giving voice
to the
voiceless

A Communicating for Advocacy learning publication
Acknowledgement

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We would also like to thank everyone who has been involved at all stages of the project. The effort has been inspiring.

How to read

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This work is dedicated with love to the memory of Alison Killick.

Alison was a true advocate for peace who trod lightly on the earth, but left lasting footprints on all those she touched. She was taken from us far too early. May her soul rest in peace.

giving voice to the voiceless

A Communicating for Advocacy learning publication

Published by

Cambodia Health Education Media Services (CHEMS), Cambodia

Healthlink Worldwide

Health Action Information Network (HAIN), the Philippines

Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV), Bangladesh
CFA Album 1
Communicating for Advocacy in Action

Partners from Sri Lanka: What it takes to be a good advocate

Discussions at Philippines workshop

Planning in the Philippines

Plenary Energizer at Philippines workshop

Role play in the Philippines

From India: What is advocacy?

From Cambodia: Examining our networks

Making moments memorable: from Bangladesh

Giving Voice to the Voiceless
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The Communicating for Advocacy (CFA) project started in 2002 and is managed by Healthlink Worldwide and its key partners – Health Action Information Network, Philippines; Cambodia Health Education Media Services, Cambodia; and the Social Assistance and Rehabilitation of the Physically Vulnerable, Bangladesh.

CFA is a people-centred project with a rights-based approach revolving around four key themes: training, advocacy, communication, and networking.

A people-centred project

At present, poor and marginalised groups in Asia have little voice, and there is often little recognition of rights. There are plenty of cause-oriented community groups and individuals working to alleviate the people’s conditions, but often, their diverse experience and knowledge are lost with little or no exchange of ideas and learning from good or bad practices. CFA seeks to change this by providing a venue where community groups and individuals can

- develop their capacity to influence practice and policy change in South and Southeast Asia and
- develop their capacity for information exchange and skills transfer by health and development agencies.

Central to the project is the belief that the people have the right to achieve an adequate standard of living, health and wellbeing, and the right of access to information.

CFA aims to provide more opportunities for people to express, analyse, coordinate, and influence decisions on the policies that affect their lives.

To produce a multiplier effect, each of the three key partners held a five-day workshop. The workshop was designed to meet the needs of non-government and community-based organisations in their advocacy as they improve the health and quality of life of marginalised and vulnerable people. The workshop focused on promoting people’s health by enhancing capabilities in communicating for advocacy and in developing supportive networks.

Each organisation then chose five to six core partners, which then conducted similar advocacy workshops in their own networks.

Why a rights-based approach?

The rights-based approach is increasingly being used by international development agencies. Some people believe that such approaches offer a chance for significant positive change in relations between development agencies, governments, and civil societies. It can also unmask difficult issues with legitimacy of action, power, and accountability.

The rights-based approach adheres to the commitment that the people have the right to information, voice, and freedom of media. Such an approach entails using human rights as frameworks for information and communication production and dissemination. It means asking what human rights implications there might be in any information and communication messages; furthermore, how one might consider human rights when researching, writing, designing, and disseminating any information and communications.

Learning

CFA also benefited from the different backgrounds of the key and core partners who were involved in issues ranging from disability, environment, health, and gay rights. The partners also brought with them different levels of experience in advocacy. Some partners already had extensive experiences in doing advocacy work; for others, it was a relatively new concept.
These differences generated diverse learning and experiences that further enriched the project. Among the valuable lessons imparted by the project are the following:

- Advocacy incorporates two streams – policy change and practice change – both of which are important if advocacy is to be effective. For real change to take place, it is necessary for advocacy to take place on both levels. It is a process that never ends, and dialogues must be maintained between those at the grassroots and those with decision-making powers.

- Advocacy activities can benefit from building coalitions and alliances, the involvement of the marginalised and the target groups, and building relations with opinion-formers.

- Advocacy is not only about lobbying and writing press releases; there is also a great potential for using non-technical communication tools such as community theatre.

- Networking, research, and documentation are integral parts of the advocacy process.

- Advocacy is a slow process; changes will not be immediately evident. It may be necessary to identify smaller changes leading to the desired results.

This learning publication is a collection of the good practices employed by CFA's core and key partners. The practices were either direct off-shoot of CFA trainings, or had been further systematised by the trainings. This book does not only document the best practices of the partners; it is also CFA's way of sharing these learning with other organisations who might find the stories inspiring and worthy of replicating.

Some of the practices were innovative; some were the products of simple common sense. But all of the stories highlight one thing: it does not take extraordinary people to achieve extraordinary results.
2. Advocacy at policy level

A Communicating for Advocacy learning publication

Giving Voice to the Voiceless
2. Advocacy at policy level

2.1 Advocating for people’s health

In the Philippines, the privatisation of health services is putting health care beyond the reach of the people. According to the Department of Health itself, eight out of ten Filipinos cannot afford the health care they need. Ironically, the government still pushes through with its privatisation campaign. It also continues to cut the budget allocation for health. Owing to the lack of budget, there is a chronic lack of supplies, medicines, and equipment in government hospitals and health centres.

With the worsening public health care system, the Council for Health and Development launched a campaign to make health care more accessible to the Filipino people.

Learning

Objective

- Highlight the growing gap in the delivery of health care services.
- Lobby for a higher health budget to make health services accessible to the people.
- Advocate for a relevant health care system at the community level through the community-based health programme approach.

Approach

- Kilosbayan para sa Kalusugan (KBK) is actively mobilising the health sector and communities through educational discussions on key health issues.
- It organises public forums and press conferences where community members are given the chance to speak and narrate their personal experiences.
- It works closely with progressive government officials who file pro-people bills.

Output

Bayan Muna Representative Satur Ocampo filed a bill in Congress seeking a congressional enquiry on delivery of health care services in government hospitals. In support of Mr Ocampo's move, KBK initiated a mini survey in government hospitals to gauge the impact of privatisation of health. The survey showed the following: 89 percent of the respondents had to wait for three days to seven months before they were admitted. The major causes were the lack of money to pay for the admission fee and lack of available beds. Of those who were already confined, 72 percent had to borrow, solicit, or ask financial help from relatives and friends to settle their hospital bills. This data proved useful for Mr Ocampo’s legislative action.

Identify progressive government officials and work closely with them. It is easier to lobby for pro-people bills when there are sympathetic government officials from different government institutions.

The people should work side by side with these officials. KBK’s advocacy works do not stop with mere networking with officials. When Mr Ocampo delivered his privilege speech, KBK mobilised the community and organised a caravan. The participants then proceeded to the House of Representatives to listen to the congressman’s speech. The purpose was to show the rest of the congressmen that Mr Ocampo had the people’s full support.

Advocacy is about empowering the people to speak for themselves and stand up for their rights.
2. Advocacy at policy level
Council for Health and Development (CHD)
The Philippines

2.2 Deepening the health sector's level of political awareness

The Philippines has been at the centre of a political maelstrom brought upon by the widespread cheating of President Gloria Macapagal-Arroyo (GMA) in the 2004 election. There have been numerous evidences of cheating presented by the opposition right after the election, but these were largely ignored. However, what validated the allegation of cheating was the release of a wiretapped conversation involving Ms Arroyo and Commissioner Virgilio Garcillano, a ranking official of the Commission on Elections (COMELEC). In these conversations, GMA herself was caught asking Garcillano to ensure that she would have a 1-million lead over her rival, Mr Fernando Poe Jr, a famous actor. The release of the compact discs containing the conversations triggered public outrage.

A major concern for the middle class is who would replace Ms Arroyo. Under the Philippine Constitution, Vice President Noli de Castro would succeed her. But he is largely viewed as a political lightweight; many middle class would rather stick with a cheating “non-President.”

To address this major concern, discussions on the proposed transition council, which would fill the vacuum once Arroyo is ousted, were initiated. The transition council is being presented as a viable alternative to constitutional succession. Under this proposal, the various groups who worked for Ms Arroyo’s ouster would be represented in the council. The council, which would run for six months to one year, would immediately implement social reforms that would benefit the people and revamp the chronically corrupt COMELEC. Once these reforms have been undertaken, an election would be held.

Once the succession issue has been clearly explained to the target audience, Health Sector on the GO Now! then joined the Gloria Step Down Movement, a multi-sectoral coalition of organisations calling for Ms Arroyo’s ouster.

Objective

- The Council for Health and Development’s (CHD) main objectives were to mobilise the health sector to support the call for Ms Arroyo’s ouster and to deepen their level of political awareness.

Approach

CHD, together with the Alliance of Health Workers, Health Alliance for Democracy, Health Students’ Action, Kilosbayan para sa Kalusugan, and other health groups formed the Rx Emergency: Gloria Resign Now (Rx). Rx sought to educate and inform the health sector of the extent of cheating, and to engage health professionals in the pressing issues. Through Rx, many discussions and forums were held in hospitals and medical schools. In these activities, the organisations sought to raise the sector’s awareness by discussing other options such as the ouster of Ms Arroyo. Aside from the electoral fraud, the activities also discussed the many anti-people policies of the government, such as the low budget on health.

Later on, Rx gave way to the Health Sector on the GO (Gloria Out) Now! Since the word “out” is general, it covered all of the options such as resignation, impeachment, or ouster. Forums and discussions are still being held, and again, these seek to raise the awareness of the health sector.

Outcome

CHD and its allied organisations were able to mobilise a substantial number of health professionals and health sciences students. In one activity, a nursing school allowed its students to join the caravan.

It also realised its goal of heightening the target audience's political awareness. From the initial call of resignation, Rx Emergency gave way to a new group that is now demanding for Ms Arroyo’s ouster and the setting up of a transition council to replace her.

Learning

- Work within your target audience’s limitations and be willing to make a little concession. Once contacts have been established, seize the opportunity to heighten their awareness. Back then, CHD and its allied organisations were convinced that ouster is the only way to remove Ms Arroyo from office. Resignation and impeachment connote legitimacy, which she never has. But since resignation or impeachment was the
preferred option of the middle class to which health professionals belong, the Rx worked through these options. This was not meant to compromise their stand, but rather, it was done to initiate discussions with the target stakeholders and to gradually heighten their awareness. Had CHD and its allied organisations insisted on ouster, it might have alienated other health professionals who would no longer listen to what the groups have to say. But rather, it was done to initiate discussions with the target stakeholders and to gradually heighten their awareness. Had CHD and its allied organisations insisted on ouster, it might have alienated other health professionals who would no longer listen to what the groups have to say.

- Package the advocacy accordingly. Sometimes, more than one packaging is necessary. The health sector is quite broad. The concerns of health professionals may be different from the concerns of health sciences students and the general population. This is why this particular advocacy uses different packaging. For example, the Health Students’ Action (HSA) focuses on Ms Arroyo’s dishonesty, saying that she is not fit to be a role model for the youth. For CHD, Kilosbayan, and other community organisations, they focus on Ms Arroyo’s insensitivity to the people’s needs, as characterised by the lack of health services. Also, the advocacy materials prepared are adapted to the target audience. For health professionals, the materials are written in English and the language is more tempered. For community readers, the materials are written in the vernacular and have political cartoons to make it more readable.

- Ensure that the staff has thorough understanding of the issue of networking with officials.
2.3 The People’s Health Movement as a potent force in advocacy

**Objective**

- To stop the government from collaborating with a pesticide producer in its health awareness campaign on dengue fever.

**Approach**

Sarvodaya coordinated a letter writing campaign to the government on behalf of the People’s Health Movement of Sri Lanka. This began with a letter to the health minister to emphasise that the Health Ministry, as a supporter of the PHM, should not be working with a pesticide company whose commercial interests were being served by being associated with the dengue awareness campaign. Sarvodaya also wrote to the science and technology minister, who is a member of the Lanka Sama Samaja Party and the PHM, and asked him to approach the health minister on the issue.

**Outcome**

- The Sri Lankan government ceased its dengue fever awareness campaign with the pesticide company.

- It now only works with NGOs for health communication campaigns, particularly production of IEC (Information Education Communication) materials.

**Learning**

- The PHM is a very powerful force in Sri Lanka, as it is recognised not only by the Ministry of Health, but also by a number of the political parties which are members of the current governing coalition. Advocacy activities working with the PHM are therefore very effective in bringing about a change in government health policy, and protecting the health rights of Sri Lankan people.

- Asking for support from a government insider for this advocacy campaign helped ensure that the health minister (the target of the advocacy) took note of the letter and its messages, and acted accordingly.
Homosexuals are among the most vulnerable sectors of society. Aside from taunts and criticisms, gays are also deprived of their basic rights, such as access to health care.

**Objective**

For males having sex with males (MSM) to gain access to health services, as well as logistics, provided by the local government of Davao City.

**Approach**

Iwag Dabaw asked the assistance of people who are close to the mayor so they could talk to him. They then sent formal communications to the mayor expressing their concerns. They also lobbied for the inclusion of MSM and their families in Davao City's Lingap Project, a programme of the local government which grants medical assistance to poor individuals.

**Outcome**

- MSMs and their families are now included as beneficiaries of the Lingap Project.
- The city mayor’s office often grants them financial assistance so they can conduct activities for MSM communities.

**Learning**

- Project a positive perception of MSM. Often, they are looked upon as mere caricatures to be laughed upon. Through their active participation in different activities in the city, Iwag Dabaw is slowly breaking this stereotype by proving that they are productive members of the society. As a result, they earn the trust and respect of city officials.
- Identify people who are close to the corridors of power and ask them for help in approaching top officials.
3. Community mobilisation

Giving Voice to the Voiceless
3. Community mobilisation

Toitomboor
Bangladesh

3.1 Mobilising the community for resource generation

"Little Drops of Water
Little Grains of Sand
Make the Mighty Ocean
And the Pleasant Land"

In development sector, access to funding is a big concern. This may result in a donor-dependent and donor-driven activity rather than a need-based one. However, as Toitomboor has demonstrated, this can be overcome by mobilising the community in resource generation. In its innovative project, Toitomboor asked the people to donate 12 taka (less than US $0.20) a year. The amount may be small, but if pooled with the other contributions, it can go a long way in helping the needy. This particular project benefitted from the trainings of CFA, which put emphasis on community contact, community sensitisation, networking, and practice change. These allowed Toitomboor bring the project up to the advocacy level.

Objective----------------------------------------

■ To support the education of twelve children (distressed and disabled) for one year (January 2006-December 2006).
■ To collect 12,000 taka (USD 175) from 1,000 people as contribution.

Approach----------------------------------------

■ The minimum contribution per person per annum is 12 taka (less than US$ 0.20), which is only 1 taka per month. By keeping the amount as low as 12 taka per person, the scope was widened which allowed even the non-incoming members, like students, to participate in the venture.
■ Efforts are made to sensitise and encourage people to subscribe to the venture. There is also the realisation that this venture will achieve sustainability only when the initiatives, efforts, and resources come from within. Eventually, this leads to self-reliance.
■ Every month, Toitomboor acknowledge its contributors by publishing their names in the magazine. The acknowledgement encourages other people to join.
■ The venture is very simple and may be replicated in community level, extended family level, and even in school level. Even students in impoverished areas can be a part of this. For example, if a school has 100 students and if each student contributes 1 taka per month, it can generate 1200 taka (USD 17) which can send two children to school.
■ In some communities, the contributions they generate may exceed their target. They can then network with other communities with greater needs so the excess funds would still benefit its intended beneficiaries.

Output----------------------------------------

As of November 2005, 563 persons contributed to the pool, raising a total of 59,039 taka (USD 861). The average contribution was 105.00 taka per person.
Possible number of beneficiaries: At least 25, as the amount of stipend varies from 50.00 taka (USD 0.73) to 500.00 taka (USD 7) depending on factors like area, degree of assistance needed, and type and degree of disability.
As far as the resource mobilisation strategy is concerned, it was a success. Toitomboor awaits further success in terms of awarding the supports to the deserving children.

Learning----------------------------------------

■ Paradigm shift to break away from the donor-dependency syndrome. We do not always need to look for external sourcing of fund; if the fund required is not huge, it may be generated from the community as well.
■ Dependable and reliable facilitator/implementor. If the community people have trust and confidence in the implementing group of people/organisation, they actively come forward. Also, when they see that their resource inputs are accumulated or value-added to pump the same back to the benefit of the community, they are convinced to participate.
■ Evidence-based promotion of a project. So far, the venture won the support of the people through word-of-mouth. To take it further, Toitomboor is publishing the photographs, comments and brief profile of the beneficiaries. Toitomboor will seek the support of more people by documenting and presenting success stories.
3. Community mobilisation

3.2 Mobilising community support

**Objective**

- Obtain justice for a disabled girl who was raped by a known serial rapist.

**Approach**

- The Centre for Disabled Concerns (CDC) talked to the girl and her parents about the rights of disabled persons. Motivating them alone would not suffice since the rapist had similar charges before. CDC then mobilise the community by holding meetings attended by the police, local leaders, and community members. Along with meetings, they also conducted media activities, such as a human chain. These activities were picked up even by the district and national press.

**Output**

Through the meetings, other victims of sexual abuse also came forward. The community showed its solidarity with the victims by their active participation in activities meant to obtain justice for the victims and to raise awareness on the rights of disabled people.

**Learning**

- Through the meetings, other victims of sexual abuse also came forward. The community showed its solidarity with the victims by their active participation in activities meant to obtain justice for the victims and to raise awareness on the rights of disabled people.
CFA Album 2
Communicating for Advocacy in Action

Preparing a radio spot in the Philippines

Street drama from Bangladesh

Group photo from Mongolia

Live on Air from Cambodia

Role play at India workshop

Mongolian role play

One of the groups from the Philippines

Recording interviews in Bangladesh
4. Disability mainstreaming

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Giving Voice to the Voiceless

17
4. Disability mainstreaming

Social Assistance & Rehabilitation for the Physically Vulnerable (SARPV)

Bangladesh

4.1 The Seeing in the Dark Experience

The successful Seeing in the Dark exhibition took place at the Dhrupad Gallery in Dhaka, Bangladesh in December 2003. It has since been replicated in other areas in Bangladesh, as well as in India.

More than just an art installation, the exhibit simulated the barriers faced by people with disabilities in their daily life. The first exhibition, which ran for six days, was a joint collaboration between SARPV, and Healthlink Worldwide as part of the Communicating for Advocacy project.

SARPV and Healthlink Worldwide explored the idea that communication through experiential means can enhance understanding and add context to issues presented by disabled peoples organisations.

Objective---------------------------------
Communicate to non-disabled people the experiences of people with disabilities living in a world that is not always attuned to their needs.

Approach---------------------------------
A working group of 25 people with visual impairments and five people with physical disabilities discussed the plan for the exhibition. They collected ideas for activities, hazards, and sounds that they would like visitors to feel. They narrowed these down to the most important issues and hazards they constantly face: transportation, crossing roads, identifying goods in the market, distinguishing between different denominations of currency, and vulnerability to abuse of women and girls with disability.

They then worked with Healthlink Worldwide and international artist Simon Allen and SARPV's disability activists to recreate the experiences disabled people have to go through everyday. The Dhrupad gallery was plunged into absolute darkness. Dhaka life was recreated through sound and touch, complete with rickshaws, gardens, sidewalks, and shops.

Visitors were invited to move around the specially designed spaces as blind guides led the way. Other members of the group acted as rickshaw drivers, lottery ticket sales assistants, and storeowners.

After a walk-through at the installation, visitors were encouraged to write their impressions, thoughts, and feedbacks on a graffiti wall.

Output---------------------------------
A heightened level of awareness was created among the mainly non-disabled visitors. One visitor felt that the exhibition had 'opened his eyes' to the world of his visually impaired father. He stressed the importance of taking time to learn "what to do and what not to do" regarding people with disabilities.

One of the most encouraging outcomes of the exhibition was the collaboration between the project participants and visitors. With the stigma surrounding disabled people, it was a great achievement to see people with and without disabilities working together.

The participants themselves have been empowered. Initially, they sought to highlight the issues facing people with disability, but as the project progressed, they were able to define themselves in broader terms than being just a group of disabled persons. The democratic creative process allowed the participants to work freely and experiment with different roles within the group.

The exhibit also sparked discussions on the difficulty of differentiating Bangladeshi currency as both 500 taka and 100 taka banknotes were of same size. The Bangladesh Bank promised to look into the matter.

In India, the Blind People’s Association agreed to construct a permanent installation in its premises. Seeing in the Dark has sparked interest from visually impaired groups from all over the world keen to develop experiential advocacy tools.

Learning----------------------------------
- The proper implementation of an experiential tool in advocacy can be effective in promoting change. As an exercise in communicating actual physical experiences relevant to the lives of the most marginalised, it is only properly understood when experienced.
- Intensive listening is a core requirement for
4. Disability mainstreaming

4.1 The Seeing in the Dark Experience

The development of a project community composed of parents, colleagues, friends, and various keen ‘outsiders’ who actually participated in the design, planning, and implementation helped the project establish itself within the wider society.

Transformations at group and individual levels take time, commitment, and flexibility to allow the project to write its own script.

The project never suggested that there was or could be a simulation of disability; rather, it was the conditions that were stimulated - in this case, a light-free environment.

The project encouraged and promoted the development of natural leaders, who, previously, had no opportunity for their skills to be nurtured.
4.2 Lobbying Abilis Foundation for a change in membership criteria in Bangladesh

The Abilis Foundation manages the Government of Finland’s disability and development funding. It disperses the funds in developing countries through local disability organisations. In Bangladesh, SARPV is the duly accredited representative which recommends organisations to Abilis. To be eligible, organisations must meet a number of criteria set by the foundation, one of which is that they must be organisations of disabled people.

Objective

SARPV realised that with such criteria, only few organisations in Bangladesh would be eligible for Abilis membership, and most of these would be groups advocating for the rights of disabled people. In Bangladesh, the majority of disabled people’s organisations are implementation organisations carrying out little or no advocacy.

SARPV proposed to change the membership criteria for Bangladesh to allow any organisation carrying out disability work to become a member, but only if at least one member of its executive committee is a disabled person and if at least one disabled person is in charge of the approved project.

Approach

SARPV carried out research to develop a case to show that the normal membership criteria would severely limit the number of organisations that could be members of Abilis. It also arranged a meeting with the chairperson and board of the Abilis Foundation to make the case for changing the membership criteria in Bangladesh.

Output

- Abilis agreed that in the case of Bangladesh, the membership criteria could be changed to allow any organisation with disability in its remit to apply for membership; provided that at least one member of the executive committee is a disabled person, and that the project head is a person with disability.
- All the Abilis information were translated into Bangla to enable local organisations to submit membership applications in the native language.
- Applicant-organisations recruited persons with disabilities.

Learning

- SARPV learned the importance of providing evidence to support the changes that an advocacy activity is proposing.
- It is equally important to work with the beneficiaries of the activity to get their support for the recommended change.
4.3 Inclusion of children with visual impairment in children’s literary contests

Toitomboor, a magazine for children and juveniles in Bangladesh, is an active member of the Vision 2020 Global Campaign. It generates different activities to raise awareness on eye care among the children and its young readers. To this end, Toitomboor started a section called “Vision 2020” focusing on child eye health in 2002. In 2003, it broadened its advocacy scope by introducing the Toitomboor Vision 2020 Children’s Contest. Prior to joining the CFA, Toitomboor’s competitions had a different category for children with disabilities. However, children with visual impairment were still unable to join the contests because Toitomboor could not address the issue of participation of contestants with visual impairment.

However, during its one-day CFA workshop, some participants raised the possibility of allowing children with visual impairment to join the contests. Discussions were held to make this a possibility and these discussions proved fruitful. For the first time, the Vision 2020 Children’s Contest 2004 opened its doors to blind contestants.

Objective
Include children with visual impairment in the Toitomboor Vision 2020 Contest.

Approach
When Mr Arif Azam of the Assistance for Blind Children (ABC) raised the possibility of including visually-impaired children in the contest, Toitomboor agreed but it also raised its concerns on how to handle the visually-impaired contestants. Dr MA Muhit from Child Sight Foundation (CSF) proposed that children with visual impairment be allowed to participate through Braille or audio-cassettes. The ABC, with its long experience in dealing with Braille, volunteered to translate the entries into normal script.

Output
For the first time, visually-impaired contestants were able to compete with sighted contestants in the Bangla essay writing, English essay writing, and Bangla wallpaper categories. What more, some of the visually-impaired children emerged as winners.

Learning
- Sharing and exchanging views with positive mindset can lead to improvements of a situation.
- Networking increases and maximises the utilisation of resources through sharing and pooling and also leads to a better and higher output.
- Visible and tangible examples raise the scope of public acceptance, proliferation, and replication.
- Achievement motivation encourages and empowers the marginalised. Visually-impaired children are now more eager to participate in events and contests.
- CFA helps Toitomboor focus on communication and networking. After getting involved in CFA, Toitomboor was able to put more emphasis on communication, issue sharing and proliferation through organisational networking.
4. Disability mainstreaming

Association for Women with Disabilities (AWWD)

4.4 Mainstreaming of disabled girls and women in the development process

Women with any form of disability face triple discriminations – as a woman, as a disabled person, and as a person lacking economic means. This results in extreme low self-esteem, lack of confidence and negative feeling like isolation and marginalisation.

Disabled women and girls are considered as a special group who need special arrangements. However, this is not always practicable and members remain dependent on other people for support.

This necessitates the mainstreaming of disabled people to give them equal rights and opportunities so they can contribute to the community.

Objective

The Association for Women with Disabilities (AWWD) wanted to learn communication strategies and methodology so they could advocate the mainstreaming of disabled girls and women in the development process.

Approach

AWWD members made themselves visible by joining two mainstream women’s network. These were the:

- **SWASTHAA – The Bengal Initiative on Women and Health**

  This forum was formed two years ago as a state chapter of International Women’s Health Meet. AWWD joined this forum with a very specific objective – to raise their voice for the health rights of disabled women. In India, 90 percent of disabled women have no access to health services. Ignorance and negative attitude of health professionals about the need of disabled women are also of great concern. The local health policies and programmes hardly take care of the need of disabled women, and non-disabled women never consider that disabled women also have health rights.

- **West Bengal Coordination Committee for International Campaign to Stop the Violence against Women**

  The main objective of joining this campaign network was to raise the issue of violence faced by disabled girls and women. AWWD believes that the denial of basic rights is another form of violence that disabled women and girls endure.

Output

AWWD succeeded in getting their issues included in the campaigns of the mainstream organisations. In the campaign network, the communication materials included and highlighted the issue of violence of girls and women with disabilities. In the health network, papers on Health and Women with Disabilities were presented in the International Women’s Health Meet held in Delhi. Resolutions were then taken to include the health issues of disabled women.

Learning

The CFA workshop provided AWWD with skills in strategic planning. The following sum up the lessons of AWWD:

- Identify the important stakeholders and how their roles effect the changes in the situations and policies.
- Planning for appropriate medium to make the advocacy target more effective.
- Working in groups - strength of networking to create impact on target audience.
- Different communication tools and making the message strong.
- Using media effectively for advocacy.
- Evaluating the effect of advocacy.
4.5 Advocating for accessibility

Accessibility is a major concern for wheelchair-bound persons. In Thailand, some establishments and government institutions have access ramps, but these are often not well-thought of; the ramps are either too steep or are blocked by parked vehicles. In some cases, wheelchair-friendly facilities and services are altogether non-existent.

Due to lack of understanding, people often exhibit a callous attitude towards disabled persons. This may be in the form of denial of services or actions that humiliate a disabled person. Mr. Luc Masschelein had such an experience when he boarded a Phuket Air plane bound for Chiang Mai. The plane had no wheelchair-friendly facilities, so four crew carried him by holding him by his arms and legs.

Objective-----------------------------
The aim of the advocacy work is to change the negative perception of non-disabled people towards disabled people. It also lobbies business establishments and government institutions to make their facilities more accessible to disabled people.

Approach-----------------------------
Mr Masschelein wrote or talked directly to general managers (GM) to point out that their establishments lack wheelchair-friendly facilities. He also gave suggestions on how establishments can provide greater mobility to wheelchair-bound persons.

At a CFA workshop held in a hotel in Thailand, Mr Masschelein invited the GM of the hotel to join in role plays so that he could gain deeper understanding of the plight of wheelchair-users.

Output-----------------------------
Two GMs responded to Mr Masschelein’s advocacy by instituting reforms in their establishments. The GM of the airline apologised to him and incorporated his suggestions in the airline’s operations. The GM also asked him to continuously provide suggestions on how the airline could better serve its disabled passengers.

In another incidence, the GM of a hotel improved the access ramps and fitted two hotel rooms and one conference room with wheelchair-friendly facilities.

Through his constant dialogues with Dr Samai Sirithingthawon of the Rajanagarinda Institute of Child Development, the access ramps at the institute have been improved. It also hired a wheelchair-bound person as an employee.

Learning-------------------------------------
- Target the decision-makers. When Mr Masschelein was rudely treated by the staff of Phuket Air, he immediately complained to the junior manager who just ignored him. He then wrote a letter to the GM who promptly responded.

- A little “forceful” persuasion can go a long way. Business establishments fear getting bad publicity, which could affect their business. By dropping hints that he would take his complaints to the media if they were not resolved, he received prompt and positive responses.
4. Disability mainstreaming

World Vision - Sundarban ADP in Bangladesh was one of the participants in the second level CFA workshop held in Khulna in March 2003 by Change Makers.

After the workshop, World Vision was inspired to include a few disability-specific questions in a survey it conducted among vulnerable working and street children in its project area. The result showed that there was an overwhelming number of disabled in the sector, prompting the organisation to include disability in its country programme. World Vision – Sundarban ADP also shared its findings with the National Office.

To learn more about the disability mainstreaming process, it approached Change Makers and asked for a training programme for its senior staff. Together with SARPV and AWWD, Change Makers held a training attended by 20 senior and mid-level staff members of World Vision – Sundarban ADP.

Learning
The gap in addressing disability concerns can be bridged through planned exchange and interactions between disability and non-disability organisations.

Objective
Explore ways of mainstreaming disability within World Vision’s capacity

Approach
During the training, World Vision’s projects and programmes were examined and assessed to determine to what extent the organisation is addressing the issue of disability. Disability activists also shared practical stories on the mainstreaming process and its different aspects.

The training also discussed strategies and approaches which World Vision can adopt to make it more inclusive.

Output
World Vision – Sundarban ADP started a programme targeting people with disabilities.

The training gave Sundarban ADP an opportunity to take strategic initiative in World Vision ministries all over Bangladesh. Its experience has also been shared globally through News Vision, the journal of World Vision International.
5. Education

Giving Voice to the Voiceless

A Communicating for Advocacy learning publication
5.1 Integrating global health in a medical curriculum

In the past, global health issues have been addressed in the medical course curriculum at the University of the Philippines (UP), though in on-off lectures. The faculty staff approached the authorities and broached the idea of including global health issues in the curriculum through a five-day course. The authorities recognise the wisdom of including global health issues in the curriculum since it would raise the awareness of future medical professionals in other issues that have direct impact on the people’s health.

Through Dr. Erlinda Palaganas, a professor at the university and a board member of the Health Action Information Network, a curriculum using the CFA framework was developed.

**Objective**

Integration of global health issues in the medical curriculum of UP, the leading health sciences university in the Philippines.

**Approach**

In a dialogue with university officials, the faculty presented a draft outline of the course module. They backed this up with a presentation of a well-argued case on the relevance of global health for medical students since it is of paramount importance that they become aware of the social and economic determinants of health. They also pointed out that by integrating global health issues, UP would further raise its profile as an innovative and cutting edge medical school.

**Output**

The university agreed to support the course and provided funding for it. The first course adopted the CFA training module into the post-graduate health management curriculum. Students were encouraged to participate in the course and there was also networking with students from other universities so they could advocate for the development of a similar course in their respective schools.

The students who attended the first course gave positive feedbacks and these are being used to support further dialogue with university officials to integrate another global health issue in the curriculum.

**Learning**

- Presentation of a well-argued case is an important advocacy tool.
- Presentation of recommendations for a change associated with a model, such as a draft course outline of what the change would look like and how it can be implemented are key aspects of advocating for change.
- Emphasis of the benefits of the change for the audience of the advocacy can also contribute to the success of the activity. In this particular case, the faculty raised the possibility of increasing the school’s profile in running a separate global health course as a part of the medical curriculum.
- Raising awareness of potential issues affecting vulnerable populations with the people who will have a future impact on the livelihoods of these groups is an effective way of advocating for a future long-lasting change in practice.
6. Environment
6.1 Saving the Abra River, saving the environment

The Abra River, which meanders through the Cordillera region, provided residents living along its tributaries with sustenance. However, all these changed because of the destructive operations of Lepanto Consolidated Mining Corporation (LCMC). The once mighty river is slowly dying due to the chemicals released in the waterway by LCMC. Environmental investigatory missions (EIM) conducted by the Save the Abra River Movement (STARM) at several points along the river’s tributaries showed that water and soil samples registered readings that were either above or below standards. For example, the cyanide level of some samples registered a 0.9mg/L reading, which was higher than the standard 0.1 mg/L.

The degradation of the river led to the extinction of several species such as the ludong, a tasty fish that used to sell for P2,000 a kilo. LMC’s operations also take toll on the people’s health. Residents complain of vomiting, nausea, abdominal pains, dizziness, and other symptoms consistent with exposure to harmful elements.

Output-----------------------------------
STARM has been able to gain the support of local government officials. With local officials supporting them, STARM’s advocacy has gained momentum.

Learning----------------------------------
- Research is an important component of advocacy. When STARM was just starting, attempts were made to discredit the group and its spokesperson, Dr. Ana Leung. However, STARM was able to counter this by presenting empirical data culled from scientific researches. These bolstered the group’s credibility, especially when one of its researches spearheaded by Dr. Leung won the top plum in a government-sponsored research contest.
- Win the support of policymakers. The provincial governments of Abra and Ilocos Sur passed resolutions opposing LCMC’s operations. This is a big boost to the campaign since LCMC is a major corporation.
- Empower the people. Advocacy groups do not only work for the people. More importantly, they work WITH the people.

Objective-------------------------------
STARM is advocating for the closure of LCMC, so the river’s rehabilitation could begin. They also target the inclusion of policymakers in the movement.

Approach-----------------------------
Residents living along the river are being organised and are included in the actual research process. Experts and scientists train them on biological indicators, allowing them to scientifically collect and record vital data.

Through the CFA project, trainings on advocacy were conducted. The residents were then able to voice out their protest through petition signings. STARM also engages local government officials in discussing the issues. They even managed to have a dialogue with Ilocos Sur Governor Chavit Singson. The governor facilitated their participation in a provincial board meeting, where they were able to present the true state of Abra River. As a result, the provincial board unanimously passed a resolution opposing LMC’s expansion in the province. STARM is also actively networking with the local government of Abra. Officials and representatives of the two provinces joined STARM’s trainings on water monitoring and advocacy. Officials also hosted the research teams when they conducted the EIM.
7. Sexual and reproductive health

A Communicating for Advocacy learning publication

Giving Voice to the Voiceless
7.1 Advocacy in the air

In Cambodia, sex is rarely discussed in the open. As a result, young people’s awareness on sexual and reproductive health (SRH) issues is very limited. To address this, the Cambodia Health Education Media Services (CHEMS) developed an interactive radio programme where discussions on sexual and reproductive issues are handled in a responsible manner.

- The radio programming is complemented by a bi-monthly column in one of Cambodia’s most popular youth magazines. There are also regular television and radio campaigns to reinforce the messages being broadcast.

### Objective

To help young people aged between 12 and 25 years address their SRH needs

- Provide venue for discussion on SRH issues which are usually difficult for young people to discuss at the household level

### Approach

Interactive radio programmes were developed to provide young people with a venue to listen, discuss, and share their messages on sexual and reproductive health. The programmes are aired four times a week, on two stations.

- The first programme is the soap opera *Lotus on a Muddy Lake*, which depicts the interconnected lives of young people in urban and rural areas as they face a range of SRH experiences and dilemma. *Especially for You, Young People*, meanwhile, is a talk show that discusses the SRH presented in the soap opera. Listeners can call, ask questions, or even write letters to seek advice related to SRH. Trained counsellors provide advice to listeners.

### Output

Increased awareness on sexual and reproductive health issues among Cambodian youth

- A community that recognises the importance of addressing adolescent SRH issues and that provides support and inspiration to young people.

### Learning

- Radio broadcasting is an effective tool for advocacy since it reaches even far-flung villages in Cambodia. By featuring socially relevant stories, though fictitious, listeners become more reflective and discerning on the issues that surround them.
- Careful planning, good materials, and learning the right tools through the CFA can maximise media utilisation.
- Community advocacy is best achieved if participatory approach is used. In this case, youth from the community were trained in acting and scriptwriting which makes the stories more realistic and powerful.
7. Sexual and reproductive health

The Cambodia Health Education Media Services (CHEMS)

Cambodia

7.2 Turning obstacles into opportunities

Like in many societies, the youth and the elders in Cambodia are often at odds with each other. Realising that this may hamper CHEMS' advocacy on the issues of disability, HIV/AIDS, and reproductive health, the organisation sought to bridge this age gap. CHEMS has developed videos and radio programmes to serve as tools in educating their target communities. A milestone for CHEMS is their capability to develop talents, leaders, and communicators from their target communities through CHEMS Reproductive Health Network, making their efforts very participatory.

Learning

- Recognise the capability of youth from the grassroots community and harness this. Give them the chance to develop and deliver effective advocacy tools.
- Strong solidarity among members of the community is important.
- Lessons learned from CFA was popularised to adapt at the community level.

Objective

To bridge the cultural and age gap between the elders in the society, health workers, and the youth who lack access to quality reproductive health information and services.

Approach

- Established CHEMS Reproductive Health Network composed of youth from different provinces in Cambodia.
- Trained out-of-school youths on sexual and reproductive health and rights, media skills, communications, and advocacy.

Output

- It created an understanding and cooperation between youth members and elders in the campaign for health services and information activities.
- The trainings gave young members the capability to coordinate with local authorities, teachers, and health centre staff. This made them well-respected in their own communities.
- CHEMS was able to develop and create a pool of talents from the grassroots who can compose and sing songs, write drama scripts, radio spots, and act in their own production.
7. Sexual and reproductive health

The Indra Devi Association (IDA)
Cambodia

7.3 Community theatre as an effective advocacy tool

Iliteracy is still a major concern in Cambodia, but the Indra Devi Association (IDA) has developed an effective advocacy tool to raise the awareness of the people on various health issues, specially sexual and reproductive health.

Community theatre is part of traditional Khmer entertainment. Since many Cambodians still have no access to televisions or radios, community theatre is very effective in attracting a crowd.

By utilising this popular medium, IDA is able to communicate its messages to a wider audience.

IDA is also able to fine tune its advocacy messages by utilising the communication, strategy, and methodology it learned from the CFA.

Objective

- Raise the people's awareness on various health issues, specially sexual and reproductive health (SRH), gender, and drug use.
- Tap the community’s participation in advocacy.

Approach

- Initially, IDA relied on professional actors since they drew a huge crowd. Later on, community members were selected and given trainings on script writing, drama, and traditional theatre.
- CHEMS provided the training on scriptwriting, which incorporates reproductive health messages. Professional art teachers, meanwhile, were tapped to train peer educators in other aspects of community theatre.
- In selecting the locations for the performances, IDA makes sure that the area is heavily populated by its target audience. Since the main thrust of the theatre is raising awareness on SRH, HIV/AIDS, gender, and drug use, performances are often held in areas populated by brothels, drug dens, garments and brick factories, and other high risk areas.

Output

- Despite the limited access of Cambodians to television and radio and the high illiteracy rate, IDA is able to send its messages across through community theatre. In one performance alone, an estimated 600 people watched.
- The theatre also provided the community members with an opportunity to develop their creativity. By training community members themselves to become scriptwriters and actors, IDA no longer relies heavily on professionals to stage the performances.
- The local popular culture can be a source of effective advocacy tools. By utilising a widely-popular and accepted medium, IDA's advocacy campaign is able to reach a wider audience. The audience, too, is more receptive to the theatre’s messages. Another advantage of utilising a local culture is that community members are more eager to participate. Cambodians are generally shy, but since they are familiar with community theatre, the medium does not come across as threatening.
- Coordinating with the local government and the police to ensure peace and order is vital in an event that is expected to attract a huge crowd. Ensuring the performers’ and the audience’s safety is important since the performances are often held in high-risk areas.
7.4 Building capacity of government organisations in advocating for sexual and reproductive health

Advocacy is a relatively new concept in Lao PDR and there is a tremendous need to establish an enabling environment for policy-makers to formulate policies to promote and enhance the sexual and reproductive health (SRH) of the people, especially in remote areas.

- Health Unlimited (HU), a CFA core partner, conducted an advocacy training participated by representatives of Lao Youth Union (LYU), Lao Women’s Union (LWU), Provincial Department of Education (PDE), Public Health Services (PHS), and the Department of Information and Culture (DIC).

**Objective**

- To increase the capacity of the government partners as effective advocates for change in the context of reproductive health.
- To promote the concept of advocacy at the provincial and district levels.
- To become familiar with the different communication tools for advocacy at the provincial and district levels.

**Approach**

HU first identified SRH issues that need to be addressed. These are

- Lack of knowledge on family planning.
- Early marriage leading to early pregnancy with possible consequences on unwanted pregnancy, big family size, and induced abortion.
- Lack of access to health services due to poverty and difficult geographic locations.
- Lack of supplies and medicines in the health facilities.
- Poor health infrastructure.
- Low level of knowledge and skills of health staff to manage common illnesses and reproductive health problems.

It then worked actively with LYU, LWU, PDE, PHS, and DIC to build the capacity of these government entities to raise awareness among their constituencies and the general public about SRH.

- Village authorities and parents were also the target of advocacy initiatives of young people to support them in their pursuit of better understanding of their sexuality and reproductive health needs.
- The participants showed enthusiasm to learn this ‘new’ concept. Their participation revealed a good deal of understanding about advocacy and its impact on the target audiences. They expressed commitment to do more advocacy work on reproductive health.
- Village authorities who were once reluctant and uncooperative to young people’s activities in the villages gave full support to Reproductive Health Initiative for Youth in Asia’s mobile outreach activities where dissemination of SRH information, giving health and family planning services, and peer education initiatives were conducted. Fifty village chiefs committed to require family planning information and counselling before a permit is given for young couples to marry. These village chiefs actively participated in RH education activities together with the Village Health Committees.
- Varied techniques and strategies for advocacy were utilised by provincial partners, taking opportunity to do more advocacy work during international celebrations and special events like the Boat Racing, That-Luang Festivals, and other national festivals that attract a huge crowd.
- Unlike in the past, SRH issues and topics are now being openly discussed. This resulted in an increase in awareness on SRH. For example, 37 percent of female youth aged 15 to 24 are now aware of HIV/AIDS and how to protect themselves against the disease. There is also a significant increase in HIV/AIDS awareness among married couples.

**Learning**

- Despite strict state controls, there is still a room for the people to learn and change. The key is to sustain and strengthen partnership with government organisations.

An enabling and cooperative environment from the government is critical to programme development and
Information and education are strong determinants for health outcomes. In Laos, where literacy rate is relatively low, people are perceptive and willing to change when appropriate methodologies and strategies are employed and when topics and issues are relevant and timely.

There is a need to advocate to the government the deliberate delivery of health services and health information to people living in remote areas. Often, these people have no access to health services and information.

Tools for communication in advocacy should be culturally appropriate in countries like Laos where there is high ethnicity.
8. Summary of CFA lessons and impact

Giving Voice to the Voiceless

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Lessons learned can be divided into those from the project, those for the sector, and broader developmental lessons.

**Lessons from the project**

- The CFA project helped to reduce misunderstandings among community groups about what advocacy is and who can apply it. Advocacy can be carried out by communities at grassroots levels and not just by people who already have decision-making powers.
- Each organisation found that the partnership aspect to the workshops added interest, range, and credibility, and also raised the profile of their organisation within the region.
- The CFA approach is adaptable for different countries, contexts and languages.
- Participants from diverse backgrounds can often interpret simple terms very differently. Workshop facilitators need to be careful about the language that they use, and must be wary of assuming that concepts that are familiar to them are understood by all participants.
- Situation analyses are important in assessing the real needs of communities. It is important to make sure that these are documented.
- When carrying out advocacy “training”, it is important to focus on the needs and contexts of those you are training, and to avoid, as much as possible, a “top-down” approach: the ability to listen is key to successful advocacy.
- The sharing of information and experiences among the CFA partners has been invaluable, but after funding and technical support is withdrawn, partners will need to make the effort to ensure that this communication is maintained. Everyone will have to make the time to make sure that networks are sustained.
- Facilitators need to act with a team approach. This can be quite challenging and addresses issues around organisational culture as well as personal capacity e.g. confidence, and the ability to adapt and take criticism.
- There are risks involved in raising expectations. Advocacy must be presented as the first step of a process that requires ongoing strategic planning.
- Trainers and facilitators must also be aware of the practical legal concerns that may affect advocacy environments. Issues such as empowerment, gender, rights and sexuality can be sensitive and may face serious barriers in some settings (notably Laos).
- The workshops benefited from the diverse backgrounds of the organisations attending. The inclusion of an organisation from Japan in the Manila workshop proved useful when it came to exploring the differences between the two countries’ health statuses and critiquing aspects of health policy, e.g. budget allocations. This politicised the analysis and was a powerful approach for self-learning in advocacy.

**Lessons for the sector**

- Advocacy activities and the meaning of advocacy need to be identified before any organisation or individual can embark on advocacy work even, and maybe especially, where organisations/individuals consider that they are already carrying out advocacy work.
- Effective advocacy at the grassroots level requires the confidence-building of community groups, especially young people.
- Those undertaking advocacy work need to know and understand the issues for which they are advocating before they embark on campaigns. Advocacy always requires a strategic approach and information gathered has to be analysed within its context before it can form the basis of dialogue, lobbying or other action to effect change.
- Lessons and experiences in advocacy must be documented so that they can be shared and so that other organisations and individuals can benefit from learning.
- Advocacy contains different perspectives and methodologies: there are a broad range of approaches.
- Learning comes from communication, and communication is the key to effective advocacy.
- IEC materials need constant monitoring to ensure that they continue to reflect accurately the needs of communities, and to make sure that they are targeted at those who can really respond.
- Those at the grassroots level need to monitor legislative change to ensure that it continues to reflect the needs of communities, and to ensure that changes in legislation are truly implemented, and that they continue to be carried out even after initial attention wears off.
8. Summary of CFA lessons and impact

Broader developmental lessons... 

- Advocacy is not just about changing policies or influencing government. It is also about creating environments for change at the community level and among one’s own peers.

- An issue such as advocacy benefits from being framed within the individuals’ working contexts. Rather than taking a macro approach, it is essential to allow people the space to discuss their own working situations and from this develop analytical skills for critique and development of commonalities. This should then be the starting point for more meaningful discussion about concepts such as communication and advocacy, rather than delivering definitions and guidelines.

- Strength in advocacy can be gained through networking, and linking up organisations and groups of people engaged in or interested in taking on advocacy work.

- Advocacy is not an end in itself – it is a tool that can help to organise and mobilise people at grassroots levels.

- Decision-makers need to be encouraged and motivated to participate in and support dialogue among stakeholders.

- Involvement of government is key to successful advocacy. NGOs and CBOs can never operate entirely outside of official systems. They need government support in order to effect real change.

- Advocacy is a process that doesn't end, not even at the stage of legislation change. Dialogue must be maintained between those at the grassroots and those with decision-making powers.

- Advocacy is not simply about generating information. It is also about helping people to gain the skills to be able to utilise that information.

- Power has to be challenged in order for those who have it to remain aware of the realities of life faced by those without.

From the evaluation report of Ms Julie Kleeman, external evaluator
CFA Album 3
Communicating for Advocacy in Action

Deep discussion from Bangladesh and India

Cambodian team in Bangladesh

Mastering the sound equipment in Bangladesh

Workshop discussion in Bangladesh

Prop making for Seeing in the Dark in Bangladesh

Presenting feedback in Bangladesh

Giving Voice to the Voiceless
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9. Organisational learning and impact

Cambodia Health Education Media Services (CHEMS), Cambodia

Healthlink Worldwide, UK

Health Action Information Network (HAIN), the Philippines

Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV), Bangladesh
Since its involvement in the CFA project, CHEMS has been running workshops on media, communication, and advocacy skills for development organisations, journalists and media personnel in Cambodia. Recently, it established a new network of civil society organisations that will continue to connect many of its partners under CFA. The network currently has 17 members who meet every six weeks. This initiative is funded under a new CHEMS - EU project, but has been borne out of relationships formed under DFID-funded CFA. CHEMS itself was now well-known outside of Phnom Penh before embarking on the CFA project. Now that its profile has been raised and its staff are more confident in training and facilitation, it feels that the time is right to share these skills and to offer its video and radio production services to a wide range of partners. In addition, CHEMS has also re-established and improved its existing Media Support Unit (MSU), which consists of approximately 22 members from different health NGOs and media agencies. The team has met monthly with the aim of advocating to advertisers and broadcasters on health issues in order to ensure that accurate messages are being published and broadcast, and in order to advocate against misleading or inaccurate broadcasts and publications. CHEMS has built strong relationships with partner NGOs and the Ministries of Health and Information through its MSU activities. The MSU network has also improved the capacity of members to develop high quality IECs materials, and to strengthen relations between the health sector and media organisations.

CHEMS welcomed the contribution of a visually impaired vocalist on a new CHEMS CD that is currently promoting its new campaign on sexual reproductive health rights. In addition those involved in the focus groups discussions assisting CHEMS with its radio scripts are also receiving training in reproductive health, communications, and life skills to enable them to become peer educators in their local areas. CHEMS and its core partners HU-RHIYA Laos and IDA have also started using community theatre to raise awareness around health issues, and these sensitive advocacy initiatives have won support from parents, teachers and community leaders. In Laos, HU-RHIYA complemented these innovative community activities with peer education initiatives. HU-RHIYA Laos trained a Project Working Team (PWT) of multi-sectoral district facilitators to use “small media” such as pictures and posters to convey reproductive health messages. Thirty of these facilitators had attended the May 2004 Attapeu CFA workshop, during which HU-RHIYA Laos staff and workshop participants had discussed the application of advocacy strategies across a range of media. HU-RHIYA Laos staff and its PWT partners will take this training to new groups, “using the knowledge and understanding about ‘advocacy’ as a tool for change”, so that, “through practice, they can become better and more effective communicators for this change.”

HU-RHIYA Laos described at the CFA plenary how advocacy is a new concept in Laos, and communicating for advocacy a particularly alien concept to people who are used to following orders from their elected leaders. In a country where mass media is extremely limited, community theatre and other similar tools of communication are particularly valuable. The Laos Youth Union (LYU) distributed bags carrying health messages to participants of its CFA workshop. Both HU-RHIYA Laos and the LYU believe that “visible” forms of advocacy are the most effective in this context.

The CFA experience effected organisational as well as institutional change in Thailand, where CFA key partner, the Foundation for Disabled Children (FDC), has secured the commitment of the Thai government to organising its own CFA workshop. The Thai Director General of Health has also called for more CFA training across the country. This is a major achievement given that for a long time, Thai ministers had been unwilling to allow the level II workshop to be held in Thailand in the first place. FDC’s programme officer described at the CFA plenary how he had had to visit his local authorities once a week over a sustained period before

Through its radio programmes that discuss sexual and reproductive health issues, CHEMS is able to reach a wider audience.

CHEMS has also integrated new-found and improved advocacy skills into its existing radio output and other services. It is currently focusing on integrating disability issues into various aspects of its work. A disability storyline is a new addition to its radio soap opera, and through it is possible to reach a wider audience.
9.1 Cambodia Health Education Media Services (CHEMS)

Community theatre proved to be particularly useful in Laos where mass media is extremely limited.

he was given the initial go-ahead. FDC, a Chiang Mai-based NGO providing medical, material, logistical and education support to disabled children, reports that since holding the workshop in July 2004, employment opportunities for disabled people have already improved. A full-time wheelchair user was recently employed as website designer at the Ratanagarindra Institute of Child Development. Accessibility has also improved at government buildings, hotels, private houses and schools. Ramps have been installed at the Ratchanagarindra Institute of Child Development (RICD), and sanitary blocks at the Hua Hin beach resort have been completely rebuilt to be accessible for wheelchair users. FDC itself has integrated CFA learning into all aspects of its work, and claims that through its advocacy activities it has been able to secure enough support from local authorities that FDC staff no longer need to make all home visits themselves. They can concentrate instead on the awareness-raising and lobbying activities that are already making changes to how they operate as an organisation, and to the lives of a great number of disabled children.

Footnotes:
1 Remarks taken from HU-RHIYA Laos CFA-related material
9. Organisational learning and impact

9.2 Health Action Information Network (HAIN)

Advocacy in the Philippines has a long history, dating back to the 1970s when then President Ferdinand Marcos declared Martial Law. However, despite the ouster of Marcos in the 1986 People Power Revolution, the Philippines continues to face economic and political instability. Inflation and unemployment remain high, pulling down the people’s morale further. There is also a continuing trend of cutting down the budget for key social services, such as health, affecting the poor and even the middle class.

But while this has provided a challenge for those engaged in the CFA project, HAIN also views the current health situation as an opportunity for NGOs equipped with informed advocacy skills: “The CFA effect has been that more and more of our partner organisations have been able to verbalise what they want to say in a more systematic manner, and to use tools to make their advocacy more effective” says Edelina Padilla de la Paz, executive director of HAIN. With health issues devolved to the local government level, partner organisations have needed to hone their skills in local government advocacy. Core partner, Kaugmaon, and community partners IWAG Dabaw (an activist and support group for gay people in Davao and surrounding urban centres in Mindanao) and the Children’s Rehabilitation Centre (CRH) have used learning from CFA to approach local officials on a range of issues including stigma and discrimination of gay people, and people with HIV/AIDS. Kaugmaon partner METSA, and its partner organisation, KOL-LOS NENG BI LIBO (KnBL), reported that it had “learned to talk with government officials”. “I applied face-to-face techniques”, said a spokesperson. “Even if our requests were not granted, at least I have tried.” Kaugmaon reported that its partners had successfully advocated around a range of issues including summary executions, anti-prostitution campaigns, people tracking, rising oil price and human rights violations, forging partnerships at various levels of government.

Another HAIN partner, the Council for Health and Development (CHD), the national organisation of non-government community-based health programmes in the Philippines, reported that its staff had become more effective communicators and trainers as a result of the CFA project, and that some had been tapped to become spokespersons for sectoral organisations or to host press conferences and forums. Staff felt that they were better able to write and target press releases, and many had been involved in sustained mass campaigns, for example against the commercialisation of health services in the Philippines, as well as other social and political issues. During the 2004 elections, representatives from community health projects took the people’s health agenda to local government officials, asking them how they would tackle these concerns if they were elected.

HAIN partner GWHAN (the Girls Women HIV/AIDS Network) is applying advocacy strategies to integrate girls and women’s concerns on HIV/AIDS into a national policy. GWHAN spearheaded the Philippines 2004 World AIDS Day campaign, whose strapline “Have you heard me today?” sought to raise awareness about, and help address, the many issues affecting women and girls around HIV and AIDS. It also organised a number of other high-profile events including a HIV/AIDS fun-ride and fun-run in Quezon City, which was promoted and covered widely in the Philippines media.

Core partner Save the Abra River Movement (STARM), which exposes the environmental destruction and...
ensuing health problems brought about by corporate mining endeavours at the Abra River in Northern Luzon, described how it had been employing advocacy strategies including the developing and delivering of information around the health impact of commercial endeavours at the Abra River, but it had not been reinforcing those messages, nor targeting them in the appropriate manner. Plenary participants described how the CFA experience helped them to focus their advocacy activities and to be more systematic who they targeted and how they did this. After CFA training, STARM mobilised two universities in Baguio City, where it is based, and the University of the Philippines, into taking on research work related to monitoring the water condition of the Abra River. Saint Louis University in Baguio was motivated by STARM’s initial research findings on the condition of the Abra River into applying for additional funding so that it could update its research facilities, and so that it could also be used as a venue for STARM events.

The CFA project also helped core partner Sarvodaya in Sri Lanka to develop its skills in the use of media for advocacy. Sarvodaya is one of the oldest and largest Sri Lankan NGOs. It aims to cover gaps in the Ministry of Health’s services, including assistance in reproductive health, nutrition, preventing violence against women, and other preventive health services, and since its participation in the CFA project it has advised partners in the publication and dissemination of a wide range of informative booklets covering subjects such as pesticides and profit; food, nutrition and politics; and health and organic farming. These brochures have helped to disseminate information about the People’s Health Policy, an initiative against the use of pesticides in Sri Lankan farming, and promoting organic sustainable agriculture, especially among women. The initiative was started by the Community Education Centre (CEC) and Sarvodaya CFA partner, the Alternative Community Health Action group (ACHA), who between them have created a network of over 30 groups and organisations concerned with safe food and sustainable agriculture. Network members have sent letters and submissions on the People’s Health Policy to the Sri Lankan President and the Minister of Health. Sarvodaya actually based their CFA workshop on “Advocacy for the People’s Health Charter.” The Sri Lankan Minister of Science and Technology attended the workshop, which provided a powerful bridge to decision-makers.

Most recently, Sarvodaya has taken the lead in Sri Lankan media reporting of the December 2004 tsunami, addressing the public through the Independent Television Network soon after the disaster struck. The Sarvodaya website, www.sarvodaya.lk, was updated daily with information on its relief efforts. This information was targeted at the international community as well as the Sri Lankan public, and it helped to attract international donations as well as acting as a valuable source of up-to-date information. Sarvodaya has subsequently been the subject and source of a large amount of media attention. Its relief efforts have received worldwide publicity in international newspapers and on television stations such as CNN.
9.3 Healthlink Worldwide

Communicating for Advocacy was a complex project with 4 key partners, 17 core partners and more than 360 participating organisations across Asia. This challenged Healthlink Worldwide to communicate effectively and apply innovative monitoring and evaluation techniques.

Its approach to monitoring and evaluation combined formal reporting on project plans and expenditure with open learning reviews that captured the real experiences of people doing advocacy communication with their communities. This meant that as well as accounting to its donor, it could learn from its partners and engage fully in an exciting network. Healthlink Worldwide is proud of its place in the CFA network and has already built the systematic learning approach into other projects.

Two major learning events took place throughout the project which used a wide range of innovative and participatory approaches and methods: a review and re-planning meeting in Year 2, and a learning plenary in Year 3. During the review, alongside monitoring against the log frame, and analysing achievements (and therefore identifying gaps) against objectives, all key partners constructed a visual project activity calendar on the wall. This comprised three levels: activities within the project formed the top line (e.g. delivery of workshops, meetings with local partners); things happening within each organisation (e.g. restructuring, change of senior staff etc.) was the middle line and on the bottom line each individual could plot things that were more personal such as a promotion within their organisation, or taking on a new role, or receiving staff training etc. This was a very useful exercise as it encouraged the partners to reflect on the project from different perspectives and understand what contributed to the achievements and challenges. It helped the partners begin to see how personal change is inseparable from social change.

The learning plenary offered a chance for honest exchange of ideas and experience between each of the key partners and some of the core partners. It also gave space to reflect on and map the organisations' experience and networks and link this to meaningful action planning. As always, documentation remained key in capturing the learning. Healthlink Worldwide made the most of the CFA project by linking its own staff development with CFA training and practice. All staff involved in the project were able to set performance objectives related to project management and output delivery against which they were appraised and staff development and training needs could be set accordingly. For example, Healthlink Worldwide's programmes officer completed CFA facilitation training along with staff from partner organisations and also developed skills in documentation, project reporting, monitoring, and evaluation.

A series of internal communication events in London enabled other staff to learn about the project and the achievements of partners, which in turn helped Healthlink Worldwide to represent the project to its board of trustees, at external meetings and within other networks.

Updates, trip reports, lunchtime discussions, after action reviews, formal feedback and learning sessions, sharing of project outputs such as the project DVD and input into publications helped us to analyse key developments throughout the project. We also drew on external expertise and a wider network particularly through the Exchange programme to introduce new monitoring and evaluation techniques such as Most Significant Change and Outcome Mapping to the project partners.
9. Organisational learning and impact

9.4 Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)

The experience of working on the CFA project has changed SARPV as an organisation probably more than any of the other key partners in this project. Since 2002 it has repositioned itself in the Bangladeshi NGO community. It is now recognised as an advocacy organisation geared towards educating civil society and policy makers about the status of disabled people and their rights. The advantage of being identified as an advocacy NGO as opposed to an implementing organisation, according to SARPV’s chief executive, Shahidul Haque, is that SARPV can now give advice and assistance to a large number of organisations, rather than restricting its services to specific recipients. "SARPV now feels a responsibility to develop a training pool," he says. "Our role should not be about providing charity, but about realising the potential of integrating the disabled people into the overall development process."

SARPV’s influence as an advocacy organisation has been far-reaching. In April 2003, it became one of nine board members of the newly-formed Federation of NGOs in Bangladesh (FNB). The FNB has a focus on eradicating hunger, poverty and illiteracy, but SARPV has assured that disability is also on the federation’s agenda, so that the FNB can play a role in ensuring accessibility in all public places. It has also been successful in lobbying architects and engineers to consider accessibility options in new building designs. Staff presented a paper entitled "The role of architects in making a barrier-free environment" at a seminar of the International Architecture Association, as a result of which a number of architects and engineers have adapted new designs to take account of the accessibility needs of disabled people, and also created ramps for existing buildings.

In another meeting, SARPV alerted the prime minister to the accessibility problems faced by disabled people queuing for tickets at bus and train stations. The prime minister issued a circular requesting that disabled people be served separately in such situations. Her call has since been passed into law.

Since 2003, it has also been representing the Abilis Foundation in Bangladesh. The Abilis Foundation, a development fund founded by people with disabilities, and supporting the empowerment of disabled people in the south, has an established partnership programme with disability organisations in developing countries. As an Abilis partner, SARPV has persuaded the foundation that potential recipients of Abilis funding must be represented by at least one disabled person among those on its executive committee and staff. Abilis claims to receive four or five applications a month from organisations fulfilling this criteria, and says that over 150 organisations fulfilling the criteria have applied for funding to date. In addition to the assistance it has provided to Abilis around altering its organisational systems, SARPV has also provided Abilis with Bangla translations of its funding application forms and programming information documentation, a service that it is also offering to grassroots organisations more widely.

From 2005, SARPV has also begun offering training on disability mainstreaming to a range of different national and international NGOs and other institutions. It has been advising Care International on appropriate methods for identifying calcium-deficiency rickets disease, and is currently a Care International technical partner responsible for training Care staff in methods of involving disabled people in mainstreaming disability and development. In Chakaria, SARPV has raised the profile of its school, Prodipalo (literally "an enlightened place"), an integrated education establishment that accepts both able-bodied and disabled children. Prodipalo has received the attention of many government, non-government, and private educational institutes, and is currently being developed as a model for integrated education. Finally, SARPV is also outsourcing its expertise for "Seeing in the Dark", a blacked-out installation simulating a light restricted environment for sighted visitors. "Seeing in the Dark" is a capacity-building process based on the principles of experiential advocacy, developed as part of the CFA process. Visitors to the installation must deal with a series of recreated everyday activities, hazards, and sounds, as if they themselves are visually impaired. The idea is that "Seeing in the Dark" can form the basis of a training process around visual impairment, a process that can only be understood by sighted participants once they have experienced a simulated physical reality of visual impairment.

The CFA project has helped organisations in Bangladesh, India, and Nepal form a number of important partnerships. "Seeing in the Dark," first trialled in Dhaka, was later developed with Action Aid Bangladesh in Chittagong, and then exhibited in Ahmedabad, India. In a disability mainstreaming it conducted together with AWWD and Change Makers, the disability organisations had secured a commitment from World Vision International to mainstream disability issues across all its partner organisations.
SARPV core partner, AWWD, a West Bengal-based NGO working for the rehabilitation, empowerment and capacity-building of disabled girls and women, has also advocated successfully for the inclusion of the issue of the health of girls and women with disabilities at the All India Women’s Studies Conference (Goa, May 2005) and the International Women’s Health Meet (Delhi, September 2005). It is currently advocating for the inclusion of the issues of violence and sexual abuse against girls and women with disabilities in the 16 Days of Activism Against Gender Violence campaign, held annually between November 25 and December 10.

AWWD director Kuhu Das claims that her organisation had been using advocacy and networking strategies before they had become linked to the CFA project, but “not in the way we should have been doing – CFA has given us the vision we need to do our work.”

SARPV core partner, the Centre for Disable’s Concern (CDC) has also been involved in awareness-raising around the issues affecting disabled people, and in attempting to effect legislative change. Since its involvement with CFA, CDC has been working with the Centre for Disability in Development (CDD) around creating accessibility in schools and places of employment. It is also working with the Bangladesh traffic police to create safer street environments for people with disabilities. CDC co-founded the Chittagong Society for the Disabled (CSD), hosts of the Chittagong “Seeing in the Dark” exhibition. CSD has encouraged dialogue around “Development Thinking for the Disabled” and initiated discussions related to the training of disabled people for employment placements including jobs in fashion design.

Srizony Bangladesh, another of SARPV’s core partners, and traditionally a microcredit organisation, has also focused its advocacy efforts on creating income generating activities for disabled people, and on improving disabled children’s access to education in schools.

Toitomboor, SARPV’s core partner, is a children and juvenile monthly magazine. It strengthened its advocacy initiatives around creating opportunities for disabled children, commissioning articles from disabled children for its magazine, and presenting articles by young people on the subject of “Focusing on the abilities of children with disabilities” at a 2003 regional symposium on disability. Toitomboor has encouraged the participation of disabled and disadvantaged children in a number of nationwide competitions. A disabled girl from Cox’s Bazaar won the UNICEF Meena Media Award for her travelogue "My travel to Europe," which was published in the Toitomboor magazine, and a visually impaired schoolgirl, Rozina Akhter, won a prize in the Toitomboor Vision 2020 Children’s Contest 2004, marking the first time that visually impaired children in Bangladesh had had the opportunity to take part in a contest of this kind. Toitomboor claims that the achievement was made possible through the assistance of two CFA participating organisations, the Assistance for Blind Children (ABC) and Child Sight Foundation (CSF), who converted Rozina’s essay from Braille into text.
10. About the core partners

Cambodia Health Education Media Services (CHEMS), Cambodia
Healthlink Worldwide, UK
Health Action Information Network (HAIN), the Philippines
Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV), Bangladesh
Despite recent progress, the Cambodian economy continues to suffer from the effects of decades of civil war and internal strife. The general population lacks education and productive skills, particularly in the poverty-ridden countryside, which suffers from an almost total lack of basic infrastructure. Fear of renewed political instability and corruption within the government discourage foreign investment and delay foreign aid.

This is the environment within which key partner, the Cambodia Health Education Media Services (CHEMS), is operating. Its mission is to enable Cambodians, specially the youth, to protect and improve their health by providing accurate and appropriate information and education through the use of effective media, communication, and advocacy activities.

It has been producing the interactive radio programme, “Especially For You, Young People”, a five-times-a-week phone-in programme providing a safe medium for young Cambodians to voice their opinions and concerns about sexual and reproductive health issues. “Especially For You, Young People” is complemented by “Lotus on a Muddy Lake”, a CHEMS-produced radio soap opera that also deals with health and social issues affecting young people. Topics such as birth-spacing, HIV/AIDS, arranged marriage, puberty and rape are examined through the lives of a set of characters based in a small village in rural Cambodia, some of whom also travel to the capital in search of work. It is estimated that CHEMS’ radio programmes cover a geographic area of around 80% of Cambodia, reaching a potential population of 9.6 million. Surveys indicate that around 40% of young Cambodian people listen to radio shows regularly or irregularly, amounting to an audience of approximately 1.2 million young people.

CHEMS also has a bi-monthly column in one of Cambodia’s most popular youth magazines, and manages outreach teams that travel to eight provinces in Cambodia, holding regular meetings with young focus groups in the provinces and Phnom Penh to get feedback on its programming and to help identify health issues that have yet to be covered. This form of audience participation is unique in Cambodia, and allows young people to contribute to the programme in a very active way. CHEMS also offers radio and video production services, as well as training in script writing and radio production. In 2003, it completed a 30-episode radio drama about domestic violence for a local women’s group.

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Healthlink Worldwide’s partner in the Philippines was the Health Action Information Network (HAIN), a non-profit, non-government organisation established in 1985, and based in Quezon City. HAIN is involved in health education, advocacy, and research. It seeks to empower the people and communities by raising their awareness and capacity to analyse and respond to health issues and problems. Its mission is anchored on the People’s Health Movement (PHM) and the tenets of Primary Health Care. To achieve this aim, HAIN ensures that objective, accurate, and timely information on health and health-related issues are readily available and accessible.

It works mainly with community-based organisations involved in health and development, and produces a number of health learning materials such as newsletters. It also conducts training and education activities throughout the Philippines and within the Southeast Asian region, particularly around reproductive and sexual health issues.

Prior to its participation in the CFA project, HAIN’s workshops had been accredited for continuous education units with the National Boards of Medicine, Nursing and Midwifery. HAIN had conducted innovative researches in such areas as traditional medicine, young adult sexuality, HIV/AIDS, and attitudes towards family planning. These researches were used to support advocacy initiatives. HAIN had influenced the Philippine National Drug Policy and National AIDS Policy, and was one of six organisations that held a position in the Philippine National AIDS Council, a presidential advisory body that formulates national policies on HIV/AIDS prevention and care.

Today HAIN’s research continues to support advocacy activities promoting the Philippines National Drug Policy and National AIDS Policy, and it is still a member of the National AIDS Council. Researchers from the Senate and the House of Representatives regularly use HAIN’s resources in aid of legislation.

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What Healthlink Worldwide is about?

Healthlink Worldwide works to improve the health and well-being of disadvantaged and vulnerable communities in developing countries.

We aim to help less advantaged communities voice their own health needs and priorities, and to ensure that voice is heard.

Our speciality lies in:

- strengthening the ability of vulnerable communities to identify and communicate effectively their own health needs and priorities
- increasing public access to, and use of, information and knowledge on public health issues.

We work towards helping communities:

- include the most vulnerable community members
- participate in the development and delivery of community-based services
- represent themselves and participate in public dialogue
- strengthen their own capacity to communicate and be included in decision-making processes
- directly influence decision makers.

Currently we have a focus on:

- the health and well being of children and young people
- improving women’s health
- tackling HIV and AIDS and improving sexual health
- combating malaria, TB and other communicable diseases.

What Healthlink Worldwide does

Healthlink Worldwide is a specialist health and development agency. We are primarily concerned with communication, and the social, cultural, and economic aspects of vulnerability to poor health.

We use information, knowledge, and communication to enable the most marginalised people within communities to find and develop their own voice.

Working in partnership with local organisations and communities, national organisations and academic and government institutions, Healthlink Worldwide

- facilitates and stimulates both private and public discussion at community level to help poor and vulnerable communities voice their own health needs and services.
- develop innovative tools and techniques for strengthening communication capacity at community level.
- support the development of health communication strategies owned and implemented at a local level.
- provide training in health communication and communicating for advocacy.
- facilitate health policy dialogues and establishing health priorities.
- support the establishment of appropriate information and knowledge resource centres on public health and development issues.
- provide and disseminate information and knowledge on public health issues through print and electronic media, and networking.
- develop a learning process to build a strategic and practical evidence base about what works.
- provide consultancy services in health communication.

Who Healthlink Worldwide works with:

Healthlink Worldwide works in over 50 partnerships in more than 30 countries, focusing on people living with HIV and AIDS, disabled people, children, young people and vulnerable women.
**Why information, knowledge and communication is important:**

For poor and vulnerable communities to improve their health, they first need to successfully identify and voice their own health needs and priorities, and influence decision makers. This requires:

- adequate and inclusive discussion at community level
- access to good information
- good knowledge of the issues
- the ability to articulate views and opinions clearly
- the ability to communicate effectively through a number of channels.
- Information, knowledge and communication are the keys to effective public participation in health development.

**What is the end result?**

Local organisations and marginalised communities:

- can discuss what they need both publicly and privately
- can better articulate their needs
- are able to have a say in the changes that can improve their lives
- are involved in making such changes
- can be heard and listened to by those in power
- can better represent themselves in local, national and international forums
- have strengthened leadership skills and communication capacity.

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Healthlink Worldwide’s partner in Bangladesh was the Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV), a national non-governmental organisation working with and for people with disabilities. Its mission is to build a society where persons with disability can fully participate in all social activities and to develop their full potential regardless of their functional limitations. Its main activities include research and prevention work on rickets, participatory advocacy programmes to promote the rights of people with disabilities, and community-based rehabilitation programmes.

Prior to its involvement in CFA, SARPV did not identify itself as an advocacy-focused organisation. It saw itself largely as an implementing organisation with a disability focus that was attempting to mainstream disability through community-based rehabilitation.

Today, SARPV has shifted its approach and it is currently focused on persuading other NGOs to integrate disability issues into their existing work. In addition to its core partners under CFA, SARPV has successfully persuaded over 40 organisations to involve disabled people in their communities voice their own health needs and services develop innovative tools and techniques for strengthening communication capacity at community level support the development of health communication strategies owned and decision-making processes and to address disability issues in their programme.

In Bangladesh, people with disabilities are deprived of access in everyday activities. They are considered a curse, a burden, and kept apart from social activities. To change the negative perceptions people generally have towards persons with disabilities, SARPV has been conducting effective advocacy campaigns. Its actions are based on its seven key realizations on disability:

- Disability is a human issue,
- Disability is a development issue; not a welfare or charity concern,
- Disability means only different ability,
- Disability is not a functional limitation; rather, it is our collective inability,
- Disability is a problem of social attitude and lack of awareness;
- Everybody is a potential candidate to be disabled at any time,
- People with disabilities do not want sympathy but empathy.

It has a record of using mass media for advocacy campaigns that promoted disability as a developmental issue. Among its most successful campaigns is the Seeing in the Dark, an experiential installation that simulates the lives of persons with disabilities. Through its advocacy campaign and its inputs in consultations, SARPV has also been instrumental in the passing of a law requiring all public and commercial establishments in Bangladesh to install ramps and other accessibility infrastructures.

SARPV is fully aware that persons with disabilities have been largely untapped, despite their capabilities to become productive citizens. To this end, it has capacity-building programmes to help persons with disabilities live productive lives. For example, it partnered with Healthlink Worldwide and PhotoVoice UK photographer Anna Blackman for its own PhotoVoice project. Fifteen persons with disabilities ranging from total blindness to visual impairment, mental disability, learning difficulties and physical disability, were given training on photography. Despite the challenges, the group was united in its effort to draw attention to their needs.

It is currently active in national and international advocacy campaigns on rickets prevention. It is working with World Bank and the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Aide Medecale et Developpement (AMD), and the US-based Mayo Clinic.

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11. About the organizations

Association for Women with Disabilities (AWWD)

The Association for Women with Disabilities, established in 2002, is a voluntary, non-profit making, non-political organisation working for the rehabilitation, empowerment, and capacity-building of disabled girls and women. AWWD facilitate their mainstreaming so that they are recognised as a contributing member in the society. It provides a holistic approach in mainstreaming disabled girls and women. This is done through skills trainings; provision of rehabilitation, economic, and legal support; networking; and advocacy.

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Cambodia Health Education Media Services (CHEMS)

The Cambodia Health Education Media Services (CHEMS) focuses on disseminating reproductive health information and advice to young people through the interactive broadcast media. It also runs outreach activities in advocacy and empowerment skills aimed directly at the community level. CHEMS also promotes quality reproductive health care services and reproductive rights for the youth. It also encourages people to avail of government health care services.

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Centre for Disabled Concern (CDC)

The Centre for Disabled Concern’s mission is to develop people with disabilities into a potential work force by giving them trainings, ensuring their rights, and involving them in mainstream society. Their activities include implementation of human rights of people with disability, research and publication, vocational training, educational programmes, and self-development activities.

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Change Makers

Change Makers is a human rights organisation working on issues like children's rights, good governance, civic education, media mobilisation, research and lobbying. It is an initiative of human rights activists, lawyers, journalists, and representatives from non-government organisations and civil society.

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11. About the organizations

Council for Health and Development (CHD)

The Council for Health and Development is the national organisation of community-based health programmes in the Philippines. It pioneered the grassroots approach to health care by equipping community members with medical skills to allow them to deal with health issues. CHD is also a staunch advocate of primary health care. It maintains its militancy by linking health issues with the broader socio-economic determinants of health.

CHD is a member of the Kilosbayan para sa Kalusugan (People’s Movement for Health), a coalition of health advocates fighting for the right of every Filipino to health care. It is also involved with the White Ribbon Movement, a broad alliance of groups calling for the ouster of President Gloria Macapagal-Arroyo.

CHD has a long history of advocacy. The CFA workshop helped in further systematising its advocacy work. The proceedings of the workshop is also used as a basis in the development of a manual used in advocacy training.

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Foundation of Disabled Children (FDC)

The Foundation of Disabled Children is based in Chiang Mai in the north of Thailand. Its aim is to give material, medical, logistical, and educational support to disabled children. It uses a community-based rehabilitation approach. Since its participation in CFA, it has also begun to implement advocacy activities in its work.

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Health Unlimited (HU)

Health Unlimited (HU) aims to improve the reproductive health of young people in Laos. It produces and distributes IEC materials during special events and festivals, trains community health workers, gives trainings on issue-driven drama, organises focus group discussions and peer education workshops, and produces radio programmes that are eventually put onto cassettes and distributed in rural areas.

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Healthlink Worldwide

Healthlink Worldwide works to improve the health and well-being of disadvantaged and vulnerable communities in developing countries.

It aims to help less advantaged communities voice their own health needs and priorities, and to ensure that their voice is heard.

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11. About the organizations

Indra Devi Association (IDA)
The Indra Devi Association (IDA), established in 1993, runs a number of HIV/AIDS/STI, reproductive health, gender, and drug use programmes. It has a home-based care for people with HIV/AIDS, as well as education drive on the prevention of sexually-transmitted disease.

IDA works with sex workers, garment and brocks factory workers, students, orphans, and out-of-school youth.

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Iwag Dabaw
Iwag Dabaw is a male homosexual rights organisation in Davao City, Philippines. Its goal is to improve the social and economic status of male homosexuals, and their greater participation in community building. Its key concerns are human rights protection, provision of skills training, and sexual health education.

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Sarvodaya
Sarvodaya works for a society without poverty, implementing a range of activities including conflict resolution, health care, early childhood development, water and sanitation, reproductive health promotion, post-tsunami reconstruction, and women’s empowerment.

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Social Assistance & Rehabilitation for the Physically Vulnerable (SARPV)
The Social Assistance & Rehabilitation for the Physically Vulnerable (SARPV), a key partner of the CFA project, is an organisation for disabled people that works to build a barrier-free environment for people with disabilities. It also fights for their equal rights and opportunities in the mainstream society. Its objectives are to:
- Raise awareness about disability issues in society
- Generate and explore employment opportunities
- Socio-economic rehabilitation
- Establish equal rights and opportunities

Contact
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11. About the organizations

Save the Abra River Movement (STARM)
The Save the Abra River Movement is a broad-based effort to oppose the environmental destruction brought about by corporate mining and other commercial endeavours that may damage the livelihood of peasants and indigenous peoples around the Abra River in Northern Luzon. It is composed of concerned groups and individuals from different walks of life who aim to bring the people together for the Abra River’s healing and renewal. It launches activities opposing corporate mining and deforestation that destroy the river.

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Toitomboor
Toitomboor, meaning 'full to the brim' in Bangla, is the leading children and juvenile monthly magazine in Bangladesh. It discusses issues such as disability and child health, child right, and child development. It also promotes book reading. Toitomboor has shown its commitment in promoting an inclusive society by publishing articles on disability and including disabled children in its contests.

Despite its limited resources, Toitomboor succeeds in its endeavours by adhering to its simple approach: “think big; start small.”

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UP Baguio Institute of Management
The UP Baguio Institute of Management has filled the need of the Northern Luzon region for professional management education. One of its visions is to develop a relevant professional management curriculum programme in a global context.

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Training of Cambodian facilitators in Thailand

Interview by press! in Bangladesh

A big hand! in Bangladesh

Defining goals and actions

Exchanging ideas, developing skills

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