STATE'S obligation to ensure that PWDs enjoy these human rights like everybody else.

1. Convention for the Elimination of all Forms of Discrimination Against Women
2. Convention on the Rights of the Child.

1.6 The Ugandan Environment

In Uganda Human Rights are documented in chapter four of the Constitution which is titled "Protection and Promotion of Fundamental and Other Human Rights and Freedoms" an example being non discrimination on the basis of disability or any other distinction. There is also a specific law - that is the Mental Health Treatment Act and general laws like the Equal Opportunities Act, PWD Act, Employment Act, etc. These are backed by government policies which are implemented through government strategies led by government actors and their partners.

For successful advocacy it is important to be conversant with the various laws, policies, strategies and programmes, including their strengths and weaknesses, scope, nature of financing, level of authority, power and influence.

What rights to you enjoy?

Based on the discussion above, let each SHG member share at least three rights that they feel they enjoy unconditionally.

Let one of the members write each right mentioned on a piece of manila paper. When all the members have contributed, try and group these together based on similarity. Have a discussion on the trends. What rights do you think are enjoyed the most?

What rights do you feel you do not enjoy?

In the same way, have members share at least three rights that they do not enjoy. Ask them to mention why they think they do not enjoy these right. When all the members have contributed, try and group the rights together based on similarity. Have a discussion on the trends. What rights emerge as being abused? Is the reason because you have a mental or psychosocial disability or are related to someone who has one?



The Universal Declaration of Human Rights (abbreviated)

- Article 1 Right to Equality
- Article 2 Freedom from Discrimination
- Article 3 Right to Life, Liberty, Personal Security
- Article 4 Freedom from Slavery
- Article 5 Freedom from Torture and Degrading Treatment
- Article 6 Right to Recognition as a Person before the Law
- Article 7 Right to Equality before the Law
- Article 8 Right to Remedy by Competent Tribunal
- Article 9 Freedom from Arbitrary Arrest and Exile
- Article 10 Right to Fair Public Hearing
- Article 11 Right to be Considered Innocent until Proven Guilty
- Article 12 Freedom from Interference with Privacy, Family, Home and Correspondence
- Article 13 Right to Free Movement in and out of the Country
- Article 14 Right to Asylum in other Countries from Persecution
- Article 15 Right to a Nationality and the Freedom to Change It
- Article 16 Right to Marriage and Family
- Article 17 Right to Own Property
- Article 18 Freedom of Belief and Religion
- Article 19 Freedom of Opinion and Information
- Article 20 Right of Peaceful Assembly and Association
- Article 21 Right to Participate in Government and in Free Elections
- Article 22 Right to Social Security
- Article 23 Right to Desirable Work and to Join Trade Unions
- Article 24 Right to Rest and Leisure
- Article 25 Right to Adequate Living Standard
- Article 26 Right to Education
- Article 27 Right to Participate in the Cultural Life of Community
- Article 28 Right to a Social Order that Articulates this Document
- Article 29 Community Duties Essential to Free and Full Development
- Article 30 Freedom from State or Personal Interference in the above Rights

The link between human rights and advocacy.

From your analysis you will find that you or other persons with mental disorders do not enjoy some or all the rights above because of the stigma and discrimination attached to mental illness and psychosocial disability. There are many ways to demand that you enjoy your rights. Advocacy is one of them. This manual is designed to enable you to develop, and implement advocacy initiatives that will enable you to demand for and enjoy your rights.



MODULE 3

Understanding Advocacy



MODULE 3 UNDERSTANDING ADVOCACY

2.1 What is Advocacy?

2.1.1. Definition of Advocacy

Advocacy is an important tool for building political commitment and helping national and local governments put priorities and policies in place. Advocacy is the action of presenting an argument in order to gain commitment from political and social leaders and educate a society about a particular issue.

Advocacy is the act of activism or pleading for a cause.²

Advocacy also means to act as an advocate (attorney/lawyer) representing a people or a cause.

Other definitions for advocacy include;

- Advocacy is speaking up, drawing a community's attention to an important issue, and directing decision makers toward a solution;
- Advocacy is an action or set of actions directed at changing policies or positions of an institution in support of a specific policy goal;
- Advocacy is putting a problem on the agenda, providing a solution to that problem, and building support for acting on both the problem and the solution;
- Advocacy is the process of people participating in the decision making processes that affect their lives;
- Advocacy is presenting, defending or recommending an idea before other people; and
- Advocacy is a strategy to influence policy makers as they make laws that affect people's lives.

For the purpose of this manual you shall use the following definition:

Advocacy is an ongoing process, or a series of organized actions, applied in order to change, modify, implement, or reinforce attitudes, practices, policies, laws, programs, services, social norms and values by influencing or pressuring people with power, systems, the structure and the community at different levels for the betterment of those affected by the issues.

Why do advocacy

Consumers of mental health services have been marginalized in development processes at the local and district levels, making it imperative to lobby for improvement in the mental health service delivery.

Guiding principles for advocacy include:



1. To be able to affect and realise concrete improvement in the lives of the mentally ill, their carers and families.
2. To give consumers a sense of their power.
3. To alter power relations.

Advocacy helps protect the rights of consumers of mental health services to get their needs and wants from mental health services. In addition, advocacy influences people in power and has an impact at the grassroots / village level.

2.2 Self advocacy (this section is adapted from the self advocacy movement)

Self Advocacy refers to people with disabilities taking control of their own lives, including being in charge of their own care in the medical system. The self-advocacy movement is (in basic terms) about people with disabilities speaking up for themselves. It means that although a person with a disability may call upon the support of others, the individual is entitled to be in control of their own resources and how these are directed. It is about having the right to make life decisions without undue influence or control by others. The self-advocacy movement seeks to reduce the isolation of people with disabilities and give them the tools and experience to take greater control over their own lives. The self-advocacy movement for people with intellectual disabilities lags far behind many other civil rights efforts, such as those related to women's rights or children's rights, or physical disabilities. This is due to many factors including low literacy and other communication challenges that are a barrier for people with intellectual disabilities.

Self-advocates speak up for themselves.
Self-advocates take action to claim their human rights

Self Advocacy is built on the **Principles of Self-Determination**³

1. **Freedom. . . . to plan a real life** The ability for a person with a disability, along with freely chosen family and friends, to plan their own lives, with necessary support, rather than purchase a program.
2. **Authority. . . . over your resources** The ability of a person with a disability to control a certain sum of money in order to purchase support.
3. **Support. . . . for building a life in your community** The arranging of resources and personnel both formal and informal that will assist a person with a disability to live a life in the community that is rich in social associations and contributions.
4. **Responsibility. . . . to give back to your community** The acceptance of a valued role in a person's community through competitive employment, organizational affiliations, spiritual development and general caring for others in the community, as well as accountability for spending public money in ways that are life enhancing for persons with disabilities.

³Principles of Self Determination from the Robert Wood Johnson Foundation's National Program of Self-Determination for Persons with Developmental Disabilities



Self-Determination is:

- having a choice
- knowing more about yourselves
- having dreams and goals and going after them
- being in control
- making your own decisions

2.3 History of Self Advocacy (this section is adapted from the self advocacy movement)

The self advocacy movement for PWDs began as early the 1960s, with the support of Dr. Bengt Nirje, Director of the Swedish Association for persons with mental Retardation. The first club had no leaders, and the rules were quite simple: members would meet to plan an outing, they would later go on an outing, and they would then meet afterward to talk about their experiences. Dr. Nirje's idea was to provide persons with developmental disabilities "normal" experiences in the community, which sometimes involved personal risk. Club members with disabilities were encouraged to make their own decisions, even if mistakes were made.

This program was radical at that time because persons with developmental disabilities were thought incapable of making their own decisions and most professionals and parents believed that persons with disabilities should be protected at all costs. Dr. Nirje, however, disagreed and stated: "To be allowed to be human means to be allowed to fail."

Later, the Swedish Parents' Association arranged a national conference of young adults with intellectual disabilities (club members) giving them an opportunity to discuss their own views on matters which concerned them. It was probably the first time such a conference had ever been held. Some of them wanted to play a new role in society, to create a new image of themselves in their own eyes, in the eyes of their parents and in the eyes of the general public. This struggle for respect and independence was one of the ways to obtain personal dignity and a sense of liberty and equality.

Other conferences were held after this, and each time the number of participants grew and so did the range of issues discussed. These included vocational training, wages at the sheltered workshop, leisure and recreational activities, labelling to mention a few.

But barriers to social integration still existed in the community. Perhaps the greatest barrier was the attitude of many people, including parents, who thought that individuals with developmental disabilities were not capable of living and growing in the community.

Inspired by the advocacy and civil rights groups of the 1960s, they formed, partly in reaction to professional and parental attitudes, self-advocacy groups at the local, district, and national levels.



In 1995, over 600 self advocacy organizations existed in the United States, and national level self-advocacy groups had also sprung up in a dozen other nations.

2.4 Redefining the problem

The self-advocacy movement has redefined the “disability problem” as being less about rehabilitation and more about equality. Society said that persons with developmental disabilities must change to fit into society; they have said, “No, it is society that must change its attitudes and practices and accept us”. One way that self-advocates have redefined the “disability problem” is through reclaiming the language used to describe them. If disability is important in describing someone, it should be secondary to the person. Rather than “disabled people, self-advocates prefer “people with disabilities”. Better yet, don't mention the disability at all unless it's relevant to the situation.

Like other civil rights movements, the self-advocacy movement-through many independent groups - has identified issues and developed strategies for creating change. The following is a sample of issues pursued by self-advocacy groups:

- Closing institutions;
- Creating legislation to prevent abuse in group homes and large public institutions;
- Changing stereotypes of disability;
- Changing the criminal justice system to protect people with disabilities;
- Receiving real pay for underpaid employees;
- Demanding “real” health care and real jobs;
- Increasing membership in local civic groups;
- and
- Creating inclusive public schools.

2.5 The role of the support person

The success of self-advocacy groups, which were formed partially in response to professional and parental attitudes, is largely contingent upon the support of advisors who do not have intellectual disabilities.

All people need support, advice, and encouragement in their daily lives. The type of support and assistance needed depends on the individual, and his or her personal desires and circumstances. Self-advocacy groups recognize this need, and have described the role of the support person as that of advisor, facilitator and friend. The relationship is one of mutual trust, understanding and respect. The key to being an effective support person is not control.

As the self-advocacy movement grows, the role of the advisor may shift more to persons with disabilities. A few self-advocates developed their skills to become paid advocates and consultants.

2.6 Beliefs and values of Self Advocacy

The following core beliefs, values, and principles of self advocacy, as defined by Inclusion International, represent a significant departure from the past, the



views of parents and professionals and a continuing evolution in disability rights:

“Nothing about me without me.”

Being a person first. Not defined by disability or thought of as an eternal child. You are individuals with their own identity.

Making own decisions. Not having doctors or parents deciding where and how you live. You must be listened to as you express yourselves, and you must be allowed to make your own mistakes. You must help those who have higher support needs and can not speak for themselves, so their decisions can be understood and respected.

Believing in your value as a person. Understanding that you are a valuable citizen, worker and friend. From birth every human has the same worth. You must be supported to like yourself.

Having other people believe in you as a person. Not accepting old stereotypes of persons with disabilities as somehow less than human. All people have the right to be valued as equal in their own community. You must not be discriminated against because of disability. Other people must learn that you are people and treat you in the same way as everyone else.

2.7 Principles of Self Advocacy

1. **Empowerment.** Support must empower individuals to make their own decisions. Regardless of the degree of disability' you must have support to make your decisions. You must be allowed to take risks. It must be up to you to ask for help from those you trust.
2. **Equal Opportunity.** All people must have equal opportunity to be supported as full members of their communities, without regard to gender, culture, age etc.
3. **Learning and living together.** Keeping people apart from their communities is not acceptable. You have the right to participate in the community, attend your public schools, and grow up with other children. You must have the opportunity to do the same as everyone else and to share the joys of daily living.
4. **Institutions not always good for people.** Being in an institution is not a human way of life. Institutions remove all of the things worth living for joy, happiness, love, tenderness, feelings, emotions- and can make you give up on life itself. As self-advocates you must advocate for the closure of institutions where appropriate or ensure that where they exist, they uphold the rights of those admitted in them.
5. **Non-labelling.** People have the right to be recognized as the person they are, and therefore must not be labelled. Labels devalue you and should not be used to identify you. A true understanding of who you are will include knowledge about disability.

2.8 Successful Self Advocates

- Show respect to the other persons involved;



- Stay as calm as possible, despite the emotions involved;
 - Clearly describe the problem (be brief, but include what is needed to describe the issue);
 - Give names or dates or other ways to document who, what, when, or where if a complaint is about a particular service or person;
 - Listen to the response by the party to which the complaint is being made;
 - Suggest one or two solutions which the patient thinks would resolve the problem;
 - Be cooperative if more information is needed before a complaint can be resolved;
 - Realize some problems cannot be fixed immediately;
- and
- Be reasonable in expectations.

Self-Advocates should refrain from:

- endless complaints with no focus and no suggestion of a resolution;
- using foul-language or becoming verbally abusive;
- discussing a list of problems unrelated to the major complaint;
- Exaggerating claims or giving misleading information about the complaint at-hand.

TIPS TO REMEMBER

To effectively self-advocate, do the following:

Know your rights.

Speak up for yourself. Clearly communicate to others how you feel and exactly what you need.

Be responsible, realistic and organized.

Solve disputes at the possible lowest level.

Learn from each of your attempts, whether positive or negative.

Get to know others. Expand your network of influence.

Tell people that you want to be seen as a person, friend, peer and equal.

Try new things and learn from your, experiences.

Realize that people will respect your right to make choices.

Don't let discouragement or frustration stop you from solving a problem. Be persistent.

2.9 Enablers of self advocacy

Treatment consistent treatment is essential for self advocates. It ensures that the symptoms of the mental disorder are properly managed so that the self advocate can effectively present the advocacy issues at hand. It is also easier for persons in authority to take persons' with mental disorders seriously when they have stabilized (no symptoms of mental disorders) or when the symptoms of mental disorders are controlled and do not affect daily functioning.



Livelihoods doing advocacy on an empty stomach, or when your basic needs are not met can be very difficult. And in countries like Uganda, where there is no welfare system, the ability to earn an income is important. As self advocates you may need to provide for your own transport and other logistical requirements to carry out the advocacy activities. Income will also help build your self esteem and also improve your standing in the community.

Leadership the success of the advocacy process is dependent on good leadership. Leaders are required to motivate the group into action, give direction, and ensure all members participate equitably in the advocacy process. Leadership development amongst the users also ensures that they can effectively participate in spaces that will be provided for them at district and national levels e.g. disability councils and committees, health centre management committees and others.

2.10 The Self Advocacy Process⁴

2.10.1 The Eight Basic Elements of Advocacy

•*Identifying the problem and advocacy solution*

The first step is to clearly identify a problem. This must be supported with reliable data as evidence. From the problem, solutions are identified. Some solutions may not require advocacy. Advocates use a criterion to select the most appropriate solution.

•*Writing an advocacy mission statement and advocacy goal.*

An advocacy mission and goal help the campaign to focus its efforts. It also makes it possible to create awareness and generate support. The advocacy mission and goal are not the same as the organization's mission and goal.

•*Selecting an Advocacy Objective*

An advocacy objective directs the campaign. It must be achievable; relevant to the problem you are addressing and able to generate support.

•*Identifying Advocacy Audiences*

Advocacy efforts are directed at people with decision-making power and those who can influence them. It is important to know who these people are by name, their knowledge and attitude about the issue. An advocate has to conduct an audience or policy research in order to target their effort effectively.

•*Developing and Delivering Advocacy Messages*

Advocacy messages will vary with the audience. The advocate must be clear about the purpose of the message sent out to various audiences. The audience analysis will help in this respect. The message content must be in line with the purpose of the message.

⁴From the "Mental Health Advocacy, a manual for Trainers " By BasicNeeds UK in Uganda



Messages are delivered using various channels that include mass media, posters, leaflets, and drama. It is important to match the message delivery format to the audience.

Building Support

The power of advocacy is often found in the number of people who support you. Support can be from both individuals and organizations and can take the form of a network or coalition.

Resource Mobilization

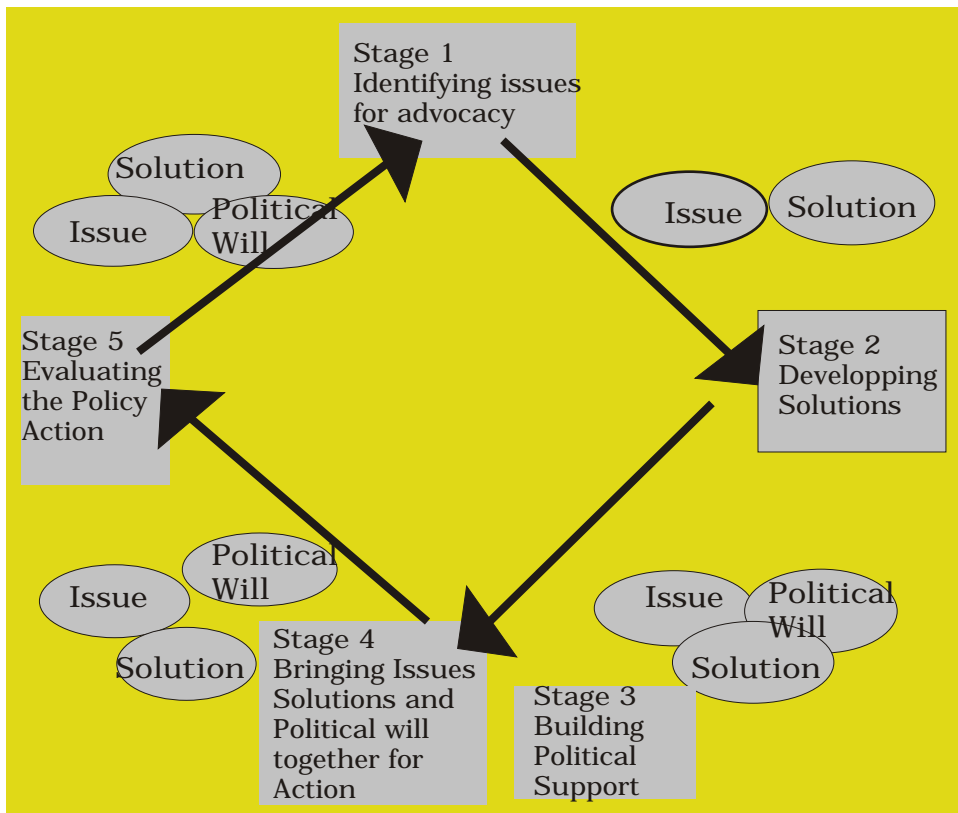
Advocacy is not cheap. It requires both material and financial resources. Sustaining an advocacy effort over a long-term means investing time and energy in mobilizing resources. You can generate most of your resources through your supporters (network). It is more empowering to generate and use your own resources than to be dependent on outside resources.

Evaluating Advocacy Efforts

Being an effective advocate requires continuous monitoring of your progress and periodic evaluation of your efforts

Below is an outline of the process of self advocacy

2.10.2 Identifying issues for advocacy



MODULE 4

Determining what to Advocate For



MODULE 4 DETERMINING WHAT TO ADVOCATE FOR

To plan for an advocacy campaign, one has to decide which advocacy issue they would like to address. Most advocacy issues emerge out of the work a particular organisation is doing. However, advocacy issues also present themselves during;

- A crisis For example in Sierra Leone the increasing number of deaths of person with mental disorders in hospitals resulting for poor managed daihorrea prompted human rights groups to advocate for community care.
- Political opportunity the recent Convention on the Rights of Persons with Disability presented an advocacy opportunity
- Increased violation of mental health rights - for example a person with mental illness dies as a result of human rights violations

An example of an advocacy issue is *“lack of integration of people with mental illness in local government poverty alleviation programmes”*.

Other issues or needs

1. Inadequate mental health drugs
2. Persistent human rights abuses targeting users of mental health services,
3. Lack of staff to provide specialized care for mental disorders.

For every issue identified, the advocate should have a desired outcome should it be corrected.

ISSUE	DESIRED OUTCOME
Inadequate Mental Health drugs	Mental Health Drugs Readily available at all Health Centers
Persistent Human Rights Abuses Targeting users of mental health Services	Community members appreciate that users of mental health services, are entitled to their human Rights
Lack of Staff to provide specialized care for Mental Disorders	Staff are recruited to provide specialized mental health care.

3.1 How to identify advocacy issues

A number of community participatory tools can be used to identify advocacy issues. The choice of tools you will depend on the levels of literacy of the group, the amount of space that you have at your meeting venue and the kind of problem that you plan to investigate.

There are many problems and obstacles that PWMNDS and their carers face on a daily basis but not all of these may qualify to be advocacy issues. An advocacy issue arises from the fact that;



There is a perceived threat. Does the issue present a threat to the health of persons with mental disorders?

Proposes a true benefit. Do you have a solution in mind based on promising or best practices? How will working on this issue improve the health of persons with mental disorders?

Presents a unique opportunity to contribute. Do the self advocates have unique information to contribute to the debate on this issue?

Allows for civic/community engagement. Does the issue present an opportunity for the self advocates to involve people who are directly affected by the problem, thereby building their capacity and ability to make changes in their own communities?

Provides an opportunity for leadership. Does the issue present an opportunity for self advocates to establish a leadership position that enhances their role in the community? Can the self advocates fill a needed role as a facilitator, public educator, and/or advocate?

Is realistic. Can the advocacy goal be realistically achieved?

Is simple. Are the problem and solution clear and easy to understand and explain?

Is backed by public opinion. Does the issue resonate with the public?

In addition to considering these criteria, you might also want to select an issue in which you already have a relationship with a key decision maker who will have influence over the policy process you are seeking to influence (e.g., a county supervisor, mayor, or state legislator).

3.2 Activities that can be used to identify issues for advocacy

3.2.1 Brainstorming

A process of quickly generating many ideas, thoughts or facts connected to a particular topic. Sometimes information is needed in the shortest time possible: that is when brainstorming (generating as many ideas or facts as possible, in no particular order) becomes useful. Brainstorming could suggest a series of facts related to a particular situation, a list of problems, a range of quick solutions to address a specific issue, etc. In most cases, these will need subsequent analysis.

Figure 1 A member makes a contribution during a brainstorming session.



Advantages of brainstorming

- Brainstorming exercises can quickly generate many ideas or facts related to a particular issue.

- Brainstorming can also facilitate members get out of a problem by looking at the largest possible range of options open to them, as when asking: *“let us brainstorm on solutions to this problem”*.
- Brainstorming allows all ideas and facts to be mentioned without discrimination, even conflicting ones. It can bring people's ideas and opinions together without exclusion, thus building consensus.
- Because it is usually a short exercise, focus and concentration can easily be sustained.

Steps to Follow

- a)The activity leader needs to explain the concept of brainstorming (getting as many ideas or facts as quickly as possible in a given time frame for example within 5 to 10 minutes) and why it is useful.
- b)Ensure that everyone is clear about the topic at hand and explain that any idea or opinion can be expressed by any of the group members; there should be no criticism or arguing over ideas. No contribution is wrong or unimportant.
- c)Ask each member to mention an idea or opinion quickly.
- d)The activity secretary writes ideas down as they are mentioned.
- e)When the ideas “dry up”, or time is up, participants should group similar ideas together, to prioritize or evaluate them for feasibility.
- f)Further discussions can still be held after the brainstorming exercise.

2.Some “Do's”

- The activity leader should ensure that there is a checklist of the issue(s) the group wants to generate information from.
- All members who have turned up for the session need to actively participate.
- Use a quiet place to avoid interference from the surrounding area.
- The activity leader should be brief and clear allowing members to understand the question(s) asked.
- Allow one idea at a time to avoid missing out on any one of them.
- Ensure that all members accept that all ideas are valuable. The activity leader may need to help with active listening (see page 57) by responding in the following ways: (yes; how about another one; very interesting).

3.Some “Don'ts”

Do not criticize contributions of any group member. Instead ask for clarification where the need arises.

Do not interrupt when another member is talking.

The exercise should not last too long, as brainstorming is only a liberating moment in an important planning process.

AN EXAMPLE OF BRAINSTORMING

(Self Help Group in Kaseeta Kabwoya Sub County, Uganda).

Members of the SHG brainstormed the following topics

- 1.Female patients are sexually abused then abandoned
 - 2.Lack of care - giving skills among care givers.
- Bad attitude towards patients from carers and the community.



1. Patients exploited for their labour.
 2. Many patients have stopped taking medicines
 3. Extreme poverty affecting households of persons with mental disorders.
- From: "Notes from process documents BasicNeeds, UK in Uganda, March 2010."

3.2.2. Pair-wise Ranking

After the brainstorming session, the group will have a list of between three and five broad advocacy issues. However due to time and resources they may not be able to handle all of these issues at a go. To prioritise and agree on which issue to advocate for, pair-wise ranking is used. It is also an effective technique for analysing the reasons for a particular choice is made amongst a few options. This tool uses a matrix to compare and prioritize different options.

Why use it?

We often have to make difficult choices! Pair-wise ranking is a useful tool to compare the advantages and disadvantages between various options, such as different project alternatives.

Pair-wise ranking helps to:

Compare and rank similar options in order to make choices
Sort information gained during an assessment.

Remember!

Pair-wise ranking is often used after techniques such as brainstorming. The discussion people have about why they choose one option over another is just as important as the result. Reasons why people choose one option over another should be recorded.

Advantages

- Pair-wise ranking helps members to openly select a particular option having carefully considered the advantages of the various alternatives at hand.
- By making the process visible, using a matrix, members will be able to share their points of view without feeling "out of place" and to make informed decisions (for instance on the most appropriate action to take in order to address a particular problem).
- Such an exercise can thus help to collectively share a vision and plan action.
- A pair-wise ranking exercise will help other stakeholders learn the reasons why members have made a particular choice. Reasons for and against various alternatives (e.g. between different possible advocacy issues in a community) will emerge.
- Such an exercise enables the group to understand the members' perceptions of "problems" in a community.
- Pair-wise ranking can be used in circumstances where difficult choices have to be made: by highlighting reasons for and against, we can help the community reach a consensus.



How to use it

1. The activity leader uses brainstorming to lead the group to discuss the issues to be explored for example, 'What problems do PWMD/Es face in your community?'
2. The group generates a list of six to eight options. If there are more than eight options on the list, encourage the members to remove some options or merge similar ones. For example in Kaseeta the SHG members identified the following problems:

- (No. 1) Female patients are sexually abused then abandoned.
- (No. 2) Lack of care giving skills (proper) among care givers
- (No. 3) There is bad attitude towards the patients by carers and the entire community.
- (No. 4) Patients exploited for their labour.
- (No. 5) Patients have stopped taking medicines
- (No. 6) Extreme poverty affecting households of people with mental illness / epilepsy.

3. Draw or write each option on two separate cards. Divide the cards into two separate (identical) sets.
4. Place one set of cards in a line, from bottom to top and left to right

	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	Total
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							
No. 6							

5. Cross out all the matrix squares that have the same pair of options in both of the rows (see dark gray shade). Half of the other boxes on the bottom will also be crossed out because they repeat what's on the top (see light gray shade). See example below.

	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	Total
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							
No. 6							

6. Compare the first option at the top of the left-hand column (No. 1) with the first option of the top row (No. 2). Encourage members to discuss which option they would choose. Use simple show of hands to determine the final vote. Draw or write the chosen option in the box on the matrix.
7. Continue this process by working along the first row from left to right. Then rank the second, third and fourth rows in the same manner.



8. In the end all the boxes in the matrix will be filled in (excluding the top row and left-hand column).

	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	Total
No. 1		No. 1 21/9	No. 1	No. 1	No. 5	No. 6	
No. 2			No. 2 26/4	No. 2 22/8	No. 5 25/5	No. 6 29/1	
No. 3				No. 4 24/6	No. 5 30/0	No. 6 29/1	
No. 4					No. 5 29/1	No. 6 30/0	
No. 5						No. 5 24/6	
No. 6							

9. The activity leader counts the number of times each option (No. 1) appears in the matrix and add these up.

	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	Total Score
No. 1		No. 1 21/9	No. 1	No. 1	No. 5	No. 6	3
No. 2			No. 2 26/4	No. 2 22/8	No. 5 25/5	No. 6 29/1	2
No. 3				No. 4 24/6	No. 5 30/0	No. 6 29/1	0
No. 4					No. 5 29/1	No. 6 30/0	1
No. 5						No. 5 24/6	5
No. 6							4

The activity leader ranks the options in order of preference by majority (highest to lowest scores) Therefore the list of problems in order of preference is:

- a) Patients have stopped taking medicines.
- b) Extreme poverty affecting households of people with mental illness / epilepsy.
- c) Female patients are sexually abused then abandoned.
- d) Patients exploited for their labour.
- e) Lack of care giving skills (proper) among care givers.
- f) There is bad attitude towards the patients by carers and the entire community

Example:





3.3.3 Preference Ranking

This is a quick method to prioritise different options or preferences. Life is often about having to make choices: spending some money on school fees, health care, or social events etc. Similarly, when working together, choices often have to be made; to assess different problems, different solutions to a problem, etc... Preference ranking is a method that helps to make quick choices between various alternatives.

Advantages

A Preference Ranking exercise allows consumers to easily prioritise among a wide variety of options, opportunities or problems faced by their community or a particular group. Such an exercise can also help in highlighting the differences in opinions between different members within the group. When discussing access to services as a problem, for instance, mothers will discuss how distance to the health unit is a problem or men may mention limited access in relation to time lost at work.

A preference ranking exercise can also be used to build consensus within the community by establishing a collective position on various options leading, for instance, to identifying common priorities for action.

Preference ranking will help stakeholders better understand the consumers' priorities or perceptions on a particular situation or event.

The results of such an exercise can help the group facilitate a discussion on the reasons for a particular choice or preference.

It may also help stakeholders better understand differences in perceptions within the consumer movement.

The above can help stakeholders guide the consumer through the development of action points or a planning process.

Steps to Follow

a. The activity leader first introduces the purpose of the exercise. This could be: 'Selecting the most pressing advocacy issue'.

b. Hang the flip chart used to document advocacy issues during the brainstorming session where it is visible to all members present.

c. Take two flip charts and join them together using masking tape to make one large sheet of paper.



d. Draw a table (see illustration below) with as many columns and rows as there are advocacy issues. For example if there are six advocacy issues as a result of a brainstorming session, draw a table with seven rows and nine columns.

e. Write the names of the group members on the top row and the advocacy issues on the left column as illustrated below.

	Local symbol	Ben	Jane	Peter	Sarah	James	Mary	Total
Sexual abuse and abandonment of Female patients	Pregnant woman							
Lack of proper skills among caregivers	rope							
Bad attitude towards patients from carers and community	sticks							
Patients exploited for their labour	hoe							
Many patients have stopped taking medicines clinic	tablet							
Extreme poverty	pot							

f. Once this is done each person is given the same number of markers (little stones, seeds, etc) and asked to 'vote' against each of the issues, distributing his/her markers according to preferences in a line. All the markers must be used.

g. Once everyone has voted, the total votes for each option can be counted and the preferences of the group established.

	Local symbol	Ben	Jane	Peter	Sarah	James	Mary	Total
Sexual abuse and abandonment of Female patients	Pregnant woman	0 0 0	00000	00	0000	0 0 0	0	18
Lack of proper skills among caregivers	rope	000	00	0000	0	000	00000	18
Bad attitude towards patients from carers and community	sticks	000	0000	000000	000	000	00	21
Patients exploited for their labour	hoe	00	00	000	0000	00	0	14
Many patients have stopped taking medicines	tablet	000000	0000	0000	000000	000000	000000	32
Extreme poverty	pot	000	000	0	00	000	00000	17
TOTALS		20	20	20	20	20	20	120

h. The activity leader can then guide the discussion probing on the reasons for the preferences and their implications for the community.

Stick figure	20	20	20	20	20	100
Wavy line	20	20	20	20	20	100
Three vertical lines	20	20	20	20	20	100
Checkmark	20	20	20	20	20	100
Circle with dot	20	20	20	20	20	100
Figure-eight	20	20	20	20	20	100
	20	20	20	20	20	100

Some 'Do's'

- Do make sure, where appropriate, that the different interest groups represented contribute to the list of options before the voting begins.
- Do use local materials to represent the options as this will encourage discussion, especially with those who are not confident with their literacy skills.
- Do ask members why they have prioritized the options they voted for and how these affect the community.
- If one of the members is very domineering and influential, the activity leader could choose to use him/her as a resource in the exercise (e.g. ask the questions you want to ask) or request the person to create opportunities for the other members to respond well.

And some Don'ts

- Do not allow too much discussion during the voting procedure - otherwise one voter will influence the next.....
- Do not restrict the number of counters to a few units per person - this would restrict choice.
- Do not hurry, especially when determining the list of options to be scored - hurrying might lead to excluding some important (but not immediately apparent) options.

MODULE 5

How to Generate Evidence to Support Advocacy



MODULE 5 HOW TO GENERATE EVIDENCE TO SUPPORT ADVOCACY

4.0 Generating Evidence Building a case

Once the consumers have agreed on the advocacy issue or issues, they need to collect evidence that clearly demonstrates the gravity of the situation. Advocacy initiatives that are not adequately backed by evidence normally fail because policy and other decision makers assume that the issue is not serious. Evidence enables the advocates to:

Validate positions taken.

Influence perceptions and policy

Expose the magnitude of mental health and develop mechanisms for improved livelihood of people with mental disorders.

In some cases evidence may be readily available through research conducted by the consumers or other institutions, in other cases the evidence does not exist and has to be collected by the group.

4.1 Evidence can be generated from

- Consumer group meetings and minutes
- Evaluation reports
- Life stories
- Clinical or medical reports
- Monthly and quarterly partner reports
- Research papers
- Newspaper and other media stories

There must be evidence to support your claim of a problem and your proposed solution. Advocates need to get data and other information from reliable and



credible sources. The important factor is that the issue statement must be evidence-based. Below are some examples of evidence-based statements.

Evidence-based/supported statements:

SAY

1. In the year 2002, 33% of schoolgirls in Kukri District dropped out of school because of depressive illness.
2. 50% of all persons attending the district hospital for serious mental health disorders in the last three months did not see a psychiatrist.

DO NOT SAY

1. Many girls in Kukri District dropped out of school last year.
2. The majority of people with mental disorders at the district hospital did not see a doctor.

4.2 Activities that can be used to generate evidence

4.2.1 Bar Charts

These are useful diagrams to make comparisons and they are easily constructed by consumers at local levels even the less literate. Many of us are familiar with bar charts consisting of a number of “columns” of different heights drawn next to each other. This type of diagram is often used to bring out differences and make comparisons. Bar charts can be used to promote participatory analysis, especially since they can easily be drawn by non-literate people.

1. Bar charts can be used to visualize comparisons between different aspects of a particular event or situation, for instance comparing the number of women attending mental health clinics by age.
2. Bar charts can also be used to make comparisons of changes taking place over time, for instance, one bar showing the number of girls diagnosed with a mental disorder in the last year, with another bar showing the number of girls diagnosed in this year.
3. This way of bringing out differences can then be used to discuss why these differences occur, whether they are desirable, or if not, what could be done to redress the situation.
4. Bar charts can be used to bring out differences and make comparisons in a way that is accessible to consumers, even the non-literate ones.
5. Because bar charts are visually very easy to understand, they can help in communication between consumers and the target audiences.
6. Such a visually effective way to represent differences can then be used by stakeholders to facilitate a discussion with consumers on the causes of such differences, and whether such differences should lead to any remedial action.
7. This information can then be used to plan collectively with consumers.
8. Bar charts can also be used to monitor progress of or change resulting from a community activity that is taking place.



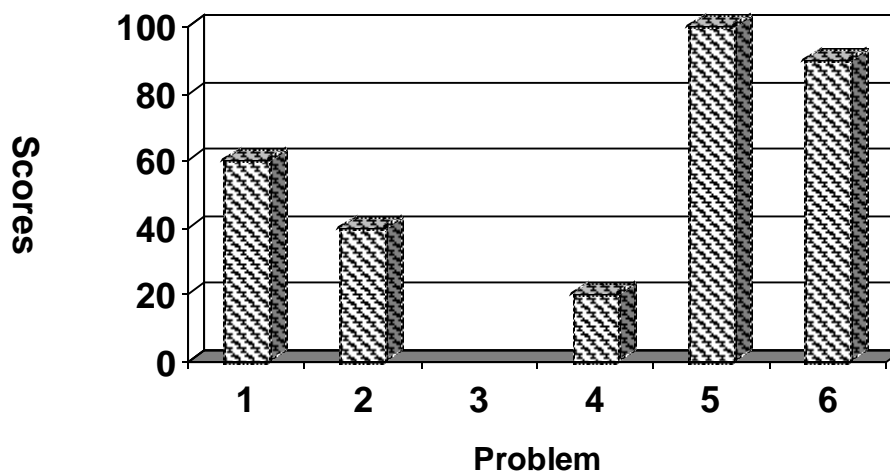
Steps to follow

- a) The activity leader first introduces the purpose and objectives of the exercise: “we need to clarify why and what types of comparisons are being made. E.g. we will demonstrate the magnitude (size) of the problems using the scores from the pair-wise ranking process”.
- b) The activity leader should explain that the length of the bar chart will represent the size of the problem. That is the taller column the greater the magnitude of the problem. The activity leader should explain to the members the items named on the horizontal (x) and vertical (y) axis.

Problems (“X” axis)	Scores (“Y” axis)
Patients have stopped taking medicines.	5
Extreme poverty affecting households of people with mental illness / epilepsy.	4
Female patients are sexually abused and abandoned	3
Patients exploited for their labour	2
Lack of care giving skills among care givers.	1
There is a bad attitude towards the patients by carers and the entire community.	0

- c) To maximize participation, it is good to find a place where there is enough space to draw the bar chart on the ground or on the flip chart, using a stick or a marker.
- d) The activity leader can guide members to start with the first column. Where actual numbers are available, the height of the column can be calculated accordingly (say about 1 foot for every score).
- e) The other columns can then be drawn, making sure that their respective heights represent their score from the pair-wise ranking activity in Module 3.

BAR GRAPH



- f) Once the graph has been completed, it is important for the activity leader



a) to initiate a discussion, where he/she can use the following questions to analyze the outcome on the bar graph; “why is there a difference? Where are the differences in scores more pronounced? What can we expect in the future?”

b) This discussion may then lead to action planning:

- “Are these differences desirable?”
- If not, why not?
- And if not, what could we do about it?”

c) Once the discussion is complete, the group can agree on the way forward.

d) The bar chart can then be copied onto a piece of paper (preferably by one of the local participants) for later use.

Some “Do's”....

The activity leader should involve local stakeholders as much as possible in deciding the types of comparisons that will be most useful (e.g. will it be more useful to compare the problem of patients stopping to get treatment over the last one year or over the last 3 years? How about comparing the number of children in school who are still receiving treatment with those that have dropped out of school after stopping treatment).

The activity leader should use the ground or a wide sheet of paper if at all possible: this will promote participation and make the discussion much more fruitful.

The activity leader should give the stick (from drawing on the ground) or the marker to members as soon as the construction of the bar chart becomes clear to them for more open and frank discussions.

Some “Don'ts”....

- The activity leader should not forget to record important information as the process progresses.
- The activity leader should not allow a few vocal individuals to dominate: bar charts should allow all to participate; even those who have not gone to school.
- The activity leader should not stop the discussion once the bar chart is complete: it is the analysis of the information presented in the columns that is most important.

4.2.2. Causes and Effects Tree

This is an effective way to present and analyse the causes and effects of a particular situation or problem. This is a useful exercise to explore, in a participatory manner, both the causes and effects of a particular problem or situation, digging at the 'roots' and exploring the 'branches'.

Advantages

Developing a 'Causes and Effects Tree' enables consumers to explore



Figure 2 A female user contributes a point to the cause and effect tree

in a collective way the causes of a particular problem or situation they are confronted with. Once the causes are analyzed, the effects can be examined, thus completing an exhaustive problem or situation analysis.

2. Such an exercise can then be used to chart a way forward: hopefully tackling causes, rather than the symptoms or consequences of the problem.

3. This is an effective tool to facilitate and promote local analysis, using the symbol of a tree, which resonates in local culture as a picture of growth and complexity and allows for open and frank discussions

4. A Causes and Effects Tree can be used to help consumer groups tackle problems and identify the type of intervention required and to help stakeholders better understand the complex nature of problems facing their members.

Steps to follow

a) The activity leader explains the purpose of the exercise and why the image of a tree is being used. Members clearly identify and analyse the problem “why many patients have stopped taking medicine”.

b) Using a local symbol or drawing, the problem is placed on the trunk of the tree and the activity leader asks why or how this problem came about. A first “layer of causes” (probably several of them) will be identified and these can be represented as roots using symbols or words. Members will have started identifying the root of the problem.

Response “*Because every time they come to the clinic they are told there are no medicines.*”

c) The activity leader probes further into the “why's” for each of the causes in the first layer, the deeper roots of the tree will be identified.

Question: “Why is it that every time patients come to the clinic they are told that there are no medicines?”

Response: “Because the health worker says that these have not been delivered by the National Medical Stores in Entebbe.”

Questions: “Why haven't National Medical Stores delivered medicines to the Health Centre?”

Response: “Because the health worker submitted his requisition late.”

Question: “Why did the health worker submit his requisition late?”

Response: “He claims that the district had not provided copies of the requisition form”

Question: “Why hadn't the district provided copies of the requisition form?”

Response: “Because the procurement committee has not sat to approve the purchase of stationary and other logistical items.

Question: “Why has the procurement committee not sat?”

Response: “Because the Technical Planning Committee has not finished the procurement requests”

Question: “Why hasn't the Technical Planning Committee finished the procurement requests?”

Response “Because the district staff is not motivated to work this year”

Question: “Why is the district staff not motivated this year?”

Responses: “Because there has been high staff turnover at the district leadership level.”

Question: “Why is there high staff turnover at the district level?”

Response: “Because it is reported that the politicians are interfering with the general administration of the district because they claim they do not trust anyone.”

Question: “Why is there lack of trust?”

Response: “Because of past cases of corruption”



- a) Members may use lines or substitute with any other suitable local materials to show different connections between sub-problems and their respective causes. The activity leader continues to probe asking “why” and exploring various other connections and their implications.
- b) Members can then explore the branches, by identifying the effects of patients who have stopped taking medicine. The activity leader asks how this situation came about.
- c) Members draw a diagram on flip chart paper for their own present and future reference.

Some “Do's”

- The activity leader and members should use cards or symbols to draw or write the causes and effects making it easier to make changes on the tree, if new ideas emerge.
- Focus on life experiences (such as patients with mental disorders are exploited for their labour) to start with (rather than abstract problems, such as “corruption”): this might make it easier for members contribute to the discussion.
- The activity leader needs to cross check the flow of causes and effects at various intervals during the discussion.
- The activity leader needs to help members identify possible causes of a problem or situation they are best able to tackle, that is, within their means.

Some “Don'ts”

The activity leader should not insist on the use of symbols after a certain point as they may become inadequate to represent causes. At times simple writing has to be used especially in the outer layers of the tree.

Do not dismiss tackling the effects of a problem: sometimes this might be appreciated especially in the shorter term before longer lasting solutions can be put into operation.

Having very few members for the exercise may bring about blanket assumptions that every other person with mental disorders in the community is affected in the same way. Cross check with other persons with mental disorders or carers.

Very large problem trees make analysis difficult and finding the solutions may be obscured.

4.2.3. Secondary Sources of Evidence

Secondary sources refer to all sources of information already in existence (usually in a written form) on a particular topic. You often re-invent the wheel! Yet this can be very wasteful of your time and limited resources. By systematically investigating what has been documented on your advocacy issue through research, newspaper articles, in journals, text books and general reports you can generate a lot of evidence and save valuable resources.

Advantages



1. Consumers will often learn much from secondary sources, whose existence they might not have known; this might include reports, photographs, maps, books, etc.
2. Looking at secondary sources together can foster discussion and generate new insights about a wide variety of topics; an old photograph can, for instance form the departure point for a discussion on environmental change.
3. Stakeholders can use secondary sources to familiarize themselves with a new topic, community or area of work.
4. Secondary sources can also give you additional insights into a topic you are already familiar with.
5. The study of secondary sources can be used to test initial ideas with stakeholders e.g. “A report on the prevalence of anxiety disorders written last year states that ‘Do you agree?’”

Disadvantages

- It may not be easy to find relevant information
- It may be difficult to access secondary information
- It may be difficult to understand secondary information if it is too technical.

Steps to follow

- a) First be clear about the topic at hand. What exactly are you investigating? The availability of mental health care infrastructure in the community? Health centre attendance? Problems with the quality of mental health care?
- b) You can then seek information from as wide a range of possible existing sources like district offices, local government, health centres, NGO, libraries etc
- c) Then sift these so that you spend time studying those pieces of information that are most important and relevant to the topic at hand.
- d) Share the contents of these secondary sources with stakeholders and ask them to comment and draw their conclusions.
- e) Agree on the next step with stakeholders.

4.2.3.1 Using policy as secondary evidence

Sometimes the self advocates have to look at government documents to determine what they say about a particular issue. It is important to know whether government policies are silent, non committal or have provisions that actually aggravate the problem. In determining whether current policies are supportive or unsupportive of the advocacy issue, the self advocates are able to decide whether to pursue a policy reform advocacy agenda or a practice advocacy agenda.

The interviewers can use the semi-structured questionnaire below to learn about policies that exist and affect their advocacy issue directly or indirectly. During the interview they should ask the interviewee to provide them with copies of these policies or direct them to where they can get copies from. They can also ask NGOs or staff of an internet café to help.



Steps to policy analysis

The activity leader should make enough copies of the policy (ies) for the group members to use in the exercise.

If the group is looking at more than one policy, members can be divided into sizeable groups so that each group analyses one policy.

In dividing members into groups make sure there is a proper mix of literacy skills

In a plenary session ask the group members to brainstorm on questions that they would like the policy to answer

People with mental disorders have stopped taking medicines	
Does the policy state that mental health services are to be provided?	
According to the policy who should access these services?	
Where does the policy state that these services will be provided?	
According to the policy, who is to provide these services?	
How does the policy say these services will be financed?	
What standards has the policy stated to measure success of the policy?	
According to the policy, who is responsible or in charge of making sure that these services are provided?	
Are these policies translated into some kind of plan of action	
What are the key elements of this action plan?	
Does your district have the capacity to implement this plan of action?	

The self help group can review the following policies

- The Mental health Policy
 - The Policy on Persons with Disability
 - The National Health Policy
- and
- The Policy on Equal Opportunities
- in relation to the advocacy issue above

Some Do's.....

- Do make sure that there's clarity in the research plan: What exactly is it that you need to know? For what purposes? What are the key questions that need answering? Why?
- Do spread the net as wide as possible to start with: very useful information might lie hidden somewhere!
- Do make sure that secondary sources are shared with local stakeholders: This should not be turned into an academic exercise for external stakeholders only..



- Do record the salient points from relevant secondary sources as well as the main conclusions from discussions with local partners.
- Do use secondary sources to cross check information gathered as a result of community exercises.

Some Don'ts.....

- Do not waste time reading everything that has been written on a topic: be selective!
- Do not study secondary sources for the sake of it: such a study should also tell you what information gaps exist and how you shall obtain the information.
- Do not forget that even the study of secondary sources can be turned into a participatory exercise!

Example

Secondary sources can be used to establish the trend of patients' adherence to treatment. This could include information from the Health Management Information System, reports from the Uganda Bureau of Statistics, relevant NGOs and studies undertaken. Contextual factors for the trends may also be established from these sources and used to anticipate future obstacles to adherence, as well as identify possible solutions. In cases where trends indicate proper adherence, lessons for best practice may be drawn and replicated.

4.2.4. Semi Structured Interviews or Dialogue

This is an interviewing technique that allows for more participation and flexibility than traditional questionnaires. You are familiar with questionnaires, someone has either administered them to you, or you have answered one or both. Questionnaires can be made useful, but they also have their limitations; they tend to be rigid, 'top down', information extracted and not shared and limited in the scope of information that they generate. Semi structured interviews are designed to avoid or at least minimize some of those draw backs: a few key questions are outlined at the outset and the rest of the interview is left open to allow for probing (finding out more) using other participatory tools and sharing information.

Advantages

1. A good semi structured interview will help consumers come up with useful insights into the topic at hand especially if the process is handled flexibly and openly.
2. Semi structured interviews interspersed with other participatory tools will help make consumers enjoy information sharing and analysis sessions.
3. By making information widely shared different perspectives can be explored and a consensus built up.
4. Semi structure interviews allow consumers to explore topics they need information on in a flexible way. This allows you to collect information you may not have expected to be captured.
5. Such interviewing allows for variety and sharing, thus building good rapport and not placing members in an inferior position as mere information providers.



By building rapport difficult or sensitive topics can also be tackled more easily than would otherwise be the case and analysis more easily validated.

Steps to follow

The activity leader should make sure that the group prepares adequately for this activity.

Good preparation for an interview is a key to success! Consumers need to be quite clear about the topic at hand,

- who they are going to interview (a particular resource person, a group of youth or a sample of household heads),
- who will be part of the interviewing team,
- the main questions to ask,
- and
- have the tools, (e.g a map, photograph) they might need to use.

1.The activity leader should work with the group to appoint a main interviewer, a note taker and an observer. The note taker may need a small notebook to write down key points (detailed notes can be made later).

2.The activity leader then holds a brainstorming session to determine the type of information that the group wants to generate to support the advocacy issue.

E.g. The issue is that patients have stopped taking medicines. The type of information that the group may want to generate would be

- How many patients do not take medicines?
- Why don't these patients take medicines anymore?
- Which mental illness do these patients have?
- What medicines were these patients taking before they stopped?
- Is the fact that the patients are not taking medicines anymore a problem?
- How has this affected their lives?
- How has this affected the lives of their caregivers?
- How has this affected the lives of their families?
- How has this affected the community?

3.The activity leader then facilitates a session in which group members identify community members that can provide answers to these questions.

QUESTION	SOURCE OF INFORMATION
How many patients have stopped taking medicines in the last six months?	Health worker
Why don't these patients take medicines anymore?	Patients who have stopped taking medicines Health workers Caregivers
Which mental illness do these patients have?	Health workers Patients who have stopped taking medicines or caregivers
What medicines were	Health workers



these patients taking before they stopped?	Patients who have stopped taking medicines or caregivers
Is the fact that the patients are not taking medicines anymore a problem?	Health workers Patients who have stopped taking medicines Caregivers Family members Community members e.g. neighbours, school teachers, policemen, Local Council Chairperson I.
How has this affected their lives?	Health workers Patients who have stopped taking medicines Caregivers Family members Community members e.g. neighbours, school teachers, policemen, Local Council chairperson I.
How has this affected the lives of their caregivers?	Health workers Patients who have stopped taking medicines Caregivers Family members Community members e.g. neighbours, school teachers, policemen, Local Council Chairperson I.
How has this affected the lives of their families?	Health workers Patients who have stopped taking medicines Caregivers Family members Community members e.g. neighbours, school teachers, policemen, Local Council Chairperson I.
How has this affected the community?	Health workers Patients who have stopped taking medicines Caregivers Family members Community members e.g. neighbours, school teachers, policeman, Local Council Chairperson I.

1. The activity leader and group Chairperson then write letters to the relevant sources of information, explaining the group's intention to interview them. As letters are delivered appointments should be made for the actual day that the interview will be held.

4.2.4.1. The interview

The interviewer should start by introducing the team and should also state that they are members of the Self Help Group. The interviewer should explain the purpose of the exercise in detail (to find out why patients have stopped taking medicines). He/she should also clarify who will own the information and how it will be used.

The interviewer should then explain that the interviewee (source of information) is free to refuse to provide any information at the beginning or even during the interview process. The interviewee can also decide at the end of the interview whether they would want the data collected from him/her to be used or not. This is called consent and where possible, a consent form can be signed. The interview starts by asking general questions, like the person's name, occupation, or position to put people at ease. The interviewer then proceeds to ask the questions on the list.



The observer takes note of non verbal communication like facial expressions and other body language which might tell us more sometimes than verbal answers (see communication skills page 56 - 69).

As the interview progresses, the interviewer may probe further to exhaust an interesting point if it comes up, and he/she feels they would like to find out more. The five small words who, when, where, how and why will help.

When the interview is over, make sure the interviewee has also had an opportunity to ask questions, to discuss the next steps; he/she can then thank them.

Some Do's.....

- The observer should watch body language throughout the interview, both our own and the interviewees'. This will help create a good atmosphere, and alert the interviewer if people start getting tired!
- Use various tools, diagrams, symbols, and other drawings: these will help draw people into the discussion, help in probing and introduce a variety of ideas to the discussions.
- Mix general discussion with specific prepared questions. Again this will help in maintaining concentration and bringing to the surface information that questions would not have uncovered. Be open to new questions.
- Do explore different perspectives on a topic (for instance by holding separate interviews with men and women).

And some Don'ts.....

- Taking too many notes (especially in large, official looking books!) will undermine a good rapport and break the flow of the conversation. Full notes can be left for later: a small notebook is best to quickly note the main points during the interview.
- Avoid leading questions and other types of questions listed below.

Closed ended questions

Do you know that some patients have stopped taking medicines?

Leading questions

Do you think it is bad for patients not to take their medications as prescribed by the doctor?

Complicated questions

What is the prognosis of patients with affective disorders who do not adhere to treatment?

Offensive questions

What tribe are you?

- Avoid being confrontational (creating an us and them situation)
 - Do not make the interview too long: once participants become tired, the reliability of information declines. It is best to have short interviews instead!
- It is important that advocates look at more than one credible source for information gathering. This confirms the gravity of their advocacy issues and



helps develop statements in turn making them more reliable and valid. Strongly developed evidence statements should reinforce successful advocacy.

Examples of advocacy statements

1. 65% of 1235 patients with mental disorders who were on treatment last year are no longer taking medicines.
2. Lack of proper nutrition has made 40% of patients with mental disorders stop taking their medicines.
3. 80% of all patients who attend a mental health outreach clinic for the first time do not return because it is too far from their homes.

The desired outcomes of the advocacy campaign would be:

1. To reduce the number of patients with mental illnesses who stop taking their medicines for various reasons.
2. To enable people with mental disorders to improve their nutrition so that they can take their medicines
3. To improve access to mental health services in the community.



MODULE 6

Selecting Advocacy Audiences



MODULE 6 SELECTING ADVOCACY AUDIENCES

5.0 Advocacy Audience

Advocacy is not a haphazard activity. It is a calculated move to get a certain group of people to behave in a particular way that is of interest to the advocate. As soon as the consumers have identified the advocacy issue, and collect the evidence required to validate it, they then have to determine who to target with this information. This targeted person is known as the advocacy audience. There are two types of advocacy audiences. These are primary audiences and secondary audiences. Primary audiences are those people or institutions with influence to change the situation and reverse your advocacy issue. Secondary audiences are those people who exert pressure on primary audiences to make a decision

In addition to this, there are those people who will have interest in your advocacy campaign. This interest maybe positive (they support the campaign as it makes their life better) or negative (they do not support your campaign). Primary audiences will use your stakeholders to confirm the urgency of your advocacy campaign. Stakeholders therefore provide a political mass that can sway decision making in or against your favour. A stakeholder analysis will also focus on the relative influence and power of each stakeholder in causing the desired change. In any advocacy effort, building a broad based coalition is the most effective step to take. It is helpful to bring stakeholders on board in order to build consensus. It is also necessary to identify and define what roles your stakeholders can play. Finally there is need to analyze the extent of damage that stakeholders with negative interest can have on your advocacy campaign and plan to mitigate this.

5.1 Activities that can be used to identify advocacy audiences

5.1.1. Duty Bearers Analysis

This is a systematic way to help consumers analyse local leaders and their span of influence and authority. In all communities, you have leaders, whether government or church-appointed or other members in the community who have taken on formal or informal leadership roles. It is important to know and understand the duty bearers' roles, responsibilities and the power that rests with them. At the end of the analysis, the leader with the greatest authority and power to change the circumstances should be targeted.

Advantages

A Duty Bearers' analysis can help consumers focus on the range of leaders they can access and for what purpose.

Such an analytical tool can also help the consumers identify which leaders to mobilize for a particular community effort or initiative.

Once identified, local leaders' responsibilities, roles, capacities and potential can be examined and compared.

Steps to follow



a) Having explained the purpose of the exercise, the activity leader uses a flipchart or newsprint to draw a table with the following headings:

1. type of institution and leaders
2. current roles/ responsibilities
3. current capacity and available resources and
4. potential to influence change.

Example

Type of institution	Leaders	Current roles/ responsibilities	Capacity and available resources	Potential

b) The activity leader leads the members to identify the important institutions or people whose decisions influence their lives such as Local Councils, women council leaders, leaders of the local agricultural group, etc

c) Then, for each institution, the various columns can be filled in (see example below).

Example

Type of institution or person	Leaders	Current roles/ responsibilities	Capacity and available resources	Potential
1. District Technical planning committee	1. CAO 2. Heads of Departments	1. Identifies priorities for the district 2. Prepares the long term district development plan and budget	1. Overall staffing 2. Allocation of resources	Very high
	District Health Officer	1. Prepares health department plans 2. Presents recruitment priorities for health workers 3. Submits the request for medicines	1. Health workers 2. Medicines 3. Health education	High
3. District Council	1. Speaker to the council 2. LC V 3. Honourable councillors	1. Approves technical plans and budgets 2. Represents the concerns of the electorate 3. Oversees all government programmes	1. Allocation of resources 2. Approving budget	Very High

d) In the light of this, members can be helped to discuss the way forward by asking: “what does the table tell us? What local institutions could be helpful for our advocacy problem? Where is strengthening needed?”

Some “Do's”

- Ensure that duty bearers both within the locality and outside it are listed (the parish leaders as well as the village ones)



- The less powerful and less vocal (such as women) may have their own duty bearers of interest.
- The activity leader should make sure all duty bearers mentioned are discussed by the members.
- The activity leaders should allow another member to take over the process once every body is clear with the activity.

2. Some “Don'ts”

Do not allow members to become too personal. It is better to focus on the capacity of each duty bearer rather than their “strengths and weaknesses”.

The activity leader should know that this tool is meant to eventually help develop an action plan.

5.1.2. Stakeholder Analysis

A tool to identify all those people or groups of people that will affect- or be affected by- your advocacy issue.

Why use stakeholder analysis?

No one is an island: what you do affects many other people. Similarly, an intended advocacy issue will affect and be affected by other people. These people are your stakeholders for advocacy. Stakeholders include duty bearers but go beyond these to include people who may support your advocacy campaign, those against it, and even those who may be affected indirectly or who may not be bothered at all.

Advantages

Your members will find that stakeholder analysis will help them discuss which people or groups of people may have an interest in a proposed advocacy campaign, and whether their interest might favor or undermine this project.

This will also help them see that the advocacy campaign cannot operate in isolation: threats from competitors, for instance, may need to be taken into account.

Such an analysis in turn leads to adjustments being made to a proposed advocacy initiative. Stakeholders need to help local partners better understand the environment in which any of their proposed advocacy initiatives will take place: a stakeholder analysis will help in doing so. Such an analysis can then be used to help members make the necessary changes to their plans.

Steps to follow

a. First clarify what you mean by 'stakeholders'. These are individuals or groups of people who might influence or be influenced by a proposed project.



They could fall under the following categories:

Consumers, clients,
Suppliers
Competitors and rivals
Substitutes and alternatives.

b. The activity leaders should lead a brainstorming session in which the group members list all the people who will be interested in the advocacy issue either supportive, unsupportive, undecided, or not bothered.

c. Use local materials (leaves, stones, flowers, seeds etc) to represent those who are supportive, unsupportive, undecided, or not bothered. Record the discussions.

d. These are scored as follows

- Supportive score from 7 to 10;
- Unsupportive score from 4 to 6,
- Undecided score from 1 to 3
- Not bothered or indifferent score zero

Discuss the reasons for these scores.

e. You can then help partners suggest practical ways of dealing with those who are undecided and unsupportive. Record these as action points and include them in the plan of action.

Some 'Don'ts'

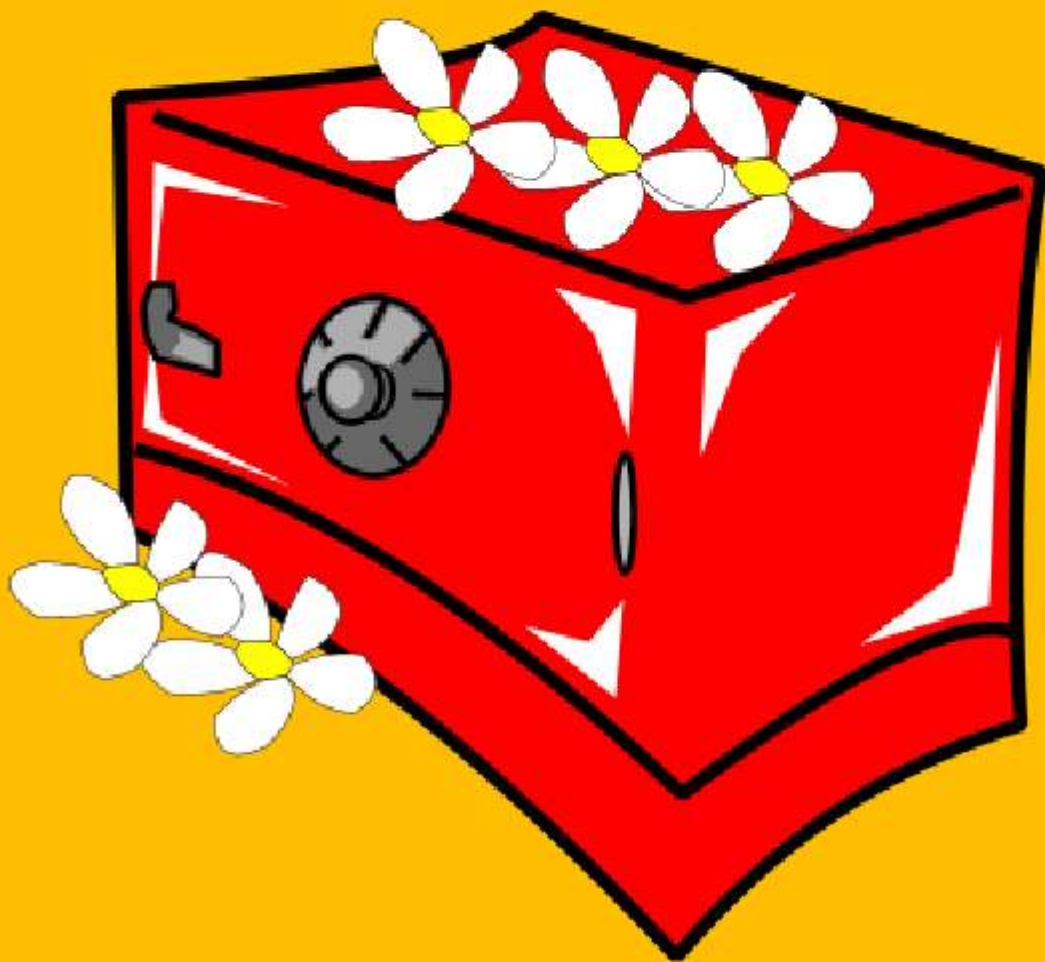
- Do not 'dig' too deep into local political affairs if they may result into conflict. The activity leader should always use their better judgment.
- Do not rush the proceedings: allow for reflection. The group may need to spend a number of meetings on this process.

Example:



MODULE 7

Resources for Advocacy



MODULE 7 RESOURCES FOR ADVOCACY

6.0 Identifying Resources

6.1. Funds (Adapted from building donor relations - a BNUU document)

Fundraising is very much like marketing. In marketing, organizations have products that they sell to be able to make money. Each organisation develops a marketing plan on the best way to get consumers interested in their product. Once the interest is achieved, sales executives take the product to the consumer in exchange for cash. Advocacy is like marketing ideas, the same principle applies to fundraising.

Imagine a market place in which, the donor community are your consumers (the people with cash to pay for your product). Your product is your advocacy plan.

These are the simple steps to fundraising:

know your product

1. develop a profile of willing buyers (your donors)
2. Make initial contact with each donor do not ask for money at this point. The purpose of the
3. visit is to familiarise yourself with their work and vision
4. Market your advocacy issues
5. Maintain the donor relationships

Do not depend on donors to fund your advocacy plan. Find interesting ways to raise money through:

- Sale of products
- Fundraising events like dinners, concerts
- Use your website to solicit funds
- Encourage your membership to pay their subscription fees on time.

6.2 Alliances and Coalitions

(Adapted from The first 5 Association of California)

A coalition is defined as a group of organisations working together in a coordinated fashion towards a common goal. In some cases a coalition of people or organisations doing advocacy work can achieve more together than individually. Coalitions can be short or long term, formal or informal. For example in the short term gatherings such as local council meetings, conferences and workshops to promote the issue can be tapped.

Coalitions form networks into a more focused association, working towards an identified and agreed goal. Advocacy initiatives succeed best when diverse groups of people affected directly or indirectly by the same issue come together. The greater the diversity of the coalition, the larger the policy space that it occupies. That is to say, the coalition has a greater scope of influence in the public and is therefore able to pressure advocacy audiences to make decisions in favour of the advocacy issue.-



Single agencies or advocates working in isolation are often less effective than groups of advocates in changing public policies. If you have not yet, you may want to consider building a coalition.

Coalitions have many benefits, including:

- Participating organizations and agencies can pool their resources.
- Member organizations can become involved in broader issues.
- Results often go beyond that which could be achieved by any one organization.
- Community-wide efforts can be launched.
- More effective and efficient use of resources and services can be planned (e.g., duplication of service delivery can be eliminated).
- Communication, cooperation and idea generation can be promoted.
- A broader more stable constituency base can be built for an issue. More diverse community-based approaches to the problem can be generated.
- The group working together can generate more political sway than as single agencies.

Coalitions can also have their drawbacks. Allocating staff resources to manage the coalition can be expensive if coalition members are not willing to share assignments and responsibilities. In addition, decision-making may take longer and advocacy positions adopted by the coalition may be weakened in order to satisfy all members. Despite these disadvantages coalitions can often be the best way to address problems faced by communities.

6.3 Activities that can be used to identify potential coalition members

6.3.1. Allies and Opponents Map

This is a map drawn by consumers to identify who among their stakeholders promote or threaten their plans or activities. A programme or activity will often find allies in the environment, as well as detractors (even saboteurs!). An 'Allies and Opponents' map is a simple tool that can help consumers analyze the different roles that different actors in the area can play in a proposed programme and to identify promoters, detractors (those who oppose your advocacy campaign and convince others to do so), potential opportunities and threats.

Advantages

1. An “allies and opponents map” helps partners clarify their perceptions about the different stakeholders in the locality, including key promoters and key opportunities for a potential or continuing advocacy campaign, as well as potential saboteurs and other threats.
2. Using such a map, consumers can better discuss how to elicit support from those who do not support their programme or cause and develop action points to reduce threats and utilize existing opportunities.
3. An “Allies and Opponents” mapping exercise can help members better understand different stakeholders working or living in the locality.
4. Such an exercise can help to better appreciate consumers' perceptions about the different actors/ potential stakeholders in their locality.



5. Using such a map will also help outsiders appreciate who the potential promoters (and opportunities), or saboteurs (and potential threats) of a planned or continuing advocacy campaign might be and what their respective motivation might be.
6. This exercise can help to identify ideal entry points (gatekeepers into the community), or even advocacy issues (generated from the reasons why people, groups or agencies might be opposed to the proposed initiative).

Steps to follow

- a) The activity leader should first ask participants to sketch a map of their village on paper or, preferably, on the ground.
- b) The activity leader should then proceed by asking members to name key stakeholders for the selected advocacy issue in their locality; these can be represented using symbols or other objects on the map. Also refer to the stakeholders' analysis.
- c) The symbols can then be classified as allies (friends) or opponents (saboteurs), representing opportunities and potential threats for the proposed advocacy campaign.
- d) As discussions proceed, the activity leader should ensure that notes are made on the reasons for classifying a particular actor as friend or foe.
- e) The activity leader can then ask members how: (i) they can strengthen their allies; (ii) win over foes; (iii) reduce the risks posed by those who can not be won over

Some “Dos”....

- Do explain the purpose of the tool at the outset, as well as the meaning of the terms used (stakeholders, opponents, allies.....)
- Do allow enough time to explore reasons for classifying actors amongst foe or friend and to develop appropriate measures.
- Do have two groups if possible, to cross-check members' perceptions, or to compare to those who may have less information or wield less power.

Some “Don'ts”....

- Do not allow the discussion to escalate into conflict.
- Do not take sides; the activity leader should cross-check information if they have an opportunity



Key to the Map.

Allies or opportunities are represented by pink flowers and foes or threats by green leaves. The river and lake have both symbols because while they are

- a source of livelihood,
- they are a threat for people with mental illness or epilepsy who may drown in them when they are ill.

The sub county also has both symbols because

- some officials support our cause while others are saboteurs, or foes, while others are simply unaware about the advocacy issue.

Similarly, settlements or trading centres have a mix of allies/ opportunities and foes/ threats. For example, while there are medicine shops which are opportunities to access medicines, traditional healers who for the most part may pose threats, are also present.

6.3.2. Allies and Opponents Matrix

This is a diagram used to chart the levels of influence of allies and opponents on an issue and their level of agreement with the position held by the consumer group. When advocating for a particular issue or change, building alliances and knowing the opposition is often crucial. An 'allies and opponents matrix' can help to do so, using a visually effective method.

Advantages

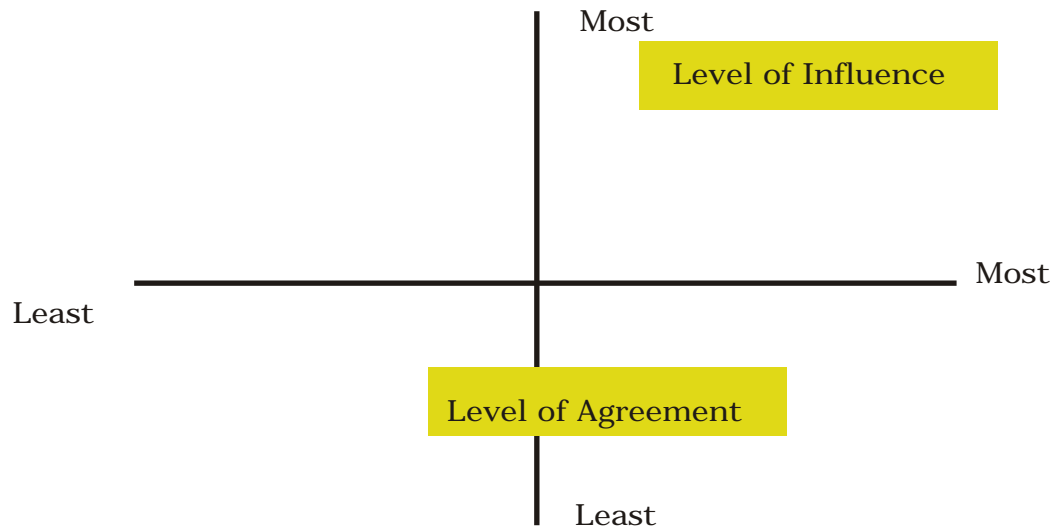
1. An 'allies and opponents Matrix' can help consumers identify different stakeholders, both friends and foes, in relation to a particular issue they might want to advocate for/ against, or a particular situation they might want to change.
2. Using such a matrix, consumers can discuss who the key promoters (and key opportunities) are for a potential or continuing issue/programme and who the detractors (or key threats) might be.
3. The matrix, by indicating the level of influence and level of agreement of the various stakeholders, can help partners determine what might be the best entry points to influence a situation/ issue.
4. An 'allies and opponents matrix' can help stakeholders better understand local perceptions about who the main allies and opponents might be in relation to a particular situation or issue.
5. Such an exercise can also provide outsiders with an opportunity to deepen their understanding of different stakeholders' responses to different programme/s or issues and to identify potential entry points into the community.

Steps to follow

- a) The activity leader summarises the advocacy issue and statement to the members.
- b) The activity leaders asks members to sketch a matrix, with two columns, on flip chart or news print (or preferably on the ground), one column for allies (let us say the right-hand side) and other for opponents.



a) Within each column, the level of agreement can be represented increasing from left to right and the level of influence, increasing from the bottom of the column to the top (see the example below).



b) Each stakeholder can now be plotted in either column, for instance using a symbol or object on the ground. For example if the local LC is a strong ally for a proposed advocacy campaign and this LC has much influence, then this LC will be plotted on the right-hand column towards the top corner on the right. On the other hand, if the retired teacher is very much opposed to the advocacy campaign but, because he is tired, he does not have much influence, then he will be plotted in the left-hand column, towards the bottom and to the left.

c) The most important exercise is to analyze the information on the matrix. The activity leader asks questions, such as “who are our most important allies? How do we involve them and keep them on our side? Who are our foes, how do we minimise the risk they represent?”

d) Action points can then be developed and included in the plan of action.

Some “Dos”

- Members should clearly agree on terms i.e. stakeholders, opponents and allies.
- The activity leader should allow enough time for discussion to help members make a decision with good reasons about the position and degree of influence of the different stakeholders.
- If possible, do have two groups to cross-check the different matrices.

Some “Don'ts”

- Do not forget that the position of allies and opponents can change with time.
- Do not allow members to vote during the exercise; decisions should be reached by consensus.



Before forming coalitions and alliances (Adapted from The first 5 Association of California)

Before forming a coalition, ensure that you have clarified the advocacy “issue” to yourself by asking the following questions:

- Can you easily articulate the problem you hope to solve through your advocacy efforts?
- Why is this a problem in your community?
- Are there organizations or individuals who might argue an opposing view? If so, have you thought about how you would counter their arguments?
- If your efforts were successful, how would the community benefit? Community Based Organizations will be more likely to consider working with you if solving a problem provides a direct benefit or if inaction causes harm.

Finally, before contacting potential allies, find out if there are other organizations, groups or coalitions in community who are already working on the issue. If a coalition already exists and you share similar goals, you may simply decide to join their efforts. Connecting with other organizations that are working on similar issues is important so that policymakers and the public hear a unified message. Failing to coordinate can confuse people and hinder your efforts. For example, when two groups present similar issues to decision makers, decision makers and the two groups that have not communicated with each other, then decision makers tend to vote “no” on both issues due to their confusion about the difference between the two initiatives.

There are two common ways of forming coalitions.

1. Having an open meeting

This is usually used to form an informal coalition where the advocacy issue is loosely defined. Note that in this method you may not be in control of what advocacy priorities are set because this is largely dependant on the interests of the stakeholders present.

2. Invitations

Here the lead organisation carefully chooses stakeholders or organizations that will gain most from the advocacy issue (see your stakeholder analysis and allies and opponents map or matrix). These are also chosen because they bring with them power, prestige, resources and energy. These stakeholders are chosen because they have a proven advocacy record and contribution towards achieving your advocacy objective.

Coalition members should:

1. Know the purpose of the coalition
2. The goal to be accomplished
3. Expectations of each member
4. Benefits of the membership



These should be discussed and made clear at the very first gathering to the coalition. Some tips on running effective coalitions include:

1. Consistency in the distribution of information to all members
2. Making sure that you are clear about each member's position and opinions about the advocacy issue at hand. Agree to disagree.
3. Members having consensus on what the short and long term goals are.
4. Participatory decision making.
5. Regular but brief and well organized meetings
6. Sub-group committees giving each member a chance to participate
7. Allow areas of conflict to be discussed and develop a common ground or compromise.

How to Build a Coalition

Once you have decided that forming a coalition is the best way to advocate for your issue, begin by taking the following steps:

1. Identify and contact potential members. The self help group should identify partners whose missions overlap with theirs. The group should think broadly and invite “non-traditional partners,” such as the business community. Since public policies affect wide groups of people, it is important to bring together community members from groups with diverse interests to define shared problems, identify solutions that are acceptable to the larger community, and accomplish mutually defined goals. If you are working to solve a problem for an underserved population in your community, be sure to engage them in your efforts from the beginning. Talk with them to identify strengths within the community that might assist with a solution. Brainstorm about the obstacles that have prevented the problem from being solved in the past and identify potential solutions.
2. Hold an initial meeting to solidify the coalition's vision, mission, and goals. Based on the information you gather in your conversations with potential partners, solidify your vision, mission, and goals as a group. Clarify the exact purpose of the coalition. Organizers and partners must not only understand the problem, but more importantly, they must also have a proposed solution or solutions. Make sure that all partners agree on the short- and long term goals of the group's effort in addition to the vision and mission.
3. Develop a message. A unified message presenting your coalition's issue with a good mix of facts and emotion to get people to want to support the issue should be developed. If possible, this message should provide information about how the problem is important to other sectors of society (e.g., why access to healthcare is a problem that employers and educators alike are concerned about, in addition to those concerns expressed by health and children's advocates).



4. Gain consensus on an action plan. Determine what action is needed by the community to solve the problem. Is it feasible? In their earliest stages, coalitions should take on achievable steps so the group's effort can build momentum and strength.

Keep the coalitions going. Once a coalition is up and running, maintaining its momentum can be one of the biggest challenges. Members are volunteers who have other responsibilities; their willingness to remain involved rests on perceived rewards of their participation.

The following questions can help:

- Is there solidarity?
- Do members support one another's contributions?
- Do they feel they are making a difference?
- When attendance drops off or member turnover becomes excessive, is there a remedy?
- Do you have a strategy for recognizing and dealing with problems before or as they arise?
- Can you provide learning opportunities to members?
- Do you celebrate successes?

A case study from BasicNeeds

BasicNeeds established a Mental Health Advocacy Forum with the goal of advocating for access to quality, equitable services for persons affected by mental, neurological and substance use disorders. Nine potential members working to promote mental and neurological health and prevent and treat substance use disorders were identified through an allies and opponents matrix and invitation letters sent for them to attend an initial meeting. Phone calls were made to confirm interest and attendance.

During subsequent meetings the vision, mission and objectives of the Forum were deliberated and finalised by the members. Ways of working and an advocacy agenda were also developed. They decided that the advocacy message was to be delivered through letters to target audiences and a bi annual newsletter disseminated via email and print, as well as posts on websites of member organizations. Issues would be discussed during meetings and best courses of action unanimously decided upon. For example, they collectively provided input to Cluster 5 of the Health Sector Strategic Plan III and wrote a letter to the State Minister for Health requesting that the draft Mental Health Bill be finalised and tabled before Parliament as soon as was possible. For each of these activities, sub committees were formed to ensure that each member participated and contributed.

To maintain momentum, consistent (monthly) meeting dates and an advocacy agenda were agreed upon during the first meeting, core responsibilities were divided amongst members to promote a collective sense of ownership, for example, rotation of the Chairmanship and Secretariat among members. Regular updates in context with activities regarding mental, neurological and substance use disorders on both national and local levels would also be shared amongst members.

Sharing power and leadership is a good way to avoid pitfalls. Additionally, keeping members informed about progress periodically and asking for their feedback will keep them interested and engaged without overwhelming them with too much information.



MODULE 8

Communicating your Advocacy Issues



MODULE 8 COMMUNICATING YOUR ADVOCACY ISSUE

7.0 Communicating your advocacy issue

7.1 Developing a Communications Plan (Adapted from The first 5 Association of California)

A communications plan is a blueprint for getting your message out and should support collaborative planning with other interested partners. A major part of any communication plan involves telling policymakers about a proposed solution and convincing them that your solution is in their best interest. Developing a communications plan can be illustrated in four steps:

Step 1: Craft Your Public Image. Policymakers need to understand who you are, that is, the name of your group, its membership and objectives. Because you will be working in collaboration with other allies towards achieving the advocacy goal, the policymakers need to know what these goals are. They should not have to guess this information or learn about you from others.

Before launching a communication campaign, consideration should be given to how you want your SHG to be thought of by policymakers and other interested groups. A fact sheet that introduces your SHG, including its vision and mission statements should accompany all external communications as a way of informing others about what you do.

Step 2: Articulate Key Messages. Key messages are short statements of what you are trying to achieve. They are directly linked to your mission statement and are incorporated into many types of communication. In many cases, if you are working in a coalition or partnership, taking the time to develop these key messages is one way to ensure that the group is on the same page. Standard short messages that are vivid and memorable promote your cause each time they are used. For example, BasicNeeds uses the phrase, “Mental health is a right not a privilege,” to reinforce what it seeks to accomplish, that is, working to promote mental health and prevent mental illnesses.

Step 3: Identify Target Audiences. Target audiences are the individuals and groups you are attempting to educate and, ultimately, persuade to your cause. Community leaders, employers, and appointed and elected officials are usually always identified as targets. Other decision makers that have the ability to influence policy and budget decisions should be included as potential audiences for your messages. Some groups have found it helpful to include “secondary” target audiences in their mailing lists. These are individuals and groups without direct decision making authority but who have access to policymakers and thus can be powerful allies in your cause.

Simply identifying your target audiences is insufficient; you must also determine the best ways to reach them. For example, do your intended



audiences use e-mail and the Internet? Do they read newspapers or professional journals? Do they have a bulletin board or company newsletter? Do they belong to an employee union or have children who can bring information home? Do they attend churches, mosques or village meetings regularly? Do they listen to the local radio station? Knowing the information habits of your audience will assist you in tailoring information and increasing the likelihood that they will see or hear it.

Step 4: Develop Strategies and Tactics.

Communication strategies are the general approaches you will use in getting your messages out to the right audiences and tactics involve the implementation details. For example, an educational strategy that seeks to educate policymakers and interested parties on your issue might depend on using the tactic of the sub county notice board to disseminate information to multiple community groups. On the other hand, if the campaign seeks to get people to adopt a particular behavior (e.g., stop the abuse of children with intellectual disability), it might use paid and unpaid media tactics that point people to service providers within the community.

7.2 Listening and speaking skills

(Adapted from www.mindtools.com)

7.2.1. Active listening

Listening is one of the most important skills you can have. How well you listen has a major impact on your job effectiveness including the effectiveness of your advocacy campaign, and

- on the quality of your relationships with others.
- You listen to
- obtain information,
- understand,
- for enjoyment,
- learn.

Clearly, listening is a skill that you can all benefit from improving. By becoming a better listener, you will improve your productivity, as well as your ability to influence, persuade and negotiate. What's more, you'll avoid conflict and misunderstandings all necessary for the success of your advocacy campaign.

Becoming an Active Listener

There are five key elements of active listening. They all help you ensure that you hear the other person, and that the other person knows you are hearing what they are saying.

1. Pay attention.

Give the speaker your undivided attention and acknowledge the message. Recognize that what is not said also speaks loudly.

- Look at the speaker directly.
- Put aside distracting thoughts. Do not mentally prepare a counter argument.
- Avoid being distracted by environmental factors.
- “Listen” to the speaker's body language.



- Refrain from side conversations when listening in a group setting.

2.Show that you are listening.

- Use your own body language and gestures to convey your attention.
- Nod occasionally.
- Smile and use other facial expressions.
- Note your posture and make sure it is open and inviting.
- Encourage the speaker to continue with small verbal comments like yes and uh huh.

3.Provide feedback.

Your personal filters (values, experiences, cultural beliefs etc), assumptions, judgments, and beliefs can distort what you hear. As a listener, your role is to understand what is being said. This may require you to reflect on what is being said and ask questions.

oReflect on what has been said by paraphrasing. “What I'm hearing is...” and “It sounds like you are saying...” are great ways to reflect back.

oAsk questions to clarify certain points. “What do you mean when you say...” “Is this what you mean.....?”

Summarize the speaker's comments periodically.

Tip:

If you find yourself responding emotionally to what someone said, say so, and ask for more information:
"I may not be understanding you correctly, and I find myself taking what you said personally. What I thought you just said is; is that what you meant?"

4.Defer judgment.

Interrupting is a waste of time. It frustrates the speaker and limits full understanding of the message.

- Allow the speaker to finish speaking first before you respond or ask question.
- Do not interrupt with counter-arguments.

5.Respond appropriately.

Active listening is a model for respect and understanding. You are gaining information and perspective. You add nothing by attacking the speaker or otherwise putting him or her down.

- Be candid, open and honest in your response.
- Assert your opinions respectfully.
- Treat the other person as he or she would want to be treated.

Key Points

It takes a lot of concentration and determination to be an active listener. Ask questions, reflect, and paraphrase to ensure you understand the message. If



you do not, then you will find that what someone says to you and what you hear can be amazingly different.

7.2.2. Effective Speaking

Although somewhat obvious and deceptively simple, these are:

- Understand the purpose of the presentation
- Keep the message clear and concise
- Be prepared
- Be energetic when delivering the message

Understand What You Want To Achieve

- What do you wish to communicate? One way of answering this question is to ask yourself about the 'success criteria'. How do you know if and when you have successfully communicated what you have in mind?
- How can you best convey your message? Language is important here, as are the nonverbal cues discussed earlier. Choose your words and your nonverbal cues with your audience in mind. Plan a beginning, middle and end. If time and place allow, consider and prepare audio-visual aids.
- When? Timing is important here. Develop a sense of timing, so that your contributions are seen and heard as relevant to the issue or matter at hand. There is a time to speak and a time to be silent. 'It's better to be silent than sing a bad tune.'
- Where? What is the physical context of the communication in mind? You may have time to visit the room, for example, and rearrange the furniture. Check for availability and visibility if you are using audio or visual aids.
- Why? In order to convert hearers into listeners, you need to know why they should listen to you and tell them if necessary. What disposes them to listen? That implies that you know yourself why you are seeking to communicate the value, worth or interest of what you are going to say.

Keep it simple

When it comes to wording your message, less is more. You're giving your audience headlines. They don't need to and are usually not expecting to become experts on the subject as a result of hearing your talk.

If you're using slides, limit the content of each one to a few bullet points, or one statement or a very simple diagram

Be prepared

Preparation is underrated. In fact, it is one of the most important factors in determining your communication successes. When possible, set meeting times, which include timeslots for speaking and presentations well in advance.

Of course, not all communications can be scheduled. In this case, preparation may mean having a good, thorough understanding of group dynamics and the way your advocacy audiences behave enabling you to communicate with the knowledge you need to be effective, both through verbal and written communications.



Unforgettable delivery

Your delivery of your speech or presentation will make or break the advocacy campaign, no matter how well you've prepared and crafted your clear, concise message. Some useful tips for keeping your presentation memorable include:

Use examples to bring your points to life

- Keep your body language up-beat do not stay stuck behind a podium
- Don't talk too fast. Less is more here too. Pauses are effective.
- Use a variety of tones of voice
- Use visual aids.
- Choose the right person to convey or read the message.

7.3 Negotiating Effectively (Adapted from The first 5 Association of California)

Negotiation can be a powerful tool for supporting your advocacy campaign. While many people might prefer to simply arrive at agreement without having to negotiate with another party, good negotiation skills are invaluable when and if the need arises. Even your allies may have a few differences of opinion in key program or policy areas. In the end, a solidly negotiated agreement will most likely satisfy the mission and goals of your self help group as well as the mission and goals of the other party.

By looking at the components of the negotiation process and then by examining a few examples, you should be more comfortable with seeing negotiation as just one more tool at your disposal. Below are some negotiating essentials to keep in mind before you sit down at the table to work through an agreement.

- 1. Clearly define your desired outcome.** Hold a discussion with members and the alliance/coalition to determine which agenda items are negotiable and which are not. By having a clear and concise statement of what your group wants, you will be better able to respond during the process. Know how your supporters will react if key points are lost or compromised, and know what your opponents really want.
- 2. Go in informed.** Find out as much as possible about the advocacy audience you are negotiating with, including their organizational history and any relevant background information related to the issue. You should be aware of any weaknesses in their case as well as strengths. Know about any pressures the advocacy audience has that might be reinforcing its position. What do they have to lose if they concede points in your negotiations?
- 3. Set the stage.** Negotiation is best done in person, and when scheduling, give yourself and your team sufficient time to prepare. Review your arguments prior to negotiating, and try to frame them as positively as possible. Find outcomes that will benefit the other side and use those details in making your own points.
- 4. Fasten your seatbelt.** Expect some bumps along the way and do not let adverse reactions, opinions, or feedback bother you. In fact, try to brainstorm in advance about what some of their objections might be and formulate a response. Also, be aware of different tactics that they might use such as high-pressure or silence. Be prepared for how you might respond to these.



5. **Negotiate some “give ins” first.** Do not bring out the most contentious issues early in your negotiation; instead, bring up lesser issues first that will be relatively easy to gain consensus on. Consider these early items as a “warm-up” of sorts; after you have eased into the conversation, there will be more background experience and positive momentum to carry you through the more complicated issues.

6. **Look for all possible options.** Do not try to back the other side into a corner if at all possible. Decisions made when there are non-threatening options available tend to be more satisfactory for both parties.

7. **Finish with a review of the agreement.** By both parties reviewing the terms of the agreement, everyone will feel informed and satisfied. More often than not, in revisiting the final points, participants will be reminded of the good, hard work that went into the negotiations and feel proud of their efforts.

A case study from Kihungya, Pikwo, Dikir Ber and Katweyambe SHGs in Buliisa district.

In Buliisa district, the SHG members negotiated their advocacy issues in this manner. To achieve some “give ins”, the SHG members started by reminding their Local Leader about an old pledge to offer of mango seedlings to the group for the purposes of establishing a fruit tree project.

The Sub County responded that they had failed to reach groups contact person when the mango seedlings were being distributed. However there was a new consignment arriving in a month's time and he promised that the group members would benefit from this. The group was asked to provide his office with their updated contacts.

The SHG representative also thanked their district leadership for recruiting 2 Psychiatric Nurses. The first two gains laid a foundation for the group to propose the tougher advocacy issues. These were:

1. To request the district to address the inconsistency in the supply of mental health medicines to public health centres because these had not received in the last 4 months.
2. To request the district to provide transport to the newly recruited Psychiatric Nurses so that they could extend services to lower health units.
3. To request the district to include a representative of persons with mental disorders/ epilepsy on the Health Centre Management Committee so that they too can take an active role in planning for and monitoring health services.

The responses from the District Health Officer were:

1. The supply of medicines had been poor for all medical conditions and illnesses not just mental disorders and epilepsy. But his office had received a consignment of drugs from National Medical Stores from which their health centre would receive 4000gs of Carbamazepine, 5000gs of Haloperidol, 2500gs of Amitriptyline etc.

However the health department would need to look into why the inconsistency persists and get back to you. He asked the group to help them advocate at higher levels.

2. The Psychiatric Nurses were asked to present their budgets for outreach services to the department so that funds could be allocated.

3. The health department would communicate with the Sub County Council to grant the groups representation on the Health Centre Management Committee.

At the end of the negotiation process, a representative of the SHG reviewed all the issues agreed upon during the meeting highlighting the action points and agreements made.



7.4 Activities that can be used to improve negotiation skills

7.4.1. Practice: Role plays

This is a technique that can be used to depict real life or imaginary situations to enhance learning and reflection. When working with target audiences and stakeholders, certain issues or situations can best be portrayed and discussed through visualization. Different leadership styles, for instance, can be effectively depicted through short plays that can subsequently be discussed and appropriate conclusions drawn. Besides, acting in a play (and watching one) is fun!

Advantages

1. A role-play provides a good way to start discussions on a topic: it's fun which naturally makes it a good ice breaker, even for delicate topics.
2. Role plays do not require professional actors and, theatre is a popular medium in most communities. Also, roleplays can enhance participation by many.
3. Role plays (and therefore the message they contain) will be remembered for long; especially if they are humorous.
4. Because it is fun, a role play can motivate and energise the audience to action even though the topic was difficult or sensitive.
5. By using role plays, you can help less self confident members of the SHG group (children for example) express themselves and participate in the advocacy campaign activities.
6. Role plays and subsequent discussions can reveal information to stakeholders and advocacy audiences that may not otherwise be very evident.
7. Role plays can be used to conclude or summarise a discussion, ensure that there is a common understanding on a particular topic.

Steps to follow

a. The activity leader should lead group members into a brainstorming session on:

- possible role-play themes following on from the advocacy issues raised
- the number of characters involved in the play
- duration of the role-play
- what kind of local materials can be used
- Ways in which the message of the role-play can be clearly conveyed and;
- What key questions need to be raised after the role-play?

b. The activity leader should explain the purpose of the exercise, pointing out that it is fun as well as educational. The main theme of the role-play should be clear to actors in the SHG

c. Some SHG volunteers ensure that the rest of the community members, advocacy audiences and stakeholders are kept in 'suspense'. They are charged with the responsibility of generating interest but not "spilling the beans" prior to the role-play.

It is important to note that a brief rehearsal will enable actors keep the role-



d. It is important to note that a brief rehearsal will enable actors keep the role-play flowing well, remind actors about the key messages, the need to speak loudly on stage, and the need to keep the play within the agreed time.

e. After the performance, the activity leader should facilitate a discussion to foster learning and analysis from the role-play. Some questions to put to community members and advocacy audiences may include:

1. What was the key message of the role-play?
2. What did we like about it?
3. What was not pleasant or acceptable?
4. What needs to be changed in our community?

f. The main points can then be taken up by the SHG, advocacy audiences or the community members then developed to move the advocacy issues into a plan of action.

Some 'Do's'.....

- Encourage a number of different members to take part, even those who feel a little shy.
- Keep the role play short, simple, and exciting, humour is always an effective tool.
- Need to have a person ready at the beginning to facilitate a discussion with the advocacy audience and community members after the play has been performed.

And some Don'ts.....

Avoid interruptions during the performance.

7.4.2. Guidelines for writing a petition

A **petition** is a request to an authority, most commonly a government official or public entity. In everyday language a petition is a document addressed to some official and signed by many individuals. A petition may be oral or written, and in this era may be transmitted via the Internet.

Policymakers are extremely busy people and always have many advocacy groups vying for their attention. As a general rule, policymakers are most likely to listen and respond to you if your issue is:

Supported by their constituents. This is mainly true for elected officials, whose jobs depend on getting and keeping votes. Be aware that elected officials are most influenced by their own constituents when they believe they represent important groups of voters. You can show them how voters in their jurisdiction care about the issue by using opinion poll data or organizing constituents to write letters or provide public testimony.

Related to pending legislation, ordinances, or budgetary items. Communications with policymakers tend to have maximum impact when they concern pending legislation or an issue of particular interest to a given policymaker. When policymakers have to make a decision on an issue, they may be more likely to listen to your viewpoints.

Linked to them in a personal way. If you can find a hook that gets a



policymaker to understand the issue in a personal way, they will be much more likely to take ownership of the issue and support your efforts. An example would be if the policymaker has a relative or close friend suffering from a mental disorder.

Supported by their campaign contributors.

Policymakers will often respond more quickly if you can work with one of their funders to relay the advocacy message for you.

Make sure your petition is simple and brief and backed by current data. In written correspondence, be sure to summarize the problem in one or two sentences, describe how the problem affects local communities, limit correspondence to one page (front and back), and include a signature with up-to-date contact information.

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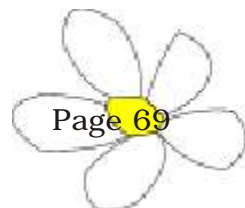
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7.5 Communicating to Policy makers

The most effective way to influence policy at any level or in any sector is through direct contact with policymakers and continuity is key. Be aware that your credibility is established based upon your track record as well as the quality of your services.

You can optimize your credibility in several ways:

- **Maintain direct regular contact.** Communicating with policymakers on an ongoing basis to develop a credible relationship is preferable to limiting contact to those occasions when you desire their assistance before an important vote. If you make promises, be sure to follow through. Activities can include educational field trips for staff and legislators, inclusion in newsletter mailing lists and regular correspondence. For example, SHGs can conduct successful stakeholder meetings with local legislators, funded agencies, and partners or they can invite newly elected legislators to visit their projects and educate them about their ability to contribute positively to their communities.
- **Increase your visibility.** Your visibility as an issue expert is enhanced when you collaborate with other individuals and groups that are interested in similar or related issues. This often means investing the time to identify key allies and begin working with them on mutual issues.
- **Provide a clear and consistent image.** Your mission statement is an enduring statement of your group's goals and purpose. It is developed, in part, to signal interested parties and policymakers about where your group "fits" into the broader spectrum of community advocates and how they can work with you. Consistent information about your group mission should be included in all communications with policymakers. Establishing a



communications plan is a good way to accomplish the strategies listed above.



Figure 3 A member from BUKA groups hands a petition to the LC V Chairperson.

Other Tips

- Develop a relationship with legislative staff.** Due to term limits, members of parliament and local councilors have a defined tenure in office. Staff will often stay on longer than legislators. When you identify staff who are interested in your issue, it is critical to build a relationship with them so that you can keep communicating with them.
- Make friends with community leaders and local policymakers.** Take every opportunity to work with community leaders and local officials so that you continue to be their source of information when they run for local and parliamentary positions. Obtain a list of elected officials and research the particular officials' interests before your meeting.
- Be a credible, stable source of information.** Because legislators do not stay in office as long as they used to, they are relying more than ever on advocates to inform them on the issues. Advocates who are armed with ideas on solutions to a problem, rather than just the problem itself, will be more likely to succeed.
- Do your research on the policymaker.** Make sure to avoid lobbying a legislator on an issue on which they are already working or already support. If you ask them to take an action they have already taken, you may lose ground.
- Use perspective (big picture, district and ground level).** When talking with policymakers and elected officials give them several views of the problem or issue you are working on. By incorporating a national view, a district and grassroots perspective you will help elected officials see the importance of your issue.
- Create collateral.** Draft materials including pamphlets and one-pagers that you can leave behind. These "leave behinds" can supplement your personal visit and educate additional staff members that you might have missed. These materials could be a quarterly newsletter or program pamphlet that

highlights efforts in the legislator's district and encourages readers to contact you for more information.

1.6 Media Advocacy

(Adapted from The first 5 Association of California)

The primary way to communicate a message to the general public is through the media, including print, radio, internet, and television outlets. A variety of options exist to engage the media and to get your message out; however, all strategies begin with some basic rules about framing your message and “learning the ropes,” which often means developing relationships with media organizations and reporters. As with any endeavor, putting more planning and forethought into a project will increase the chances of successful results. The following sections provide information in three steps to get your message out to the public.

1. Framing Your Issue
2. Creating Local Media Attention
3. Follow-Through: Closing the Loop

Framing Your Issue

Framing an issue before you contact the media will help ensure that you communicate the essential elements of your message. Often a message intended to shed light on a systemic problem requiring a policy change will get modified to fit the format of the news outlet you are working with, and usually not for the better. News items intended to point out the effects of dangerous products produced by large corporations that could benefit from stricter regulations (e.g. cigarettes or cheap but potent alcoholic drinks) may end up focusing on individual actions. By shifting the focus to an individual level, news reporters might think they are making the story more palatable to their audience when in fact they are diluting the story and removing the desired impact.

Your goal is to continuously “expand the frame” of your issue to include the impact to the community and the importance of related policy. It doesn't hurt to practice by thinking about one of your issues in terms of a media frame so that you will be ready to think in “frames” when the time comes. For even more practice, watch the local seven and nine o'clock news on television, or listen to the one, six and nine pm news on radio, with an eye/ear for news frames and try looking for wide mental health and disability health frames whose information relates at an individual level. The following six suggestions will help you to develop an effective frame when you take your message to the press.

- **Translate individual problems into social issues (also known as “expanding the frame”).** News often focuses on an individual's story, which dilutes the impact at the aggregate level. Take these issues and describe how they affect the larger community, district or country.



EXPANDING THE FRAME

ISSUE	LEVEL	IMPACT / EFFECT
INCONSISTENT MEDICINE SUPPLY	INDIVIDUAL	Relapse, return of symptoms, destruction of property and assets, loss of livelihoods in the worst case, destitution and death (Story of Kalbagambe)
	COMMUNITY	Fear, nuisance, stigma, increased burden of care, loss of property & assets, loss of livelihoods, increased crime, human rights abuses (high indicators)
	DISTRICT	Loss of revenue from taxes, increased poverty indicators, increase in magnitude of vulnerable groups, high indicators of human rights abuses
	COUNTRY / NATIONAL	Loss of revenue from taxes, higher poverty, development indicators, high dependence on aid, poor human rights profiles, high mortality indicators

- **Assign primary responsibility.** Trace the problem to its root cause and avoid blaming the individual impacted by the problem (e.g., the poor procurement system for the delayed delivery of drugs and not the health centre in charge).
- **Present solutions.** Don't just raise issues and drop them. Investigate several options and include those in your letter, story, or interview.
- **Make practical policy appeal.** Often the most effective solutions are the simplest and most straightforward. If there is a simple, effective policy solution, make sure to include it in your message, otherwise your issue may not be raised in a policy forum or someone else may misinterpret your message and suggest a policy that you do not support.
- **Develop pictures and images.** Paint the picture for your audience whether the message is in print, radio, or television. Be descriptive and use images and language that is widely accessible. Do not trust television news to get the right images either; suggest locations and times for them to get their visuals.
- **Tailor to audience.** Be mindful about who is watching, listening, and reading. If your message does not speak to your audience, it's practically worthless. Do your homework and use examples that will resonate with that particular media market's audience.

7.6.1 Creating Local Media Attention

The local news media represent a valuable resource in your attempts to get your issue into the public eye. Opportunities for advocacy exist in the local paper, regional magazine, local radio programs, and television news programs. Designating one person as a media spokesperson and providing that person with training is suggested. Depending on the time frame related to your issue (e.g., this week, next week, next month, next legislative session), using one or more of the following media outlets will help raise awareness of your issue:

- **Interviews.** Contact reporters, editors, call-in radio show hosts, or local television news agencies and pitch your story angle. Offer an interview on the topic; you are creating value by giving them both a story and one source



- News releases.** Make sure several members know how to craft a standard press release and that you have a listing of all contacts of local wire services and media outlets.
- Press conferences.** A well-orchestrated press conference can effectively raise awareness of your issue or initiative. Decide who key players are, plan the event, secure attendance, and alert the media.
- Letters to the editor.** A strong concise letter to the editor in response to a news story will effectively convey your message whether it agrees with or contradicts the original news item.
- Opinion pieces.** Keep track of recent opinion pieces and if you sense an opportunity, contact the paper's opinion page editor. Identify yourself and pitch your idea; if there is interest, attach your letter. Be patient, you may have to wait for an opening in the section or for a themed page already in development. Offer to work with the editor on changes or trimming your piece if needed; quick, clear communication is another key to success.
- Editorials.** If you have special expertise, you may write the editorial staff directly outlining why your issue is pressing and ask for an opportunity to meet and discuss the issue. For this meeting with the editorial board you need to prepare a persuasive and convincing fact sheet citing solid sources, research, and effective policy. You may succeed in getting the paper's editorial board to write an editorial piece based on your position.
- Talk radio programs.** Be prepared with your arguments ahead of time, and have them limited to a very few succinct points. Also be prepared to wait if you are selected to speak on air; you may be asked to wait for some time. Turn your radio down when you begin speaking to avoid annoying interference; have someone else tape the radio program for future use including self-evaluation and distribution.
- Local TV news programs.** Call the local news station and ask to speak with the producer or a specific reporter who appears to cover your issue. Be prepared to pitch your story quickly and be able to provide sources, contact names, numbers, and e-mails. If they like your story, they may want to report on it next week or that afternoon, depending on the news day. Have mobile phone numbers available for sources and, if possible, give them a heads up before you call the station.

7.7 Follow-through: Closing the Loop

Get the most mileage out of your advocacy efforts. After a success in the local news media, be it in print, in an on-line source, on a television broadcast, or on a radio program, think ahead to get extra copies of your work. Remember, placing your issues in the news makes an impact on others and lends your cause an added degree of credibility.

Strengthen your reputation as an authority on a particular issue by mailing your story to contacts and policymakers. Mailing videotapes of television segments and audiocassettes of on-air broadcasts can also help your cause. Hard copy items like news articles, videocassettes, CDs, and DVDs also make great “leave behind” materials for visits to elected officials and policymakers. Realize that for a short period of time after airing or publication, your story still has impact. Save copies of everything that gets published or broadcast, as these



items will invariably be of use in future projects or funding proposals as evidence of your organization's influence.



MODULE 9

Developing an Advocacy Plan



MODULE 9 DEVELOPING AN ADVOCACY PLAN

8.0 The Plan of Action

(Adapted from The first 5 Association of California)

It is important to complete a plan before starting advocacy activities. Your action plan should include specific short- and long-term goals, objectives, strategies, and tactics, with clear timeframes and areas of responsibility. Goals and objectives, strategies and tactics all are concepts you frequently use and confuse in planning. Often you end up with a row of “dustcatchers” on your bookshelves instead of useful action plans on your daily agendas. Solid planning should provide a road map for your SHG or coalition advocacy campaign. An agreed upon plan of action is a source of motivation, providing a basis for shared decision-making.

1.Goals are what you are trying to achieve with your efforts. They can be short-, medium or long-range. For example, if your issue is advocating for increasing the budget for the purchase of essential medicines for mental health, your goal might be that a majority of the health units in your area will support a budget increase for the same.

2.Objectives are sub-goals or signposts along the way to your goal(s). They are measurable, achievable, and relevant to your mission, goal and time-frame. An objective for the above goal might be that by June 30 of next year, there is a 30% increase in the budget for essential drugs for mental health services.

3.Strategies define how you will reach your goal and objectives. To reach the prior objective, for example, your organization's strategy might be to increase outreach and education on the policy to health units in your area.

4.Tactics are the short-term implementation actions to make a strategy work. Tactical details, such as training staff on the issue; updating your contacts list to ensure you have accurate contact information for the health units; and developing written advocacy materials are the realistic checkpoints that will make or break your outreach and education strategy.

8.1 Activities that can be used to plan for advocacy

8.1.1. Gap Analysis

This is a tool used to identify what needs to be done to move from a 'now' situation to a 'desired future' situation. The group may know where they want to go in future, but not how to get there?

Gap analysis helps to answer this question, provided there is some clarity about the present situation and the desired future.

Advantages

1.Gap analysis can help the members identify what needs to be done in order to reach a desired future for the SHG.



2. Once the gaps have been identified appropriate priorities and actions can be determined.
3. Gap analysis can be used by the SHG to help its members identify what needs to be done to reach a desired future and therefore examine whether such a desired future is realistic, given current capacities.
4. Such an exercise can be used as a pre-planning tool, leading to a more detailed action plan.

Steps to follow

- a) This exercise is only suitable if the current situation and the future desired situation are clear to members and allies. The activity leader should start by making sure that these are clear in everybody's minds.
- b) The current and future situation are confirmed by asking the questions “where we are now?” and “where do we want to be?”
- c) To discuss the gaps between the ' Now' and the “future ”, the activity leader asks the following questions “what do we need to have to reach the desired future?” or “what do we need to do to reach that point?”

Gaps	Now	What we need to do	Outcome	Specifics
Lack of mental health drugs	Limited access to community mental health services	<ol style="list-style-type: none"> 1. Generate evidence on existence of the problems by counting affected persons in HMIS 2. Creating awareness 3. collect life stories 4. hold radio talk shows on the topic 	Improve access to CMH services in the district	Adequate mental health drugs
Lack of health skilled health workers		<ol style="list-style-type: none"> 1. Support the DHO by funding basic and refresher training for Health workers 2. Lobby for the review of the curriculum for health workers 3. Lobby for the strengthening of M&E systems of quality training 		Health workers skilled in CMH

- a) Each response is written on flip chart and is used in action planning.

Some “Do's”

- Do try and make the discussion of the gaps as practical and precise as possible (lack of a trained accountant rather than lack of personnel). This will help in make your advocacy messages.
- Do visualize the gaps, using drawing and symbols: it will help participants 'connect' and recall the various gaps being discussed.

And some “Don'ts”



- While the identification of gaps is important, don't forget that the exercise should lead to the design of action points to fill these gaps.
- Don't forget to ensure that the analysis involves a cross section of participants: perspectives might be different from, say, group members and those in leadership positions.

8.1.2. Hierachy of objectives

This is a planning tool to help identify immediate actions and more long term objectives in their logical sequence. When planning, it is easy to get confused! One reason for this, is that you often forget what your ultimate goals are (you get carried away with immediate activities). You may also forget the range of immediate activities that are needed to achieve your long term goals or how one activity should logically lead to the other, then to medium term objectives, and ultimately to your most distant goals. This tool will help the SHG and coalition avoid some of these problems.

Advantages

- 1.Developing a hierarchy of objectives is used for members to establish or review their action plans, in terms of the activities to be carried out to meet objectives. Some activities may have been overlooked or may need further defining.
- 2.By highlighting the short, medium and long term objectives, this tool helps members to focus on why they are carrying out particular activities, their likely outcomes, as well as the necessary conditions for reaching the long term objectives.
- 3.It helps create energy and enthusiasm among members because they can visibly see where the advocacy campaign is leading to.
- 4.A hierarchy of objectives can be linked to the development of indicators and other monitoring and evaluation requirements for an advocacy campaign i.e. what is going to be monitored, who will monitor it, how and when
- 5.Developing a hierarchy of objectives with the group constitutes a powerful planning tool: this tool will help all concerned think through a plan in a logical fashion.
- 6.A clear hierarchy of objectives can lead to the development of an effective community based monitoring and evaluation system.

Steps to follow

- a)Start by explaining the purpose of the exercise, its process and it's expected outcomes.
- b)The activity leader asks members to start by focusing on the advocacy statement.
- c)The activity leader then asks “why this campaign” (This is one way of finding out the more long term objective.) Thus, the long term objective of adequate mental health drugs, in turn leading to even more long term objectives such as improving access to community mental health services and thus improved health.
- d)The activity leader then guide partners to confirm that all these symbols/ cards are placed in a logical order (from the more short term to the more



a)long term): once satisfied, they can write the hierarchy onto papers for the next meeting.

Some “Do's”

- Use the ground and cards/ symbols: this allow for changes in the sequences as the exercise proceeds.
- Use the key question “why?” to “descend” the hierarchy (or ladder) from immediate to more long term objectives: E.g. “why do we want to protect the spring?” “To get clean water” and “Why?” “To have better health”.
- Similarly use the question “How” to go up the ladder from the more long term to the more short term objective e.g. “how can we have better health?” “By having clean water”.
- Finally link this exercise to a review for any action plan and to the development of a locally based monitoring and evaluation system.

Some “Don'ts”

- Do not forget to ask partners to find their own symbols or to draw their own cards: this will give an opportunity to the non-literate members to participate fully in this discussion.
- Do not rush the session: developing a hierarchy of objectives can lead to the revision of a plan, or to new ideas altogether.

1.3 Community Action plans

This is a plan developed by the SHG to address its advocacy issues that shows what will be done, how, when, by whom, etc. The use of participatory techniques in community development work usually links research to action. A problem or situation analysis, for instance, should often lead to the development of a strategy to; improve on this situation, deal with the problem and the design of an Action Plan (AP).

Such a plan will normally contain and reflect community consensus as to what needs to be done, how, when, by whom this will be done, and the resources needed to do so.

Advantages

- 1.As a final step in the planning process, an Action Plan (AP) will focus the SHG's energies on a common goal, in the full knowledge of how this goal will be reached (resources needed, time-frame, individual responsibilities, costs, etc.)
- 2.Devising the AP will allow members to discuss and agree on detailed implementation modalities, e.g. “what resources do you need for the sensitization workshop? What contributions can you make (financial and non-financial)?
- 3.This process will allow members to discuss the various conditions that need to be met to ensure the success of the advocacy campaign, how one activity will lead to another, what impact can be expected and how progress can be measured.
- 4.The process will also strengthen common ownership of a proposed project and thus its sustainability.



- 1.It can be used as an opportunity to develop local management systems and to focus members on availability of local resources.
- 2.An AP might highlight in what areas outside support is needed.
- 3.An AP can be used to help local partners develop a monitoring and evaluation system.

Steps to follow

- a)The activity leader should start by explaining the reason of the activity to the partners
- b)Use the list developed through the Hierarchy of Objectives activity.
- c)Draw a table with seven columns and as many rows as shall be needed.
- d)Label the columns

Objectives	Activity	Amount needed	Sources of funds	Success indicators	Person responsible	Timeline

- e)Fill in the table.
- f)The activity leader should ensure that all members get a copy of the plan.

NB instructions to develop indicators are in the next module.

Some “Dos”

- Moving slowly will enable the members to internalize the process and build commitment to it.
- Do remember to facilitate your members to plan for all the practical issues that you can think of (for example contracts to be made, trips to organise, meetings to hold, seasonal considerations, etc.) Make adjustments as you go along.
- Also remember that this is a good opportunity to promote women's participation and any other interest group at the decision-making level.
- Be willing to revise the plan if need be.

Some “Don'ts”

Do not hesitate to use other charts and information generated in the previous planning sessions with the partners including the alliance and coalition making, advocacy audiences, communication plans etc.

Do not forget that seeking technical advice from some skilled and specialized person in the community (e.g. mason, teacher, health or agriculture worker, etc.) during this exercise is often essential.

See appendix two on page 90 for an example of a full advocacy plan.



MODULE 10

Monitoring your Advocacy Plan



MODULE 10 - MONITORING YOUR ADVOCACY PLAN

9.0 Monitoring and Evaluation

9.1 Community Indicators

Indicators (or landmarks) are identified and used by the SHG to measure change. On every journey there are landmarks to help figure out where you are, how far you have travelled, and how far you still have to go. Landmarks are also necessary in advocacy work. You need to know how you have progressed. Where these indicators have been selected by the coalition, those with whom you work will be able to measure their own progress.

Advantages

1. Community indicators will help members review where they want to go and identify for themselves indicators they feel are useful to chart the way ahead.
2. Such indicators will help the members feel motivated by having a system that evaluates progress according to their own measurements.
3. Developing community indicators can reinforce the sense of ownership of the advocacy campaign.

Steps to follow

- a) The activity leader should start by reviewing the hierarchy of objectives with the members that corresponds to their intended advocacy campaign (see Hierarchy of objectives).
- b) The activity leader then introduces the exercise: to identify good landmarks or indicators that will help chart progress.
- c) Guide members to identify two or three good indicators or landmarks for each objective or activity.

Qualities of a good Indicator

It should be:

Easy to see or observe (e.g. school enrolment figures, rather than literacy levels amongst children, as a measure of progress in education)

Easy to understand (complicated, "scientific" indicators will get everyone confused!)

Relevant to what the SHG needs to monitor during the advocacy campaign (the number of bicycles in the community will be an indicator of well-being, provided people spend their additional cash on bicycles).

Easy to measure: using units that can be easily added or subtracted is generally preferable.

For example, if the advocacy campaign is intended to contribute to an increase in community mental health services in 6 Sub Counties by the year 2013. Good indicators of this could be:

- Number of health centres providing community mental health services in the 6 Sub Counties by the year 2013.



The number of people with mental disorders/epilepsy accessing community mental health services in the 6 Sub Counties by the year 2013.

This represents two types of indicators. Those that show the extent of progress being made towards the advocacy campaign (like number of health centres providing community mental health services) and those that show the extent the long term objectives are being achieved (like number of People with mental disorders accessing community mental health services by the end of 2013).

- a)The activity leader should ask members to identify local materials to represent each indicator. Each symbol can be placed alongside the hierarchy of objectives in its right position.
- b)The activity leader can discuss with members how information related to each indicator will be collected, how often, by whom, how it will be recorded, etc
- c)Careful notes should be taken, so that the various decisions are clearly recorded for use during monitoring and evaluation.

Some “Do's”

- Moving slowly will enable members internalize the process and build commitment towards the advocacy campaign.
- The activity leader should help members select indicators that will be useful in the long run, especially those where information will easily be collected.
- The members/coalition should have the discussion: “why do we need to monitor in the first place?” This will clarify to them why selecting and using indicators is useful.
- The activity leader should help members develop indicators as early as possible in the life of the advocacy campaign.
- Also remember that this is a good opportunity to promote participation of any other interest groups at the decision-making level such as the women, youth, persons with disabilities etc.

Some “Don'ts”....

The activity leader should discourage members from selecting too many indicators: this would make monitoring too time-consuming and hard to implement.
The group members should not hesitate to revise the hierarchy of objectives at this stage. This is preferable to making more difficult changes later on.
The activity leader should not hesitate to use other charts and information generated in previous planning sessions.

See indicators on the action plan in appendix page 90.

9.2 Monitoring: Feedback meetings

These are meeting to generate “feedback” of work undertaken by a smaller group. Much of the advocacy work undertaken may involve a small section of the membership; it is however important to keep all members informed.



Advantages

1. Feedback meetings are important to keep your members informed of local development initiatives.
2. For the smaller group working on the advocacy issue a feedback meeting can be used to share the results of a research effort, a planning process or to review progress on a local initiative it has been involved in.
3. Also, feedback meetings can be used to elicit comments on advocacy efforts.
4. Feedback meetings are also essential to enhance local ownership of initiatives that may not directly involve all members of a community. By involving many people, a community consensus can be built around difficult decisions and trust can be strengthened.

Steps to follow

- a) Members of SHGs and coalitions need to carefully prepare for feedback meetings. The process includes a review of the advocacy objective, who should attend the feedback meeting, duration of this meeting and who should make presentations to the group.
- b) As good practice the activity leader should introduce members of the feedback team and share the objectives of the meeting e.g., receiving feedback on the meeting to present the petition of the Local Council Five Chairperson.
- c) After the introductions, the results of the advocacy campaign should be discussed and the activity leader should present any comments made by members or the coalition.
- d) The activity leader should lead members in discussions to draw a way forward. It is important that members of the group / coalition reach a consensus.

Some “Do's”

- Use flipchart, newsprint or any other visual aids to make the feedback session as understandable as possible to those who have not directly participated in the advocacy campaign.
- Remind members about the purpose of the meeting at the beginning and occasionally thereafter.
- The smaller feedback team should solicit the mandate to engage in any additional advocacy campaigns from members or the coalition.
- Remember that the community and target audience may not be familiar with the topic being shared. SHG members should use simple explanations in order to gain trust and build consensus.



And some “Don'ts”

It is very important to prepare for feedback meetings. Do not attempt to have such a meeting without preparation.

Case study of a feedback meeting held by members of Kihungya and Pikwo Mental health and epilepsy groups

The purpose of the meeting was to give feedback to other members of the self help groups about the outcomes of the meeting held by representatives from the 2 groups (Kihungya and Pikwo) and members of the Technical Planning Committee of Buliisa district. The members providing feedback were; Pantaleo Mugura (Carer), Florence Nokwirach (user) and Jamada Musa (Carer).

“On 18th May 2010, we met the political leaders and members of the Technical Planning Committee of Buliisa district. We were joined by representatives of SHGs of people with mental disorders/epilepsy and carers from Dikir Ber in Avogera and Katweyambe in Kigwera. During the meeting, we thanked district leadership for recruiting 2 Psychiatric Nurses and requested the district:

To address the inconsistent supply of mental health medicines in public health centers, as you all know we haven't received any in the last 4 months.

To provide transport to the newly recruited Psychiatric Nurses so that they can extend services to other lower health units.

To include a representative of persons with mental disorders/epilepsy on the Health Centre Management Committee. This is important because we shall then be able to ensure that the Health Centre In-charges plan services for us.

This was the response from the District Health Officer:

The supply of medicines has also been poor for other medical conditions not just mental disorders and epilepsy. But his office had received a consignment of drugs from National Medical Stores from which our health centre would receive 4000gs of Carbamazepine, 5000gs of Haloperidol, 2500gs of Amitriptyline etc. However he asked us as users to also lobby at National level with the Ministry of Health to ensure that NMS delivers drugs on time.

He asked the Psychiatric Nurses to submit their budget for outreach services to the health department for consideration.

He promised to communicate to the Sub County Councils so that our group would be granted representation on the Health Centre Management Committee.”

After reporting, the members discussed the issues reported and made the following resolutions;

A letter should be written to the DHO highlighting the issues he had promised to address.

The group leaders will meet their area member of parliament and local council five chairperson to discuss the possibility of presenting the problem of inconsistent drug supply at Ministry level. In addition to this, the group leaders will write a formal letter to Ministry of Health and give a copy to their Member of Parliament, Resident District Commissioner and LC V chair person.



9.2 Evaluating your efforts

By evaluating your advocacy efforts you will have the opportunity to clearly see your progress, assess challenges, and improve your advocacy campaign overall impact.

9.3.1. Why Should You Evaluate Your Advocacy Work?

Through evaluation you will have the opportunity to judge your own effectiveness and learn from your successes and mistakes. Evaluating your advocacy efforts will allow you to provide effective information for funding reports and will provide effective data that can be used to support a search for funding. By evaluating every step of the way, you can modify your approach if you discover any problems.

You will also be able to track the impact of your message whether you've reached your intended audience and whether they have taken any action in response to your efforts. If you discover that your message lacks impact with its intended audience or does not reach them at all, you will know that you have to re-examine your message and method of delivery before you commit additional resources or replicate the project.

Evaluation also helps demonstrate to stakeholders that your advocacy work is cost-effective. If you are able to measure the impact of your message money saved or made through policy changes you can better justify the campaign's value. Sometimes charting this type of change on a large-scale presents a challenge. By focusing on the individuals or smaller groups positively impacted, stakeholders can still get a sense of the campaign's worth.

Finally, by comprehensively evaluating the entire system you are attempting to modify with your campaign, you can identify other influences beyond your control that may have inadvertently improved or diluted your advocacy impact.

1. Methods for Evaluation

The most basic and inexpensive evaluation method is a **process evaluation**. A process evaluation measures what is happening, to whom, how often, and for how much money. Qualitative data from a process evaluation can reveal the sentiment of a coalition or a legislator's attitude towards your cause. Quantitative data is simply how many people are showing up at meetings, how many meetings are held, and how many legislators or key stakeholders attend such meetings.

An outcome evaluation. Data gathered from an outcome evaluation will show whether the campaign is meeting stated intermediate goals. Findings of an outcome evaluation will address whether an organization's policies have changed through the influence of your advocacy work.

Lastly, an **impact evaluation** takes a look at the far reaching goals of an advocacy campaign. In an impact evaluation, the campaign's effect on broad determinants of health, policy, and programming goals are usually examined.



Due to the wide scope and reach of an impact evaluation, they tend to be the most costly evaluation method. Impact evaluations may occur during the advocacy campaign, at the conclusion of the campaign, or even years later.

9.3.2. Evaluating to Increase Advocacy Impact

The process of policy advocacy builds benefits at each step.

- Awareness of issue increased
- Public debate increased
- Opinions changed
- Policies changed
- Policy changes implemented
- Positive impact/change in people's lives

Here's a more detailed example. Ask yourself where in the chain you might meet challenges, and how you could evaluate your success in that area.

Finally, the members must define success for themselves. Whether you've selected a process evaluation, outcome evaluation or impact evaluation, benchmarks selected before you even begin will prove invaluable. Setting goals and achieving them or regrouping and pursuing them from another angle will benefit your advocacy cause and your SHG's or coalition's reputation and help to maintain positive morale within your organization.

9.2 Celebrating Successful Evaluation: Olympic Tool

This is a reflective tool to enable SHGs, coalitions and the target audiences examine the journey they have travelled and to count their victories along the way. The tool is based on the decathlon, one of the most grueling (but interesting) events at the Olympic Games. In the decathlon participants have to compete in 10 different sports, such as running, cycling, swimming, javelin throwing, etc... which is tough and requires great endurance and stamina.

Everyday life and development work are a little like the decathlon: with the Olympic tool, you can be encouraged to collectively reflect and examine your struggles and successes as part of an everyday competition.

Advantages

The Olympic tool can be used by both individuals and groups or communities during reflection events. It provides an opportunity to reflect on the various initiatives they have engaged in and examine those where they felt most energized and those where they did not. With such reflection, members can identify those moments of excellence that motivated them to strive even harder to get to where they are.





Figure 4 Group members from Biiso break into song and dance after receiving good news from the district

An appreciation of a journey as a victory should then give members new energy and self confidence to embark on another journey in the knowledge that they will yet again emerge victorious.

- The Olympic tool can help you recognize that partners consist of people who typically are involved in so many races and will be winners in some only.
- The Olympic tool helps you better understand where your partners are at their best and thus encourages us to feel success (even though you might not agree with the extent of any such success yourselves).
- Finally, you can use the tool to help partners feel energized and avoid a defeatist attitude in the face of difficult challenges: there will be another race for local partners, even when you are gone, and challenging experiences are not the end of life.

Steps to Follow

- a.The activity leader should use this tool at a meeting purposely arranged to identify group and individual strengths. It enables members to reflect on the group's successes and failures. For greater value, the meeting could coincide with other group events.
- b.Members should agree on the period for reflection, ideally between six months and one year.
- c.The activity leader should then ask each member to narrate their experiences up to the present day.
- d.Members should be encouraged to have fun as part of this exercise: this can be done through presentations and games e.g. cross country races, uphill rides or swimming through stormy waters. Different games should represent different organizational experiences.



a. The activity leader should list all the cases when the member felt most energized to continue racing and lead members in a discussion on lessons learnt and the implications of this for the group.

b. Group members then identify situations in the future when the energized experiences could be used again. This can be done by reviewing the intended plans of the group.

c. Members then propose action points to deal with those potential situations.

Some 'Dos' ...

- Do encourage individual experience sharing as much as possible as it is the experience of the individuals that make up the total experience of the group.

- Do encourage the participants to draw lessons from the past that are relevant to the future they aspire for. Make reference to plans and future activities of the group or individual.

Some Don'ts...

Don't force people to focus on only one thing. Allow free experience sharing irrespective of whether it is good or bad.

Don't allow only a few dominant individuals to share their experience. The group reflection will only be valid if all share their views and experiences.

Do not forget to apply the lessons to the group's future plans if these are not yet in place. This is a good opportunity for the group to map a way forward. A few action points would be a good starting point, as can overall reflection on the strength of the group.

9.2 Success story

The members of Kihungya and Pikwo Self Help Groups in Buliisa district had their advocacy efforts unexpectedly rewarded during an advocacy training session. While delivering the closing speech, the District Health Officer announced that as a result of the groups' tireless efforts, not one but two psychiatric nurses had been recruited.

'We have received all your letters requesting for the recruitment of a psychiatric nurse and acknowledged the same requests during various meetings like the service review meeting and the progress meeting. After serious discussions with the Chief Administration Officer, and approval by the district health service commission and of course council, two psychiatric nurses have been recruited to improve quality of mental health care provided by the health centers in Buliisa District'.

Unable to believe this stroke of good luck, the group members broke out into song and danced with sounds of jubilation.



Appendix one

Composition of Local Governments

Local Governments consist of the District Council, Administrative Council, an Executive Committee and Standing Committee. These are explained below:

The District Council

The Council is the highest political authority within its area of jurisdiction and has legislative and executive powers (Section 9) and Councils are required to protect the Constitution and other laws of Uganda (Section 30 (7)). Councils consist of:

The District Chairperson, elected under Part X of the LGA.

One Councilor directly elected to represent an electoral area of a district.

Two Councilors, one of whom shall be female, representing the youth in the district

Two Councilors with disabilities, one of whom shall be female, representing persons with disabilities

Women Councilors forming one third of the Council such that the Councilors elected under ii, iii and iv shall form two thirds of the Council; and

Two elderly persons, a male and a female above the age of sixty years elected by the executive committees of the respective associations of the elderly.

A member of parliament may attend meetings of the local council in his or her constituency.

Its functions include:

i. The District Council is the planning authority of the district (Section 35 of the Local Government Act). The Technical Planning Committee supports the council by coordination and integrating the sectoral plans of the lower local governments for presentation to the district council (Section 36 (2)). The District Council prepares a comprehensive and integrated development plan incorporating plans of lower Local Governments. District plans form the basis of a national plan.

Technical Planning Committee (Section 37 of the Local Government Act)

It is chaired by the Chief Administrative Officer and is comprised of

Heads of Department of the district

Ant technical person co opted by the Chief Administrative Officer

ii. District Councils have legislative powers and so can pass ordinances. Bills for ordinances are forwarded to the Minister responsible for Local Governments and Attorney General for scrutiny and certification before implementation (Section 35-44 and Schedule 3 of the Local Governments Act).

iii. District or Urban Councils have a personnel function and can create or abolish offices in their public service. They may do this through District Service Commissions which are independent bodies of Local Councils empowered to handle all matters related to appointments, confirmation and discipline of all staffing the employment of the councils (Section 58 (1) and 55).



District Service Commission (Section 55 of the Local Government Act)

Consists of a Chairperson and other such members as a District Council shall determine, at least one of whom shall represent urban authorities and all of whom shall be appointed by the District Council on recommendation of the District Executive Committee with the approval of the Public Service Commission. Members hold office for four years and are eligible for re-appointment for one further term. Members should be of high moral character and proven integrity, should have working experience of not less than ten years in a responsible position and must ordinarily be resident in the district.

Members may be removed only for inability to perform the functions of that office arising from physical or mental incapacity, misbehavior or misconduct and incompetence.

Administrative Councils

Administrative units in the rural areas are a County, Parish and the Village and a Parish or Ward, the Town Board and the Village in urban areas. Administrative units largely have administrative roles, as provided in Section 48 of the Local Government Act. They are composed of the following:

1. All the members of the sub county executive committees at County level.
2. All the members of the Village Executive Committees at Parish level.
3. All persons of eighteen years of age and above residing in a village.

They are also comprised of ex officio members who are:

1. All District Councillors at County level
2. All sub county Councillors at Sub county level

Their functions include:

1. Administrative units draw attention to the higher authorities on any matters of their interest.
2. Resolving problems or disputes at that level
3. Monitoring delivery of services
4. Assisting in the maintenance of law, order and security
5. County Administrative units may advise Members of Parliament on all issues pertaining to the County.

Executive Committee

Each Local Government has an Executive Committee to perform executive functions of the Council. It comprises of:

1. The Chairperson
2. The Vice Chairperson

Such number of secretaries, not exceeding three as the Council may determine

Its roles are:

1. Initiate and formulate policy for approval of Council
2. Oversee the implementation of Council programmes
3. At district level recommend to Council persons to be appointed to the District Service Commission, District Public Accounts Committee
4. District Land Board or any other Boards, Committees or Commissions that may be created
5. Receive and solve problems or disputes forwarded to it from lower Local Government Councils
6. Evaluate the performance of the Council for every financial year



Standing Committees

Councils conduct business through Standing Committees. The District Council appoints Standing Committees not exceeding the number of secretaries for the efficient performance of its functions, which are:

Monitoring and evaluating performance of sectors under their functional responsibility
Receiving budgets of departments under their responsibility and recommending their integration into Council budgets
Scrutinizing monthly expenditure returns, Contracts committee reports and quarterly reports so as to recommend appropriate action by Council

General functions of Local Governments

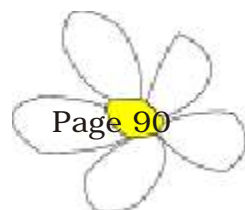
- 1.To develop plans for the district through Technical Planning Committees
- 2.Lower Local Governments and Villages pass by-laws (Section 39 of the Local Government Act).
- 3.Local governments provide revenue and spend it in accordance with the laid down procedures. Section 79 of the Local Government Act provides Urban Local Governments with autonomy over their financial and planning matters in relation to the District Council in which they are located.
- 4.The transparency function of local governments is facilitated by their Contract Committees which are established by Section 91 of the Local Government Act and fulfill specifications of Sections 27 and 28 of the Public Procurement and Disposal of Public Assets Act. District Service Commissions established by Section 54 (1) submit performance reports to the District Council while the Public, Education or Health Service Commissions submit every four months. Reports by the Local Government Public Accounts Committee are presented to Parliament by the Minister of Local Government.
- 5.The Ministry of Local Government is responsible for inspection, monitoring, coordination and advocacy for local governments (Section 95 of the Local Government Act). Technical advice is provided by line ministries (Section 96 of the Local Government Act)
- 6.Section 90 of the Local Government Act provides for the responsibility of accountability by any person holding public office at all local government levels.

It is important to note the following:

- Membership to all Local Government Councils is by direct elections apart from the special interest groups (Sections 116,118 of the Local Government Act).
- The Chairpersons are mandated to abide, uphold and safeguard the Constitution and all laws of Uganda (Section 13 (2) and Section 24 (2) of the Local Government Act).
- All Local Governments must have a Speaker and Deputy Speaker (Section 11 of the Local Government Act).
- District Council members of the Executive Committee are full time members (Section 19 (1) of the Local Government Act).
- Members of the Executive Committee are not eligible for membership to Standing Committees (Section 22 of the Local Government Act).
- Removal of Chairpersons, members of the local government statutory bodies are subject to a semi judicial process that involves a tribunal (Section 14 of the Local Government Act)

The functions of Local Government Council which cannot be delegated are:

1. Approval of annual budgets and estimates
2. Approval of supplementary estimates



3. Approval of annual plans
4. Making ordinances and byelaws
5. Raising of loans and mortgaging Council property

The process for local councils to receive petitions from the general public

District councils give audience to a variety of community concerns through various processes that include:

1. Informally during interaction of community members with their leaders
2. Use of suggestion boxes and complaints boxes at council offices.
3. Community members write formal letters and deliver them at council offices.

On the other hand a formal process exists for Local Councils and this is detailed below:

1. The petition is presented to the community member's nearest point of administrative access, for example the Chairperson. It is advisable that the issue is presented to the Clerk to Council. Issues may also be addressed to the Town Clerk.
2. The Clerk to Council schedules meetings with the Speaker about the issues, the Speaker makes comments and then directs the Clerk to Council to make the issue an agenda item at a council meeting or to refer the issue to the appropriate person or structure responsible as appropriate.

The Clerk to Council is very important in this process because he reviews all the business to be tabled at the Council, keeps records of proceedings and makes routine reports on activities. Other persons crucial for this process are the heads of departments because they provide the technical knowledge required for decision making for example, the District Education Officer handles matters concerning education and the Town Clerk. Departments involved include Councils, Divisions and Local Councils I and II.

Study respondents did not think these processes are effective because not all community members are aware of these communication processes or are able to use them, for example some may be illiterate. In other cases, community members lack the empowerment to raise their concerns, or even find the formal process hassling.

The process for local councils to debate these petitions

Mandatory sittings for Councils are once every two months but this varies according to the nature of pending business and availability of facilitation for the meetings, like money for members' allowances.

Other key people in the community like Members of Parliament can sit in at these meetings but have no powers to vote.

Decisions from Council meetings are called Resolutions of Council and these are communicated to the community via appropriate technical structures. They are also conveyed at social gathering, depending on their level of severity or importance, and also during routine mobilizations by District Chairpersons or Local Councils.

Emergencies are settled immediately by the council.

However it should be noted that some petitions do not fall into the Council's mandate and are referred to relevant authorities that may include the police or utility companies like UMEME. This may lead to feedback delays. In this case guidelines should be issued to streamline the process of receiving and resolving petitions from the community, and massive sensitization done. Another challenge is that some Councilors do not consult with their communities before meetings and this may lead to misdirected



planning. Stringent measures should be put in place to ensure that leaders are accountable to their communities.



Appendix Two Advocacy Community Action Plan

OBJECTIVE	ACTIVITIES	AMOUNT	SOURCE	INDICATORS	PERSON RESPONSIBLE	TIMELINE
Train health workers in community mental health	Hire trainers	6,000,000	Ministry of Health	No of health workers who report that they can provide community mental health services	Principle Medical Officer MOH	6 months
	Invite trainees for training	150,000	Donor funds		District Health Officer	
	Photocopy handouts	995,000	Donor funds			
	Book training venue	1,500,000	District health budget			
	Write and produce training report	2,500,000	Donor funds			
Create awareness on mental health in the community	Public dialogues	4,800,000	Donor funds	No of community members who know more about mental health. Increased number of PWMD/E attending the clinic Reduced stigma	SHG advocacy committee	Activities held every two months for the next three years.
	Drama shows	500,000	Membership fees		Leader of SHG drama group	
	Radio talk shows	5,000,000	Donated by radio station		SHG advocacy committee	
	Produce fact sheets on mental health	125,000	Profits from Group IGA Half from			
	Print T shirts on mental health	2,124,000	Profits from Group IGA and the rest for a local business man			



Increase in quantity of mental health medicines And Recruitment of psychiatric nurse.	Lobby meetings	250,000	From SHG IGA projects Donated by 6 SHG members	Increased number and types of mental health medicines	SHG advocacy committee	In first 8 months of the campaign.
	Collect life stories	550,000				
	Review data at the clinic	30,000				
A unified voice of 12 CBOs advocating for increased access to community mental health services	Stakeholder analysis	400,000	Donated by BasicNeeds	A strong advocacy coalition for mental health	SHG advocacy committee	With first 3 months of the advocacy campaign
	Allies and opponents matrix	50,000	SHG IGA project Donated by local business man			
	Send out invitation Develop brochure for the SHG	850,000				
To identify advocacy audiences and develop messages for them.	Duty bearer analysis	50,000	Donated by 4 carers	No of primary and secondary audiences identified No of advocacy messages developed	SHG executive committee	
	Meeting to develop advocacy messages	540,000	Donated by BasicNeeds		SHG chairperson	

Write petitions to the key primary audience for training of health workers	Set up petition committee	0		Petition for primary audiences.	SHG chairperson Petition committee	In the 12 th month of the advocacy campaign
	Petition committee develop and share draft to members	0				
	Members critique draft and draft is improved	50,000	Membership fees			
	Letter delivered to primary audience	3000	Membership fees			
Hold regular monitoring meetings	Feedback meetings	50,000	Membership fees	The advocacy campaign is monitored regularly	Monitoring committee	Routine.
	Set up monitoring committee	0				
	Monitoring committee writes monitoring report	5000	Donated by monitoring committee chair			
Evaluate the advocacy campaign	Use Olympic tool	50,000	Membership fees	Lessons learnt documented and disseminated	SHG Vice chairperson	At the end of the advocacy campaign period.
	Conduct outcome evaluation	6,000,000	Donated by district NGO forum			



Appendix Four: Acronyms and Abbreviations

AP - Action plan.
BNUU -BasicNeeds U.K. in Uganda.
BUKA Bulamu Kujjanjaba group.
CAO Chief Administrative Officer.
CBM Christian Blind Mission.
CEDAW - Convention for the elimination of all forms of discrimination against women.
CMH Community mental health.
CRC - Convention on the Rights of a Child.
CRPD Convention on the Rights of Persons with Disabilities.
DHO District Health Officer.
HMIS Health Management Information System.
IGA - Income Generating Activity.
M & E - Monitoring and Evaluation.
MoH - Ministry of Health.
NGO - Non Governmental Organisation
PWDs People with Disabilities.
PWD/Es People mental disorders and or epilepsy.
PWMNDs People with Mental, Neurological and other disorders.
SHGs - Self help groups.
UNDR - Universal Declaration of Human Rights.



Appendix five : GLOSSARY

Action Plan mapping out how an agreed goal will be reached (resources needed, time-frame, individual responsibilities, costs,

Advocacy - an ongoing process, applied in order to change, modify, implement, or reinforce attitudes, practices, policies, laws, programs, services, social norms and values by influencing or pressuring people with power, systems, the structure and the community at different levels

Advocacy agenda are a set of calculated moves to guide a certain group of people to behave in a particular way.

Advocacy audience during the advocacy process those targeted persons.

Advocacy message - a concise and persuasive statement about the advocacy goals showing what is to be achieved why and how.

Alliance groups working sharing common goals to secure common interests.

Allies and Opponents matrix this tool looks at who or what can help bring about change allies / supporters. There are those who may prevent change opponents.

Brainstorming - A process of quickly generating many ideas, thoughts or facts connected to a particular topic.

Carer - unpaid friends or relatives who look after and support people with mental disorders.

Case Study a description of a real life event that generates discussion from the information and results shown.

Causes and Effects tree - explores in a participatory manner, both the causes and effects of a particular problem or situation, digging at the 'roots' and exploring the 'branches'

Coalition is a group of groups / organisations working together in a co-ordinated fashion towards a common goal.

Evaluation is making judgment about quality and impact why some activities went well and others did not.

Feedback meeting is held by group members of self help group to feedback results of work carried out by smaller group.

Gap analysis - is a tool used to identify what needs to be done to move from a 'now' situation to a 'desired future' situation.

Hierarchy of objectives a planning tool to help identify immediate actions and more long term objectives in their logical sequence.

Impact evaluation - assesses the impact of your advocacy campaign.

Kihungya - one of the self help groups in Buliisa District, Bunyoro

Monitoring measurement of progress towards the achievement of objectives.

Outcome evaluation - focuses at the far reaching goals of an advocacy campaign.

Olympic tool - helps us better understand where your partners are at their best

Pair-wise ranking this tool uses a matrix to compare and prioritise different options.

Partners - members of like minded organisations

Participatory methods - full participation by group members in the learning process to attain joint action required to address the identified needs.

Petition - A formal written document requesting a right or benefit from a person or group in authority.

Policy maker those people in the community who are decision makers

Pikwo a self help group situated in Biiso sub county Buliisa District.

Preference ranking - allows consumers to easily prioritise among a wide variety of options, opportunities or problems faced by their community or a particular group.

Primary audiences those people in the community who influence to change or reverse an advocacy issue.

Process evaluation - measures what is happening, to whom, how often, and for how much money.

Public policy - the basic policy or set of policies forming the foundation of public laws, especially such policy not yet formally pronounced.

Role play - is a technique that can be used to depict real life or imaginary situations to enhance learning and reflection

Self advocate - refers support person/ s who are advisor, facilitator and friend and have a mutual relationship with the vulnerable group s/he represents.

Stakeholder - these are persons who are not members of the self help group e.g health workers, community workers, local government staff, politicians etc. who have an interest in the advocacy campaign either positively or negatively.

State - the government machinery.



Secondary audience those people who exert pressure to primary audiences to make a decision.
Semi structured interview - an interviewing technique that allows for more participation and flexibility than traditional questionnaires.



Appendix six: List of References and other reading material.

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