



# MSM Advocacy Module

NACP IV  
Training toolkit



**National AIDS Control Organisation**

India's voice against AIDS  
Ministry of Health & Family Welfare, Government of India  
[www.naco.gov.in](http://www.naco.gov.in)





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सत्यमेव जयते



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Government of India

Ministry of Health & Family Welfare

National AIDS Control Organisation

## FOREWORD

The National AIDS Control Organisation (NACO) has been implementing exclusive Targeted Interventions (TI) for the high-risk group of Men having Sex with Men (MSM). There are 149 exclusive MSM TIs covering 2.38 lakh MSMs. The capacity building of the various functionaries of TIs is being carried out through the State Training Resource Centres (STRC), but has always been a challenge in absence of formal training modules for MSM TIs. To address this, NACO has come out with a set of training modules designed for different cadres involved in implementing NACP. These modules have been developed with rigorous consultation and deliberations with experts, and involvement of community members over a period of time.

The seven training modules for Doctors, Program Managers, Counselors, Out Reach Workers (ORW), and Peer Educators (PEs); and the training modules on Advocacy and Induction are developed for ensuring sensitive and quality service delivery to the target group.

I would like to acknowledge the effort that has gone into developing the modules. The contribution made by the Targeted Intervention (TI) and National Technical Support Unit (NTSU) Divisions of NACO for developing and coordinating with the various stakeholders to bring to fruition these training modules is also recognised. I am grateful to all the community leaders and members who have contributed to the development of the various chapters. I would also like to acknowledge the technical and financial support of UNDP in developing and printing these training modules. I would also like to acknowledge the State AIDS Control Societies (SACS), Technical Support Units (TSUs), State Resource and Training Centres (STRCs) for providing relevant input in the modules.

I hope that these training modules will help upgrade the skills of the frontline workers and thereby bring improvements in implementation in the TIs and in all spheres of MSM interventions.

(N.S. Kang)

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अपनी एचआईवी अवस्था जानें. निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ

# Abbreviations and Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
CBO	Community Based Organisation
CSO	Civil Society Organisation
GFATM	Global Fun for AIDS, TB and Malaria
HIV	Human Immuno Deficiency Virus
MSM	Men Having Sex with Men
NACO	National AIDS Control Organisation
NACP –IV	National AIDS Control Programme- IV
NGO	Non Governmental Organisation
UN	United Nations



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# Introduction

This module has been created to fulfill a dire need that exists for Men who have Sex with Men (MSM) everywhere to engage in advocacy locally, at state level and nationally as a means to end the HIV epidemic and to secure fulfilling, meaningful futures.

The need is urgent, as the burden of the epidemic continues to disproportionately affect the MSM communities across the globe. The toolkit equips individuals and organisations with tools and techniques that enable them to become advocates right now, wherever and whenever they happen to be. A thread that runs through all the exercises in the toolkit is a fundamental belief in the capacity and vibrancy of MSM communities everywhere, and that when properly channelled; their energy can make a meaningful and sustainable social change.

Now, more than ever, it is important for MSM communities to identify their own strengths, weaknesses, and needs, and to self-advocate as individuals and collectives for their rights in ways that work particularly for them.

That is what this module is all about: empowering MSM communities with the tools to become more involved in advocating for their rights in various fora.

This toolkit is built upon other toolkits, with some key differences:

1. It is specifically MSM-focused with exercises and ideas that serve as conduits for MSM community energy and contribution;
2. It believes that organisations can start

from where they are, and assumes the skill sets and organisational maturity of MSM individuals and groups are wide-ranging and take time to develop; and

3. It approaches HIV & AIDS from a broad human rights framework, balancing public health and human rights approaches toward addressing MSM community susceptibility to HIV.

## Intended Audience

This toolkit is designed for MSM TI implementers – project managers, outreach workers, peer educators and other CBO/ NGO staff who would like to incorporate MSM-related advocacy into their current work. It assumes at least some of the participants in the trainings based on this toolkit will have basic literacy skills.

It also assumes they will have a rudimentary understanding of what advocacy means; however, the toolkit has the potential to stand as an introduction to advocacy with minor supplementation with other sources.

The toolkit's exploration of advocacy as it relates to MSM and HIV in particular is a new approach, and therefore participants should expect their current definitions of advocacy to be challenged and enriched.

## Note to the Facilitator

The exercises in this toolkit are of an extremely sensitive nature, taking up concepts and issues that are likely to reach deeply into the personal lives of training participants. It is very likely that



some of the concepts will run against the grain of socially and culturally sanctioned norms in the contexts where the trainings are held. It is crucial, therefore, that the information be presented in a format that is both comfortable for participants and sensitive to their particular circumstances and personal situations. Some of the exercises call upon participants to share personal information, which may be unpleasant or difficult for them to recollect and share.

Some groups may not have a highly developed degree of capacity to carry forward many of the activities presented in the toolkit. It is the job of the facilitator, then, to strike up a workable balance and cover and present material in such a manner that participants will feel inspired to take forward advocacy work with whatever skills they do possess. It is also very important to note that this toolkit is just a beginning to a successful advocacy campaign, and that advocacy work is a process that takes time and energy over an extended period. Participants should leave the training inspired, but also with a realistic sense for advocacy's multiple processes and sometimes slow-going nature. It is suggested that individuals who have had some degree of experience leading trainings relating to HIV, AIDS, and MSM facilitate the training.

## Ground Rules

It's recommended that all facilitation sessions begin with a group discussion of ground rules to ensure a safe space.

These should be written out clearly on a large piece of flipchart paper for the whole group to see and discuss.

Review the list and ask the group for any further suggestions. Before beginning the training, ensure the group has understood and agreed to these principles.

Suggested ground rules:

- Confidentiality –What is said in the room, stays in the room.
- Respect – Do not interrupt others; speak for yourself (use “I” statements) and use constructive statements only (no “put downs”).
- Right to pass – In round table discussions, participants may “pass” if they wish.
- “Step up, step back” – Allow for all of the voices in the room to be heard; if you find yourself speaking often while others are silent, encourage their participation by letting others speak.



# Chapter 1: Advocacy

A common theme across definitions of advocacy is an engagement with power structures to bring them into better service of communities that need their support. Citizens and communities touch leaders and policy makers to make positive change happen.

Advocacy is a particularly powerful and meaningful tool for communities that have been systematically excluded and underrepresented, like MSM communities. The International HIV/AIDS Alliance defines advocacy in the following way: “Advocacy is speaking up, drawing a community’s attention to an important issue, and directing decision makers toward a solution.”

Advocacy interventions ensure that MSM are perceived as an integral part of the solution to the HIV epidemic, not mere vectors of transmission. For MSM- and HIV-related advocacy projects, long-term goals can include a review of current laws and drafting new legislation for rights protection.

Advocacy is also a powerful tool that can yield positive social change, as well as community collectivisation and systems strengthening as by-products. Whatever the result of individual advocacy campaigns, the process is always valuable.

This chapter of the handbook is composed of 9 exercises geared toward orienting participants to what advocacy means, some key skills for getting started on exploring advocacy as an action direction, an overview of the unique challenges advocacy work presents for HIV & AIDS and MSM, and a listing of resources for those who

would like to explore advocacy in more depth. The scope of this toolkit does not allow for a full introduction to advocacy, nor is that the intention, as many such introductions already exist (please see Advocacy Resources section).

Instead, it seeks to give participants a taste for the advocacy processes, to begin the process of brainstorming around identifying issues and target populations for advocacy in their locales, and to provide direction and resources for taking larger-scale projects forward. Participants should consider running similar facilitated discussions in their own areas.

An advocacy campaign can be described as being composed of a common set of core steps, with some variation here and there in different conceptualisations of the advocacy process. This toolkit does not attempt to provide a comprehensive introduction to each of these steps; rather, it prioritises a set of steps that can get communities started immediately on their own campaigns. It goes into just enough depth to give participants a feel for the processes and skills that comprise advocacy, recognizing that they will most likely want to follow each step more comprehensively over the course of their actual campaign. The toolkit provides direction to the resources required for them to do so. The key advocacy steps not covered in the toolkit are collectivisation and monitoring and evaluation. The toolkit assumes that the training participants will have some degree of affiliation with an organisation already, and that once their advocacy project is off the ground they can seek out resources for monitoring and evaluation independently.



## Key Messages

- MSM are integral to ending the HIV epidemic
- Fear, silence, and homophobia drive the HIV epidemic
- Advocacy is possible wherever and whoever you are
- Advocacy can happen right now—start where you are

## Chapter Goals

Upon completing the exercises in this chapter, participants will be able to:

- Define advocacy
- Map local challenges
- Identify primary and secondary causes and effects of identified challenges
- Map local power structures
- Define and identify viable advocacy targets
- Explore specific fears and challenges relating to MSM-related advocacy
- Build a vision of a successful advocacy campaign in their locality
- Complete a self-assessment and identify pre existing community strengths and skills
- Develop advocacy plan for immediate action

## Exercise 1.0

# What is Advocacy?

### Purpose

Participants develop an understanding of what advocacy is through some concrete examples of the various shapes it can take.

### Goals

At the end of the exercise, participants will be able to:

- Articulate a definition of advocacy
- Cite a specific example of advocacy in action
- Understand the difference between advocacy actions and targets
- Differentiate between individual and systemic advocacy

### Materials

- New paper article (Handout 1.0)
- Advocacy case studies (Handout 1.1)

### Process

1. Facilitator gives background: July 2009 Delhi High Court Judgement on Sec 377. Discuss the role that advocacy played in this situation, and its potential for making positive social change.
2. Break into smaller groups and distribute Handout 1.0. Have each group address the following questions:
  - What specific examples of advocacy are explained in the article?
    - (Affidavits submission, letter writing, personal meeting)
  - Who was the target of the advocacy?
    - (Delhi High Court—decision maker)
  - Who were the agents of the advocacy (i.e: who carried out the advocacy work)?
    - (Naaz foundation India, Voices against 377, NACO, UN; other players who weren't mentioned in this article?)
  - Was there public support for the court's decision on decriminalising homosexuality?
    - (no—and yet, there was still a positive result)
  - What are positive immediate effects of the advocacy? What are some potential far-reaching positive effects?
    - (negative public response at first, potential to set example on a global scale)
  - What are some potential negative effects?
  - The job doesn't stop here. What other efforts might be implemented in India to prevent this from happening again?
    - (work to change the law criminalising same-sex acts)
3. Bring the group back together and facilitate a discussion. Points to mention:
  - Advocacy works
  - Effective advocacy efforts have clear targets—in this case, decision makers are targets of advocacy because they had the power to release the couple



- Results of advocacy can include wide-reaching change; in this case, individuals were freed, but decision serves as an example to other countries
  - Involved multiple people: LGBT groups, lawyers and other players not mentioned in this article
4. Defining advocacy through case studies:
- Divide the group into small groups again. Distribute Handout 1.1.
  - Questions for discussion:
  - What policy level did the advocacy occur on? What are some other levels that could be advocacy targets?
  - What kinds of problems were addressed in the case study examples?
  - What different approaches to advocacy work were described?
  - Why was advocacy used in the situations described?
  - Who benefited from the advocacy work?
  - Were those people involved in the advocacy work?
  - What were some of the key verbs used in the presentations to describe advocacy?
- Lead a group discussion about what has been learnt based on the handout questions.
5. Write a definition of advocacy on a flipchart:
- Advocacy must have 1 or more decision makers as its target audience.
  - Advocacy must have change as a goal, and such change must be attained through a decision made by the target audience
  - Advocacy verbs:
    - Increase – Raise – Decrease – Reduce – Expand – Enlarge – Improve – Refine – Reinforce – Promote – Strengthen – Change – Modify – Elaborate – Create

## Facilitator note

Differentiate between individual-level advocacy (e.g: speaking out to get an HIV test for an individual) and systemic advocacy (e.g: pressurising key decision makers for increasing availability of confidential HIV testing sites)

## Exercise 1.1

# MSM and Local Challenges

### Purpose

To introduce participants to the process of local MSM community issue identification. This goal is not to generate a comprehensive list but to give the group a basic grasp of the identification process.

Prompting questions directs the group toward NACP IV key directions. A more in-depth exploration of problems and solutions as they relate to HIV prevention and care will occur in the services section.

### Goals

At the end of the exercise, participants will be able to:

- Understand what makes an issue viable for advocacy
- Generate 3–5 core local issues that are viable for advocacy
- Group issues into broad categories

### Materials

- Alliance toolkit drawings ([http://www.aidsalliance.org/assets/000/000/790/adv0602\\_Advocacy\\_toolkit\\_eng\\_original.pdf?1407150117](http://www.aidsalliance.org/assets/000/000/790/adv0602_Advocacy_toolkit_eng_original.pdf?1407150117))
- Handout 1.2

### Process

1. Divide the group into small groups and distribute illustrations and Handout 1.2.

2. Ask the groups to reflect on problems and challenges relating to MSM in their own communities. Mention that they should not feel confined by the examples in the illustrations and questions, and should include examples that may not be depicted as well. They should identify 3–5 core issues. Have each group write each of the issues it uncovers on a post-it note or separate piece of paper. This will facilitate sharing.
3. Come together and share issues. Collect the post-it notes or papers from participants and group them according to the following categories: investment, services, stigma and discrimination, research, and networks. Do not feel confined by these 5 categories, and affirm problems/issues surfaced that do not fit neatly into them.

When grouping the core issues this exercise surfaces, keep in mind that the focus should remain on issues that are appropriate for advocacy work. The core criteria for determining whether the issue is an appropriate one for advocacy work are:

- Will a solution to this problem or issue result in a real improvement in people's lives?
- Is this an issue or problem we think we can resolve?
- Is this an issue or problem that is fairly easily understood?
- Can we tackle this issue or problem within the resources available to us?
- Is this an issue that will not divide us?



## Exercise 1.2

# Identifying Causes and Effects

### Purpose

To introduce groups to the process of analysing a problem, its causes and effects, and to use this information to develop advocacy initiatives. Extra emphasis will be given to community problems and their connectedness to HIV risk, as this may not be immediately obvious to participants.

### Goals

At the end of the exercise, participants will be able to:

- Identify causes and effects of issues
- Differentiate between primary and secondary causes and effects
- Make connections between effects and HIV risk

### Materials

- Handout 1.3
- Index cards
- Tape

### Process

1. Divide participants into small groups.
2. Assign each group a problem (from those identified in exercise 1.1).
3. Ask each group to think of the problem as the body of a person. Explain that the legs represent the foundation, or causes, of the problem; the torso represents the problem itself; and the outstretched arms represent problem's effects. The knees provide divisions between the immediate and underlying causes, and the elbows provide divisions between primary and secondary effects. Ask participants to organise their responses in 2 tiers: primary and secondary effects and immediate and underlying causes, as they are in the diagram in Handout 1.3.
4. Write the problem on an index card first, and tape that to the stomach of a volunteer from the group.

The immediate and underlying causes should be written on cards and taped to the legs above and below the knees, and the primary and secondary effects written and taped to the arms (outstretched upward) above and below the elbows.

5. Each group should present their problem analysis to the group, with their volunteer standing with cards taped to their body as a visual representation.
6. Facilitator should explain that advocacy should target the core causes of problems

in order to be effective. Explain that in many cases, different problems share the same root cause (give examples from this group, if they apply). Identify the root causes as the piece of the puzzle to which advocacy can be applied for making positive change, and name them “advocacy issues.” Explain that core problems are not always the same as the “advocacy issue” that can lead to their solution.

## Facilitator notes

- Ensure that HIV transmission is listed as a second-tier effect (i.e: placed on the torso), because it is the symptom of another issue

(i.e: homophobia, discrimination, lack of HIV-related services, etc).

Highlight the way multiple root causes can contribute to HIV risk.

- See the problems/effects through the lens of the 5 MSMGF groupings (investment, services, stigma and discrimination, research, and civil society and networks), when suggesting solutions.
- Encourage participants to see ways in which the MSM community may actually contribute to these problems; and how they can avoid this and maximise on their strengths to help solve them.





## Exercise 1.3

# Identifying Advocacy Targets – Who Makes the Decisions? Who Helps them?

### Purpose

To introduce participants to the concepts of power mapping and primary target and secondary target identification for advocacy work. This exercise highlights the importance of approaching problems from multiple directions, and illustrates how advocacy involves multiple options. Specific examples will touch upon HIV services for MSM

### Goals

At the end of the exercise, participants will be able to:

- Analyse their local power scenario vis-à-vis identified advocacy issues
- Differentiate between the multiple players comprising the pyramid of influence
- Draw connections between advocacy issues and power structures

### Materials

- Handout 1.4

### Process

1. Break into groups and have each choose an advocacy issue to be analysed (i.e : social discrimination against MSM; laws criminalising same-sex acts; lack of MSM-specific services in clinics and in the national AIDS strategy, etc). If possible, use the issues surfaced from Exercise 1.2 (“Identifying Causes and Effects”).
2. Explain that once advocacy issues have surfaced, it is critical that groups identify the power structures that support their regulation and enforcement.
3. Identify the decision makers who have the actual responsibility to make the decisions to change or address these problems. Then identify the opinion leaders who can influence these decision makers.
4. All policy makers depend on a group of advisers or specialists, without whom they cannot operate. They make decisions based on advice they receive, the political regime around them, and their own beliefs



and ideologies. They may also listen to interest groups, constituencies, lobbies, and donors.

5. Furthermore, they may be influenced by the information they receive in the media, and more importantly, how it is reported.
6. Map the information as a pyramid of actors and influences using the handout provided.

### Example: 5

- National AIDS Programme Director
- Experts
- HIV CSO
- UN Bodies
- Public
- Ministry of Health
- Research institutes
- GFATM, Media
- World Bank
- NGOs
- Budgetary Anti-MSM stigma



## Exercise 1.4

# Power Analysis

### Purpose

To systematically prioritise targets for advocacy based on a set of criteria.

### Goals

At the end of the exercise, participants will be able to:

- Understand the key factors for determining potential advocacy targets
- Prioritise advocacy targets in their own locales

### Materials

- Handout 1.5

### Process

1. Once the key power audiences have been identified, the group members should analyse their positions on MSM, their key motives and their accessibility. Distribute Handout 1.5 and ask participants to fill it out to the best of their knowledge.
2. Facilitate a short discussion about the audiences identified. Questions should include: Are they MSM supporters, allies, or uncommitted? Might they be afraid of the MSM issue? Why do they have the stance on MSM that they do? What is their agenda, either stated or implicit? What constraints do they face that might make it difficult for them to move from their position on MSM? These may be ideological or personal, cultural or social. They might be financial (e.g. for monetary gain) or political, based on the views of their supporters, patrons, and voters.
3. Assess how easy it will be to gain access and present the evidence or case. Which actors or influences would be difficult to convince on your issue, and why? Which may be easier to approach, and could be effective influences? Bring out interesting and new angles and approaches (e.g. by linking your issue with their priority concerns).
4. Create a list of individuals in the community who possess influence and garner local respect, such as local political leaders, business people, and religious leaders. Do you know any of them personally? These people are powerful entry points.

## Exercise 1.5

# Advocacy Medium, Potential Challenges and Fears

The “advocacy medium” is the specific action used to deliver an advocacy message. Please see the annotated list of skill cards at the end of the toolkit for an example of the many shapes an advocacy medium can take.

## Purpose

To introduce the range of advocacy media that can be used once an advocacy objective and target audience have been identified. Also, to address fears and apprehensions participants may foresee as the concept of an advocacy project crystallises and becomes more tangible.

## Goals

At the end of the exercise, participants will be able to:

- Understand specific examples of the forms advocacy messages take
- List examples of specific challenges advocacy can pose to MSM communities

## Materials

- Flipchart
- Markers
- Advocacy skill sheets

## Process

1. Make a list of the advocacy media at the end of the toolkit. These are:

- Analysing and influencing legislation or policy
- Preparing a briefing note or position paper
- Working from inside the system
- Lobbying or face-to-face meetings
- Writing and delivering a presentation
- Persuading through drama
- Working with the media
- Using the Internet

2. Explain the concept of an advocacy medium to the group, referring to the examples above, which you have written down on a flipchart.

Explain: The advocacy medium is the third part of an advocacy campaign, in addition to the advocacy message and advocacy target. The medium is the action through which the message is delivered.

3. Break the group into smaller sections and ask them to identify potential advocacy media for approaching their identified target audiences. Facilitate a sharing session,



wherein participants explain the medium they have chosen for their particular advocacy problem/target and the shape they imagine their campaign would take.

4. Ask the participants about specific challenges they foresee or apprehensions they may have when they think through approaching their advocacy target with the chosen medium. These might include:

### Advocacy-Related Challenges

- Countries often do not observe laws; hard to hold governments accountable
- Politics can be regarded as cheap and dirty; politicians feel no need to be accountable
- Highly controversial issues; decision makers wary of getting involved
- Antagonising powerful groups is intimidating; potential loss of support or funding
- Increased work for NGO; staff and individuals are already over-committed /stretched
- Increased visibility for NGO not always ideal, especially in environments hostile to LGBT issues
- Increased stigma and discrimination for members if they are seen to be publicly advocating on tough issues

### MSM and HIV-Related Challenges

- Dealing with institutionalised homophobia
- Stigma and discrimination—double for HIV and MSM

- Criminalization—risk of fines, penalties, imprisonment
- Internalized homophobia
- Risks associated with public exposure—many MSM are closeted
- MSM identity—not everyone has one—some MSM are hidden from everyone but their partners

5. Role play: devil's advocate. Ask participants to pair up. One member of the pair will play advocate, and the other will play the role of a sceptic. The sceptic will mention the challenges associated with advocacy, and the advocate will speak to each challenge explaining (1) why it is worth attempting to face the challenge and (2) ways they will manage the challenge.

For example:

**Role player A:** Countries don't even observe laws! Especially when it comes to MSM. Why bother? Even if the law changes, it won't help anything.

**Role player B:** You're right that it countries do not always observe laws; that is why advocacy is important because it isn't only about changing laws but it is also about holding governments accountable. We are planning on documenting breaches in policy by local government officials as a means to hold the government to task. If we don't do it, who will?

## Exercise 1.6

# Making Headlines (Visioning Exercise)

### Purpose

To assist groups in building a vision of what successful advocacy could look like in their locales. This will build enthusiasm and confidence for achieving a long-term goal.

### Goals

At the end of the exercise, participants will be able to:

- Build a vision of what a successful advocacy project might look like in their area

### Materials

- 3–4 newspaper front pages with main headlines cut out.

### Process

1. Divide the participants into small groups.
2. Explain to participants that commitment and vision are extremely important components of a successful advocacy campaign. Based on their identified issues, advocacy targets, and advocacy medium, ask them to project

1 year into the future and envision a positive advocacy result relating to MSM and HIV in their local context. Explain that their work was so successful it has made national headlines!

3. Tape the local newspaper (with the main headline cut out) to the wall or flipchart for each group.
4. Once the group members have deliberated, they should write the headline and the first paragraph of the accompanying story of their achieved target.
5. Ask each group to select a representative to present its headline and story to the group.
6. Lead a group discussion on the headlines produced. What kind of commitment does each individual/group feel will be needed in order to achieve this headline? How can we help support each other and our collective movement in achieving these goals?
7. What are some of your own/your organisation's biggest "headlines" or achievements, and what were the critical factors that helped get you to this victory?



## Exercise 1.7

# Self-Assessment

### Purpose

To have the participants assess the collective skills they possess as a group and see them in the context of skills required for launching an effective advocacy campaign. The importance of this lesson is helping groups to come to the realisation that they can start with what they have, where they are right now.

### Goals

At the end of the exercise, participants will be able to:

- Self-assess skills and understand strengths and weaknesses
- Articulate examples of skills that is useful for advocacy

### Materials

- Paper
- Markers
- Tape
- Music

### Process

1. Divide the group in half.
2. Choose (a) or (b)
  - a) For groups of people who know each other:

Ask the participants to face each other in a circle (i.e: 2 circles, 1 inside the other facing each other) or in 2 lines (i.e one-half in front of the other). Each participant is given a piece of paper, which they will write their name on and tape to their back, and a marker.

The facilitator will designate the amount of time for each person in the outer circle to spend with each person in the inner circle (i.e : 2 minutes). The facilitator will start the music and stop it after a minute has passed. This is the signal for the group to move 1 person in the specified direction (clockwise or counter-clockwise).

Ask each outer circle person to write down the strongest skills and capacities of the inner circle person standing in front of him or her. Once the time is up, the external circle will move on to the next person. Once all people have been marked, participants switch circles, so the former inner circle participants write on the backs of the former outer circle participants.

- b) For groups of people who do not know each other:

In the case there are participants who do not know each other, it will be necessary to have them ask about core skills and capacities for the person upon whom they are writing.

Once the exercise has been completed, the facilitator will collect the papers and make a master list of the groups' skills, without mentioning whom they pertain to. Once they start repeating, the facilitator can add a check mark to the skill.

The facilitator should note that every person has skills that can be used, and that even the simplest ones can contribute value.

Organisational capacity building is a key ingredient for community-based groups. We never reach a point when we're "done"—there is always scope to grow and improve. And the stronger we are as organisations, the stronger we are as advocates. Check out resources at the end to help in systems strengthening.

Skills might include:

- Active listening
- Public speaking
- Documentation
- Planning
- Project design
- Graphic design
- Media skills (video, radio, etc)
- Research
- Networking
- Persuasive writing skills
- Planning/strategic thinking
- Theatre and dramatic arts/performance
- Creativity
- Knowledge of HIV services and response
- NGO/civil society work experience
- Knowledge of decision-making processes/ law making



## Exercise 1.8

# Celebrations and Heroes

### Purpose

To help MSM participants to identify their local community's vibrancy and capability through skill identification using celebrations and local MSM role models. This is a building block for advocacy processes and should be tied in as such.

### Goals

At the end of the exercise, participants will be able to:

- Identify pre existing community skills
- Connect relevance of those skills to advocacy

### Materials

- Flipcharts

### Process

1. Break participants into small groups.
2. Ask participants to identify celebrations in which many community members participate.

Ask for participants to identify ways in which the community works together to make the event a success. Details should include: What does the event entail? How long do preparations take? Do non-MSM participate

in the event? How do participants feel after the event? How long has the event been happening? Certain skills might include cooking and other talents such as dancing, art and makeup.

3. Ask participants to identify some customs that are unique to them. Have them list them out and perform some for the group if possible.
4. Ask participants to identify individuals from their local MSM community who are role models, or heroes.

Ask participants to note specific examples of why they are role models. What are the core qualities that made them special? What is a story about them that illustrates their special qualities? If they are no longer living, are they remembered in a special way?

5. Bring the group back together and have them each present their celebration and role model, and fit them into the following chart.

### Celebrations

Why are these celebrations important to the community? What personal meaning do these traditions have for you?

What work does the community put in to make the event a success?



## Heroes

Why are they important to the community? What skills do the heroes possess?

1. Bring the group back together and explain that the community comes together as a group on specific occasions and works together to make an event successful, and heroes possess special qualities and skills that win our admiration. Group brainstorm a list of skills that are illustrated by the celebrations and heroes the small discussions surfaced.
2. Prioritise the list of skills from most to least important, and take a moment to reflect on how we can take steps to embody these skills.
3. Finish the exercise by reminding participants that MSM groups are strong and already possess many traditions and methods of connecting as a group. These bonds and strength are very relevant to advocacy work and form the foundation of any successful campaign or project



## Exercise 1.9

# Making a Plan for Immediate Action

### Purpose

To identify a concrete set of next steps toward creating an advocacy plan.

### Goals

At the end of the exercise, participants will be able to:

- Chart immediate steps for a short-term course, with specific assigned responsibilities and time limits

### Materials

- Handout 1.6

### Process

1. Distribute Handout 1.6.

2. Ask participants to think about how they can begin organising an advocacy planning process in their own locales.

Activities	
Person responsible	
Resources needed	
Deadline	
Outcome	
Indicator	
Documentation	

3. Project or distribute the following illustration, “Framework for Planning an Advocacy Campaign,” and close the exercise with an explanation of the core steps of an advocacy campaign.

Remind participants that each step covered in this handbook can be explored in more depth, and that monitoring and evaluation is a step they should explore on their own.



