AIDSCAP

Policy and Advocacy in HIV/AIDS Prevention

Strategies for Enhancing Prevention Interventions

TABLE OF CONTENTS

Glossary

AIDS   Acquired Immune Deficiency Syndrome
BCC   Behavior Change Communication
HIV   Human Immunodeficiency Virus
IEC   Information, Education, and Communication
STD   Sexually Transmitted Disease
STI   Sexually Transmitted Infection

Introduction

Whenever HIV/AIDS program managers and staff discuss some of the problems they face, someone is likely to say:

"Well, that's a policy problem!"

Another person is likely to add:

"If only policy makers would do something, the problem will be solved."

People who make these statements may not understand that <u>they</u> themselves can inform and influence policy. This handbook provides suggestions for getting involved in policy development. It is written for program managers and policy advocates and others who are interested in advocacy work and in the policy aspects of HIV/AIDS prevention.

The handbook provides an overview of how to contribute to making policy an effective component of HIV/AIDS prevention.

As with any guide, the words on paper here must be adapted to real life and local situations. The following points may help make the transition:

> 1) The handbook illustrates the process of policy development. Readers must adapt the guidelines to their own experiences and the political dynamics of their country and organization.
>
> 2) The handbook is written from the perspective of someone like a program manager--that is, someone outside of the normal policy making structure, but whose work is regularly influenced by the presence or absence of policy.
>
> 3) The amount of work required in overall policy development is extensive and often intense. No one person or organization can do everything connected with policy development. Find and work with collaborators. Some will be more skilled at data analysis, others will have experience in preparing recommendations or legal language, and still others will be comfortable interacting with policy makers.

In addition to this handbook, other AIDSCAP BCC handbooks that may be of interest to the reader are:

- How to Create an Effective Communication Project
- Behavior Change Through Mass Communication
- How to Conduct Effective Pretests
- Assessment and Monitoring of BCC Interventions

- How to Create an Effective Peer Education Project
- HIV/AIDS Care and Support Projects
- Partnership with the Media
- BCC for STD Prevention

Section 1: Policy and Advocacy

This section defines and gives some examples of policy and advocacy. In fact, both terms are often used in various ways, depending upon local experiences. Organizations that develop policies for their internal use or that seek to influence policy development outside of their organization will want to have a common understanding of the terms.

A. What is a policy?

A policy is a framework which guides decision making in an organization or government. It is a statement of intended action. For example:

- a business may have a policy of non-discrimination for hiring and employing people who are HIV-positive.
- a NGO may have a policy that directs its choice of target groups.
- the government is likely to have a policy that outlines the qualifications of teachers.

Policies deal with matters of daily life (e.g., the time employees are expected to report for work) and also major issues for society as a whole (e.g., inclusion of HIV/AIDS education in school curricula).

The HIV/AIDS epidemic has created the need to think and act in new ways which may require new policies to deal with the new situations. For example, policies may be needed to deal with issues such as:

- condom availability for all sexually active people
- confidentiality in HIV testing
- reducing school fees for orphans
- hiring HIV positive employees.

Governments, businesses and religious organizations all have policies. Even a small NGO may have policies.

Policies can take various forms:

- they may be general statements about national or organizational priorities.
- they may be written regulations.
- they may be guidelines, procedures and/or standards to be achieved.
- they may be informal (or unwritten), but widely recognized practices.

B. What is advocacy?

Advocacy is an organized effort to influence decision making. People who attempt to inform decision makers and to influence their decisions are called advocates. Advocacy is also called lobbying or campaigning. Whatever its name, it means that people are making planned efforts to influence a decision.

For example, many NGOs are anxious that their governments adopt policies to teach some form of sex education in schools. As a part of their advocacy efforts, several NGO coalitions have publicized the results of surveys that show high levels of youth sexual activity. As a part of their advocacy strategies, the coalitions expected the data to sensitize government and religious policy makers and parents' groups to a critical situation. The coalitions accompanied presentation of the survey results with specific recommendations for introducing sex education into school curricula.

The goal of an advocacy campaign is to convince decision makers to act in favor of your issue or cause. The advocacy message is a brief, clear statement of the problem and a recommendation for its solution. It can be delivered personally in meetings with decision makers, or in the form of posters, banners, fact sheets, newspaper columns, newsletters, or radio and television announcements, etc.

Advocacy groups have at least three useful roles in the policy making process:

- They alert policy makers to problems and concerns of the people they represent.
- They provide potential solutions (or options) to those problems.
- They can support policy makers on issues of mutual concern.

Examples of groups which might do advocacy work are:

- an employers' federation
- academics
- a union representing workers
- a NGO coalition
- a public health association

C. What are coalitions and constituents?

Coalitions

Formal coalitions are groups of organizations which share a common goal and demonstrate support for (or against) a proposed policy. The larger the coalition, the greater its ability to bring issues to policy makers. Some coalitions (such as a national trade union federation) may represent thousands of members.

Informal coalitions arise from personal contacts and shared interests and felt needs. For example, when one African country worked to develop a national HIV/AIDS policy, an informal alliance of a few lawyers, key civil servants, major NGO staff, select academics, and some international donors occasionally worked together to move the process along more quickly.

Coalitions may form specifically to express common support for an issue. When the issue has been resolved, the coalition generally disbands or is reformed as new issues come forward.

Constituents

Policy development is often guided by a core group of activists who speak for and represent a much larger group of concerned people. That large group is the constituency of the activists. They are constituents. For example, a coalition formed to work on HIV/AIDS issues might count among its constituents, people who are vulnerable to HIV infection, people living with AIDS, health and development workers and others who are in some way concerned about this particular issue.

Both the core group that guides the policy development process and the wider constituency play important roles in policy development and advocacy.

Section 2: Bringing Policy Development Forward

A. Roles in advocacy and policy development

Policies are not made just by members of parliament or church councils--people who are policy makers. They often result from the efforts of many groups and their constituents who encourage, persuade and put pressure on the policy makers. We refer to these people as policy influencers-- they provide the technical expertise, field experience, and advocacy efforts which inform and persuade policy makers to act.

If your organization wants to work for policy development, you should plan on working with many of the people or groups listed below:

1. program managers and staff
2. technical specialists, analysts, planners, advisors
3. coalitions (alliances)
4. media
5. communities, including people infected and affected by HIV/AIDS
6. policy makers.

1. What can program managers and staff do?

Program managers and program staff have important roles in the development of HIV/AIDS prevention policies.

- First, because they are close to communities, they can identify HIV/AIDS/STI issues and assist in documenting the prevalence of particular problems and thus provide an information base for developing or revising policies.

- Second, they can bring issues that affect their target audiences to the attention of policy makers. Using behavior change communication (BCC) principles and tools, they identify the crucial influencers and decision makers, select appropriate channels to reach those individuals and plan creative and powerful approaches to get their messages to them.

- Third, they can join or build coalitions which can demonstrate collective concern about an issue.

- Fourth, as policies are being created, they can publicly show their support for their adoption.

- Fifth, field staff and program managers may eventually implement activities in the context of adopted policies. So, they can help shape how policies are applied and offer feed-back for policy makers.

2. What can technical specialists, analysts, planners and advisors do?

As policy influencers, specialists and analysts can use their skills to collect and present data about the issues or use their expertise to suggest options for addressing the issues. Technical experts include the statistician who compiles for the district medical officer data to show monthly trends in STD cases and the medical doctor who has just returned from an international conference.

Advisors to policy makers are important policy influencers. Often, they have direct access to policy makers, or provide them with critical information, and may even recommend actions for the policy makers to take. Advisors to policy makers can include the president of a large women's organization, or a university professor who is known for his interest and expertise on this issue, or the editor of a daily newspaper.

3. What can coalitions do?

Coalitions are groups of people or organizations that share a common concern and agree to work together to achieve a common goal. Coalitions may be temporary alliances formed to influence a specific decision. Or, they may be long-term, designed to exist for years. They are necessary for creating and sustaining political will and commitment for a new policy because they can:

- mobilize large groups of people
- represent the interests of many groups
- increase the power and influence of advocacy efforts.

4. What can the media do?

The mass media can create public awareness about the need for a policy or the existence of a bad policy. It can also target decision-makers and interest groups with information about the policy issue.

- **Print media:** As literacy levels increase, the print media gain greater importance in informing people. Articles written by authorities, letters to the editor and editorials can influence many readers, including decision makers.

- **Broadcast media:** Radio and television have a large outreach and can play a direct role in advocacy with the general public. For example, televising the involvement of the head of state or other dignitaries in an HIV/AIDS prevention event can emphasize the national importance of HIV prevention.

5. What can communities do?

Community leaders and members are often the key to successful advocacy work and policy development. Their involvement is crucial because they can:

- arouse public interest and awareness of HIV/AIDS issues in the community
- build interest and support at grass roots level
- make a call for action
- apply pressure to gain support from politicians.

6. What do the policy makers do?

Policy makers sometimes make policies themselves, but often they are not aware of particular problems or gaps in existing policy. Therefore, the policies they adopt are often based on the ideas and concerns of the groups and individuals discussed above. Also, policy makers may:

- be leaders in shaping public opinion
- act when they recognize a problem
- build support for implementation of policies.

B. BCC principles and tools for advocacy and policy development

Behavior Change Communication's (BCC) role in HIV/STI programs is to help change, or reinforce, decisions and behavior related to prevention and care. The principles and tools of IEC/BCC are useful to advocacy and policy development in a number of ways. For example, BCC approaches are useful:

- to heighten awareness of HIV/STIs as a national issue among policy makers and the public.
- to contribute to a favorable political and social climate for HIV/STI prevention and care.
- to mobilize the community and relevant social organizations for prevention and care.
- to popularize technical information about prevention and care.
- to deal with specific community problems through appropriate messages and media directed at identified target audiences.

The same principles that you use to encourage and support behavior change in your target group can be used in effective campaigns aimed at policy makers. For example, if you intend to do advocacy for policy development you will:

- carefully define the audience(s) who need to hear your messages.
- conduct research to learn about the issue/problem .
- conduct formative research to help you understand policy makers' current positions.
- craft messages which appeal to the concerns and beliefs of the targeted policy makers.
- use interpersonal, print and broadcast media to reach them.

You will also use some policy tools which will be discussed in Section 3-C.

C. Is policy development work appropriate for your organization?

Involvement in policy development around certain issues is not appropriate for all organizations. Think carefully to decide whether policy development work is the best use of your organization's time and resources. Answers to the following questions may help you decide.

The Issue
- Is there a barrier that is preventing your organization from reaching it's goals?
- Who or what has created the barrier?
- Is this a problem only in your organization? Or is it in the wider community? Is it a national problem?
- Can the problem/issue be resolved without developing and implementing a policy?
- Would a new policy be useful? How?

A Coalition
- Is there an existing network or coalition established to deal with problems of this kind? If not, are there other people or groups who are concerned with this issue?
- Have they had a meeting to discuss their concern? Are they doing anything to overcome it? Can you join them?
- Do you believe that a strong coalition can be established? Who will get it going? Who will keep it going?

Your Organization
- Is this issue really relevant to your goal and to your program's target audience(s)?
- Are you aware that policy development may take one year or more?
- Do you have staff members who have the time and interest to contribute to policy work?
- Do members of your staff have BCC skills? Outreach skills? Organizing skills?
- Can you allow these people to contribute some of their time and skills to the coalition?
- Do you have resources to contribute for this policy intervention--for example, money, material, special skills, contacts in the media, the academic world, the technical world or with decision and policy makers themselves?

If you have (1) identified an issue that requires a new or better policy and you are (2) prepared to put the time and resources into advocacy work for the development of that policy, you will still want to consider the table below before committing your organization to policy development work.

Spending time, money and effort to influence policy development is not always practical or appropriate. The table below indicates occasions when you should consider working to develop a policy and when you should not.

DEVELOP A POLICY WHEN:	DO NOT DEVELOP A POLICY WHEN:
• an issue effects an entire country or organization or a large segment of the population	• a policy already exists e.g., some public health policies sufficiently cover HIV/AIDS issues
• there is a clear need for organizational guidance on acceptable behavior	• a problem can be resolved through existing administrative or management channels.
• there is no consistent way of dealing with an issue; it is dealt with differently every time it occurs	• the time and resources required to develop a policy far exceed the capacity of your organization or coalition
• resources are not distributed to benefit everyone	• circumstances are so unfavorable that there is a serious risk of a negative response
• a new situation arises which requires special consideration	• regularly followed procedures already fit most people's needs.
• greater attention to this issue will bring real benefits	

REMEMBER: Not all problems have a policy solution. For example, some problems can be overcome through training or by better management. Even if developing a policy is the best solution, the policy won't solve the problem if it is just a "paper policy".

For example, a country may, as a matter of policy, set up a National AIDS Control Program (NACP) to monitor the epidemic and coordinate prevention and patient care programs. But if the NACP is understaffed, has vague guidelines, or lacks an adequate budget, the national policy will not be useful to managers and staff involved in prevention and care activities.

REMEMBER: You may have to make extra efforts--such as adding to the workload of some staff, finding new money to support the effort, building relationships with new organizations--to do advocacy and policy development work.

Section 3: Steps in policy development

The steps outlined below are parts of the process for effective policy development. As parts of a process, the various steps tend to blend together in real life. Some parts will require more time and effort than others. Within a coalition, some organizations or individuals will be better prepared to handle some parts of the process than others.

The following diagram indicates the links between the steps outlined here.

Implementation → Identifying Problems

Policy Adoption

Issues and Solutions

Policy Language

Gathering and Analyzing Data

Advocacy ← Policy Recommendations
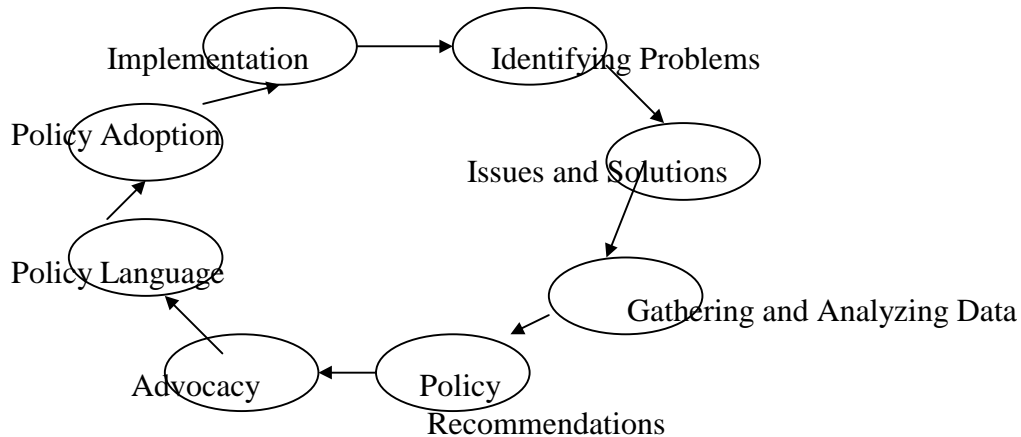
A. Identifying problems

If you believe that a new policy is required, you must also believe that there is a problem that can be solved by the policy. Policy development begins with a problem.

Collecting Problems

Identifying problems for implementation of HIV/AIDS/STI prevention and care programs is easy if you work with an HIV/AIDS/STI agency. For example,

- You may know that many young people have no understanding of their bodies and reproductive matters.
- You might understand that commercial sex workers are afraid to go to public clinics for STD treatment because they might be turned over to the police.
- You might be concerned that condoms are only available in pharmacists/chemists shops.
- You might disagree with an existing policy that deals with care of orphans.

You, your staff, and others you work with in the HIV/AIDS/STI field will recognize many problems. Some may have policy solutions.

Collect problems from a variety of people and interest groups to get a variety of perspectives.

Keep a list of identified problems and note how frequently they are mentioned. A simple list of the problems and how often they are mentioned is an easy way to get a sense how critical problems are.

Below is a sample table illustrating the HIV/AIDS prevention and care problems that one program manager recorded.

Sample:

Problem	Number of People Mentioning	A Problem for which Groups
1. HIV test kits are out-dated and not accurate	1	medical staff, clients
2. Many people seem indifferent to prevention messages	5	health educators, program managers
3. Men don't like to use condoms	2	general
4. There are not enough resources to care for everyone with AIDS	7	AIDS patients, medical staff
5. There is lack of leadership by policy makers	4	program managers, MOH staff
6. Some businesses informally require HIV testing of employees	3	workers, lawyers
7. Cultural practices, such as male promiscuity, spread HIV	5	women's groups, religious leader
8. Women lack power to protect themselves	10	general
9. Drugs are not available to treat STIs and many illnesses related to HIV/AIDS	8	medical staff, clients
10. Home care training is inadequate	2	medical staff
11. Religious opposition to sex education for youth	7	program managers, MOH and MOE officials
12. Projects are too scattered and uncoordinated	2	NACP

Sorting Problems

Sorting is necessary if the list of problems is long. Choose the ones that your group (and others who will join you) are best equipped to handle. Also consider:

- the number of times the problem was mentioned by the people you talked to.

- the method of resolving problems (e.g., through management improvements, through logistics changes, through policy development).
- how the problems compare with national or organizational priorities.

Prioritizing Problems

You may need to reduce the list of problems to a workable number. Some organizations work on one major problem for months or years while also working on two or three minor problems for shorter periods of time.

There is no one correct way to prioritize. Among the questions to ask when preparing a list of priority problems are:

- Do we have the experience and background to learn more about the problem?
- Do we have the interest and the resources to keep working on this issue until a policy has been developed?
- Will the creation of a policy make a difference in resolving the problem(s)?
- Does there seem to be interest about the problem among policy makers, constituents and other groups?

As you make formal and informal contacts with coalition partners, other policy influencers, managers, and perhaps some policy makers, the answers to the questions will become clear.

EXAMPLE: Prioritizing Problems

Fifteen (15) problems were identified during interviews and meetings in the community and with service providers. The first sorting reduced the number to ten (10) and a second sorting left 4 problems.

Each of the 4 problems were considered important; however, the coalition does not have the staff or other resources to work on all 4 problems at once. Despite strong support for each of the problems, the coalition decided to devote its major effort to just one problem.

The problem selected was: "Women lack power to protect themselves."

The coalition decided on this this problem for several reasons:
- It was most often mentioned during the problem gathering survey.
- Women's, development and legal reform groups were working on similar issues and might be willing to add their support for policy change.
- There was extensive experience among coalition partners in working with local women's groups.

B. Issues and solutions

Turning Problems into Policy Issues

When you have selected one or two priority problems, you want to express them as an issue. Forming an issue statement helps you to focus on reasons for the problem and therefore helps you think of possible solutions.

- A **problem** is a statement of an **unsatisfactory situation**.
- An **issue** is also a statement, but it focuses on the **causes of the problem** and suggests the direction to look for a solution.

For example:

1. **Problem statement:** Orphans in this community are not going to school.

   Issue statement: Because of poverty and stigma, orphans often are excluded from school.

2. **Problem statement:** Young adults don't understand the risks of unprotected sex.

   Issue statement: Many youth are sexually active but do not have the information that is needed to practice safer sex.

3. **Problem statement:** Some pregnant women are refusing to attend antenatal clinics because they are afraid that their blood will be tested for HIV without their knowledge.

   Issue statement: Ante-natal care is hindered because many pregnant women have misinformation about the reasons for HIV tests and because test results have not always been kept confidential.

   REMEMBER: There may be several solutions to any one problem/issue. Some problems can be solved by changes in program content or operations. For example, number two above might be solved by developing, producing and disseminating risk assessment messages to young adults. However, if teachers and religious leaders do not allow young people to have access to such information, a policy solution might also be required.

EXAMPLE : Turning Problems into Issues

We selected the problem that was mentioned most often in the table in Section 3-A: **women lack the power to protect themselves from HIV infection.**

During our discussions with staff, community members and other NGOs, we find that there are many reasons why women lack power and are vulnerable to HIV infection. Many possible solutions are offered. We prepare an issue statement which both expresses the problem and suggests a policy-based solution. The issue statement reads:

Women are vulnerable to HIV infection because they lack the skills and the power to engage in dialogue about sexual matters with their partners.

Selecting a Solution

After a problem is expressed as an issue statement, work with your coalition partners to decide on a workable solution.

!   **REMEMBER:** Not all problems have a policy solution. Since you believe that this is a serious problem and you sincerely want to solve it, consider <u>all</u> solutions.

In order to determine an appropriate solution, you and your coalition partners will want to gather and analyze as much information as possible about the issue (see next section). Then brainstorm as many potential solutions as you can think of. Examine each one and consider the probability that people will be willing to organize around and support that solution.

If you believe that development of a new policy may be an appropriate solution, consider the following things before making a final decision.

- Will enough people and advocacy groups be interested in this solution so that we can bring it to the attention of all key decision makers?
- Is this issue so sensitive that policy makers will not want to deal with it in the current political atmosphere?
- Are there past examples of people or organizations trying to push for such a policy? What happened? Could the same thing happen to this coalition?
- What are the chances of achieving success?
- Is the information that we have available strong enough to persuade policy makers?
- Are there other and easier ways to solve this issue?

- How many decision makers must be convinced in order for this solution to be taken seriously? Do we have the staff and resources to reach all those people?
- If a policy is developed, is it likely that it will be implemented and enforced?
- Will a new policy make a real impact on this problem?

EXAMPLE: Selecting a solution

We now have the issue statement ("Women are vulnerable to HIV infection because they lack the skills and the power to engage in dialogue about sexual matters with their partners."), but there are still many possible policy options that can be used to address the problem. We can't realistically follow all the options. It is necessary to pick one option and work on that.

We believe that communication between married women and men can improve with the support of capable and trusted institutions. Religious groups in our district are trusted and have experience in promoting communication. Therefore, we decide to focus our policy work on religious groups. We will advocate that all religious denominations adopt and implement policies which promote communication within families.

C. Gathering and analyzing data

In order to influence policy makers you must give them information that clearly indicates the problem and supports the solution that you suggest. Data do not have to be highly complex or require a lot of mathematical analysis. The purpose of the data is to (1) demonstrate a problem and (2) support a credible recommendation.

For example, the host of a radio call-in show for youth noted during a casual discussion that many of the callers had questions about sexuality and sexual relations. It was suggested to her that by asking a few questions of each caller about their gender, age, school status, and sexual behavior she could develop a profile of youth sexual behavior in just a few weeks. The results could be used to sensitize policy makers to support a recommendation for school or community-based sex education.

First, find out if information needed to support your policy development is already available. The table below shows the type of information you might find.

AGENCY	INFORMATION
National AIDS Program	epidemiological data; existing policies and guidelines
Medical and Public Health schools at universities	specialized studies
Economics, Political Science and Development Studies Departments at universities and institutes	economic, policy or similar studies
Other organizations involved in HIV/AIDS prevention and care	comparative field experiences
Business and NGO coalitions	impact studies or related advocacy efforts
International donor agencies, UNAIDS, and international NGOs	comparative international examples

If the information is not available, you will need to gather it. The tools you need will depend on the issue and the type of information needed to make the problem clear.

1. Surveys, questionnaires and interviews

Surveys, questionnaires and interviews are useful tools for gathering data. Ask local experts (e.g., academics, technical specialists in government and NGOs) for guidelines and assistance in gathering additional information. Often university students under the supervision of a professor will undertake this kind of research and analysis. Or, trained members of your coalition might also do it.

You may want to ask researchers to conduct a survey among e.g., secondary school students to determine to what extent they are already sexually active. In another case, key informant interviews with health workers might be enough to illustrate the problem that you are trying to

solve. In a third case, questionnaires filled in by STI patients in a waiting room might give you the information you need to focus on a quality of care issue.

> ! **PLEASE NOTE:** Program managers do not have know how to use the next four policy tools themselves. But they do have to know that such tools exist and how they can be used to assist in policy development. Technical specialists may be able to actually use the tools when appropriate.

2. Policy assessment tool

An assessment of HIV/AIDS policy can be applied to countries, to one or more sectors of society, or to an organization. Assessments aim to:

- determine existing policies and gaps in the policy structure.
- identify emerging issues.
- identify individuals and groups involved in and capable of informing and influencing policy development.
- understand the policy making process(es).

Information for a policy assessment comes from key informant interviews (policy makers, technical and program specialists, activists, people affected by policy or its absence); unpublished reports from government, NGOs, academics and international donors; and books and published reports.

Normally, a report will be prepared that presents the results of the policy assessment. Recommendations may be included.

> **Who can help?**
>
> Specialists capable of conducting a policy assessment may be found in the Political Science, Sociology, Management, or Development Studies departments of universities. Independent research centers may also have experience with this form of qualitative data gathering and analysis.

3. Epidemiological modeling tool

It is possible to prepare a profile of the current and future status of the HIV/AIDS epidemic. Existing HIV, AIDS and STDs data can be analyzed to make an estimate (or projection) of the likely course of the epidemic for 2 to 5 years into the future. Computer software is used to produce the projections. However, the projections are only as accurate as the data that is used with the software. Two basic modeling software packages--Demproj and Epimodel--are frequently used to make short-term (3-4 year) projections. Analyses from these programs can be used in a software package (the AIDS Impact Model--AIM) that presents the results in graphical terms.

> **Who can help?**
>
> People capable of analyzing data for modeling can be found in many National AIDS Control Programs, in the Epidemiology units of Ministries of Health, in Statistics or Mathematics departments at universities.

Other software packages give longer-term projections, but require more complex data sets. SimulAIDS is an example.

4. Socio-economic impact assessment tool

The epidemiological projections can be complemented with economic data to provide an estimate of the costs of HIV/AIDS to a national economy, a specific sector, or an organization. These projections estimate costs directly associated with HIV/AIDS--such as combined hospital and clinic costs of treating and caring for people with HIV/AIDS. The projections can also use data that deal with indirect costs, such as income lost to a business when employees are absent due to HIV/AIDS. Refinements in the methodology now permit estimates of the economic impact on communities and indicate the impact on women or children.

> **Who can help?**
>
> Economists, some sociologists and management specialists will be able to do the analysis involved here. University departments and research centers will be good sites for seek assistance.

5. Business impact assessment tool

The impact assessment methodology can be adapted to estimate the annual costs a business may encounter due to HIV/AIDS among its employees. A complementary aspect of the methodology permits businesses to compare HIV/AIDS losses with the cost of developing and running a prevention program in the workplace.

> **Who can help?**
>
> Business management, Economics, Administration, and Sociology departments at universities and management training institutes probably have qualified staff to assist here.

EXAMPLE: Tools for Gathering and Analyzing Data

We ask the district medical officer and the National AIDS Control Program for epidemiological data on HIV prevalence in the district, broken down by age and gender (if possible). Although somewhat incomplete, the data show that half the AIDS cases in the district are among women and nearly 14% of women attending antenatal clinics are HIV-positive. The NACP sent a pamphlet which showed that HIV rates in the country could reach nearly 20% of the adult population within five years without more effective prevention programs.

A survey found that over two-thirds of married women reported being worried about HIV infection, especially from their husbands. Nearly the same percentage of women reported that sex with their husbands sometimes involved coercion or threats of violence. Only 10% reported that they and their husbands have discussed use of condoms.

An assessment of religious groups represented in the district found that all of the groups had policies promoting family relations and respect between family members. Nearly 90% of the religious groups said that clergy provide counseling to people in their congregations. However, only 40% of the clergy and laity leaders had received training in counseling and communication skills.

D. Developing the policy recommendations

Preparing the background information report

Prepare a report for use by coalition partners based on the information collected. This report will provide all the background information in support of the policy recommendations that you are going to make. It provides the rationale for the policy you support. It will also be the basis for the activities, the messages and the channels that are used during the advocacy phase of policy development work.

The report usually includes short sections on:

- the statement of the problem
- the methodology for data collection
- a presentation of the data, and
- a discussion of the results.

Developing and writing the policy recommendation

A policy recommendation is a formal statement, expressed in clear, concise and objective language. It usually includes the following elements:

- Statement of the problem and/or issue, and for whom and why the problem exists.
- Background and supporting information which demonstrates the problem (this will be drawn from the report, noted above).
- A description of the policy context into which the recommendation will fit.
- The recommended policy to address the problem.
- Any additional rationale for the recommendation (i.e., "the policy will provide guidance to health workers in giving quality care and treatment to people living with HIV/AIDS.").

The policy recommendation will be distributed to policy makers and their staffs as well as all the active members of the coalition so that they will be well informed and ready to be involved with advocacy work. It is a much shorter document than the background information report (see example at the end of this section).

Here are some hints for writing a policy recommendation.

- Do not use words such as "must", "need to", "should" when referring to actions to be taken. These words do not provide practical guidance on how the policy can be achieved or how the policy will alleviate the problem it is designed for. The words allow people to agree, without committing to act. They may also be seen as demands by some people, and thus will be resisted.

- Avoid making a recommendation that is too general or unattainable. For example, a recommendation to end poverty is both too general and unattainable in the near future.

- Keep the policy statement relatively short. The overall policy recommendation will be 1-3 pages in length. People who need further information can review the background paper and related information.

EXAMPLE: A Brief Policy Recommendation to Reduce the Vulnerability of Married Women to HIV/AIDS

(*Statement of problem*) The HIV/AIDS epidemic in our country and our district is a matter of great concern. Despite government and NGO programs to inform citizens and promote safe sexual relations, HIV infection rates are very high. In this district, nearly one in seven (14%) women are HIV-positive. Many of these women are married, but became infected by their husbands.

(Background and supporting information) Most women are very concerned about HIV infection. They are worried that the sexual behavior of their husbands either before marriage or during marriage brings the risk of infection for the wife. Only 10% of married couples in the district discuss sexual issues. Many women feel they have little control over the sexual behavior of their husbands and feel very vulnerable to HIV infection.

(*Policy context*) Religious groups are important institutions in the district. All support strong family relationships. Most have become aware that HIV/AIDS is an issue for religious communities. "We are burying too many of our people," said one clergy leader. Religious institutions are in a strategic position to support women to protect themselves from HIV infection.

(Policy recommendations) To help prevent the spread of HIV/AIDS among women and men in the district and the country, it is recommended that all religious institutions in the district adopt and implement the following policies:

 1) Affirm the right of women within marriages to be safe and secure in that relationship.
 2) Build upon the strength of religious groups in promoting communication within families by offering counseling on inter-personal relations, including sexual relations, and dialogue for couples planning to marry, newly married couples and all married couples.
 3) As a matter of urgency, introduce training on sexual relations and couple communications into the curricula and refresher courses for all clergy.
 4) Allocate the necessary resources to support the training of clergy and of their work with community members on couple communication, even if resources must be drawn from other work of the religious groups.

Adoption of these policies will require the careful and thoughtful consideration of each denomination and religious community. Often, such deliberations take many months or years. However, the crisis of HIV/AIDS requires that our religious groups act quickly. We hope that clergy training can begin within three months, and couple's counseling and dialogue can begin within six months.

Section 4: Advocacy for Policy Adoption

The use of advocacy to achieve policy results is a continuation of the process of developing the policy issues and recommendation(s). Advocacy becomes a part of the policy development process when there is a need to inform policy makers, generate interest within the general public, and expand the constituency for the policy.

A. Doing the advocacy work

The core group activities

Policy development and advocacy are often guided by a core group of committed individuals. Usually, this small group (rarely more than 10-12 people) develop the main strategy, prepare written materials, arrange meetings and take part in meetings with policy makers. They also provide day-to-day leadership for advocacy efforts.

One of the most important ways to reach policy makers is to arrange meetings with them and their staffs. During these meetings, coalition leaders discuss the background, present data and the reasons for the policy recommendation and request the support of the policy makers.

Advocacy activities may occur over several weeks or months.   Background materials can be sent to the policy maker before the initial meetings.   More than one meeting may occur. Following a meeting, additional materials are sent, with a cover letter thanking the person for the meeting and referring to the outcome of the meeting, and again asking for the support of the person.

Coalition and constituency activities

To achieve the adoption of the proposed policy, it is necessary to gain and demonstrate support for the recommendation. Coalitions do this in a variety of ways.

Some activists or constituents may have professional or personal relations with policy makers. They or the technical specialists can often make contacts with policy makers or with the people who control the information that reaches them. Although such contacts are planned, they can appear to occur "accidentally"--during a meal, at a bar, between meetings at the office, or after religious services.

Other ways that coalitions and their constituents bring the issue to the attention of policy makers are to:

- List the names of all the supporting organizations or individuals at the bottom of the recommendation itself.
- Organize a complex publicity campaign, with media messages.
- Ask people to sign petitions for presentation to policy makers.
- Get people to attend rallies.
- Pass out information (e.g., leaflets) at large events.
- Hang banners and posters in public places.
- Write letters to the editor.
- Give speeches at local groups' meetings.
- Prepare and distribute press releases.
- Sponsor public meetings on the policy recommendation.
- Get sports, movie, TV and radio celebrities to become public spokesmen for the issue.

EXAMPLE: Doing the advocacy work

Because our policy recommendations are aimed at religious institutions, we need to find ways they may already share information with one another. There may be committees which deal with social issues such as "the vulnerability of women to HIV infection and the need to improve communication among sexual partners." If so, we would meet with and educate members of these committees. In addition, advocates who attend religious services, would speak to both clergy and lay leaders. They might get permission to pass out leaflets. They would urge clergy to discuss this issue during religious services. They would also provide them with background information and urge them to work for adoption of the policies within their denominations. They might also encourage the religious leaders to revise their budgets so that funds will be available to implement some recommendations--e.g., counseling and dialogue training for clergy members.

If some religious groups run medical facilities, social welfare programs, schools, or other community development efforts, staff in these programs will be approached and brought into informal coalitions because they may be effective advocates with religious leaders.

Some members of the core group of activists or the larger group of constituents may inform political or government leaders because they can then encourage the religious groups to respond to the policy recommendations.

B. Results of advocacy

Policy makers will act when they recognize the problem and agree with the proposed solution; or when they agree with advocates that a national or organization problem exists requiring their action; or when they are convinced action is to their political or economic advantage. When policy makers are willing to act for these reasons, the work of advocates can guide and convince the policy makers.

However, some policy makers may act for reasons that do not reflect the collective good. For example, they may act to block a rival; or to gain a quick profit or political advantage for themselves or associates; or for ideological reasons. In these cases, advocates will have a more difficult time, unless their messages appeal to the self interest of the policy makers.

EXAMPLE: Results of advocacy

The policy recommendations led to a lot of discussion in the district, and beyond. Fifteen clergy spoke to the issue and supported the recommendations during religious services. Several clergy, however, expressed concern or opposition to the recommendations. They argued that AIDS was a result of individual sin and even if women were vulnerable they had to obey their husbands.

A meeting of district clergy leaders started with a fruitful discussion, but the meeting was disrupted by several men and women who loudly denounced the recommendations. The confusion that followed resulted in the meeting adjourning before decisions were made.

Supporters of the policy recommendations gained strong support from women's organizations and NGOs working on AIDS issues. A coalition of 58 groups prepared a brochure to distribute throughout the district, urging religious groups to support the recommendations. Opponents of the policies countered with a brochure of their own that said that sexual matters should be left up to the couples themselves.

An important point in the advocacy campaign was when the head of a major denomination spoke in one of the churches. He praised the district for seeking to strengthen marriage ties and to counter the AIDS epidemic. He said his denomination strongly supported the proposed policies. He said that it would take the denomination at least six months to formally consider and adopt the policies, but he urged his clergy to begin implementing the policies immediately.

Advocacy efforts may not bring the desired results. Policy makers may not respond or try to defer consideration of the policy proposals. They may ask for further studies. For policy

advocates, failure to achieve their objectives can be disappointing and demoralizing. As hard as it may be, the advocacy partners need to analyze the factors that limited their effectiveness. As they do that, new ideas are likely to emerge. As gaps and strengths are identified, a new advocacy strategy or approach can be prepared.

Setbacks are common in policy development. Changes in strategy often occur. Advocates may want to re-examine their policy recommendation to determine if it remains a viable proposal.

Section 5: The Final Stages

A.   What to expect along the way

Policy development may go smoothly or may face many obstacles. Efforts which are well planned and organized are more likely to succeed. Experiences from many countries illustrate things which may occur during policy development activities.

- Expect active discussion and disagreements as coalition partners try to define the message and work out an effective strategy.

- Expect that the process of building support for your recommendations will be labor intensive and time-consuming. Good ideas alone--even urgent ideas--do not create an organization or a constituency for issues and policies.

- Expect a dynamic process, with small and big pieces of information, changes in situations, events and positions all contributing to the mix.

- Expect to be ignored, dismissed, and marginalized. The people you are targeting with your advocacy messages have many other groups also demanding their attention and involvement. Until your advocacy group is known, its position and opinions clear and its ability to influence demonstrated, policy makers may ignore you and give only lip-service to the issue(s).

- Expect compromises. Compromise will probably occur when policies are being adopted and implemented. Compromising on issues which are considered critical is difficult and can be disheartening. However, compromises are an outcome of negotiations.

- Expect success. Of course the obstacles are real, but so are the chances of mobilizing a constituency and conducting effective advocacy. Success may not be quick and may be gradual.

B. Preparation and presentation of policies

Policies are often written in legal language by people with extensive experience in that area, including lawyers and civil servants familiar with the language of government or other institutions. Policies that are often expressed in or with legal language include: parliamentary policy papers, ministerial or government declarations, decrees, and statutory instruments.

Policies usually go through several drafts and revisions within a national or an organizational bureaucracy. Senior officials may want to be required to review and comment on the drafts before they are internally approved and finally made public. Advocacy groups may be able to see and comment upon the draft policy. This was very much the case during the drafting of national HIV/AIDS policies in several countries.

The public presentation of the policy may be very quiet or may receive a lot of publicity. If a new government policy, for example, is considered important by community groups, NGOs, businesses, religious groups, or others, they can help organize special events to attract more public attention. News conferences, public seminars, rallies, opinion columns in newspapers, participation on television or radio news and interview programs can all be used to help inform the public about the new policy and to demonstrate support for its implementation.

C. Implementation and oversight

A policy may exist just as it was adopted, or some clarifying rules and regulations may be added. The rules and regulations define how the policy will be implemented and enforced. They may include implementation or training guidelines.
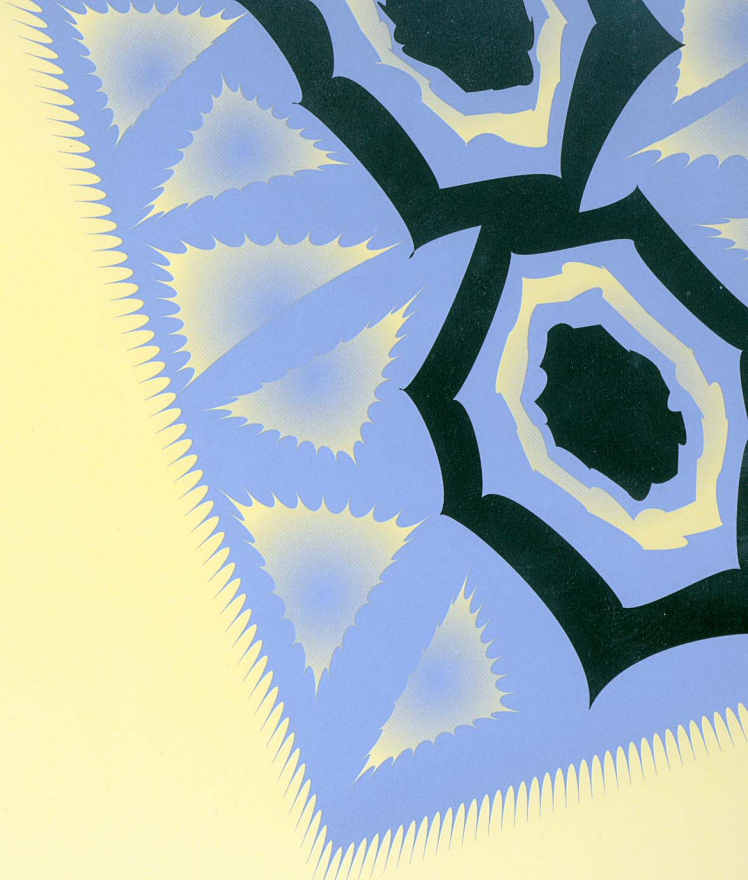
Policies can be very general or very detailed. For example, a policy can be a simple statement of intent ("Every citizen will have the right to full information."). But implementation of such a policy will require extensive preparation to describe how people will have access to information, what forms of information, the responsibilities and rights of groups that provide information, etc.

As a policy is being implemented, you and your coalition partners will want to assess how useful and effective the policy is. This feedback will be very important in assuring that the problem that originally stimulated the policy development is being addressed. Occasional contact with people affected by the policy may be sufficient to assure that the intent of the policy is being applied.

Organizations which adopt policies have a responsibility to regularly monitor how the policy is being applied and implemented. At the same time, and in the case of government, outside groups often find it useful to monitor implementation and to regularly remind government of its commitments.

REMEMBER: Policy development does not stop with the adoption of one policy or a set of policies. Action on problems that were postponed while focusing on the priority issue can be reconsidered. New interest groups regularly form and will have issues which will overlap with your own, thus stimulating collaboration for policy development.

In other words, policy development is an on-going process. It's time to start again!