PROGRAMME

WORKSHOP ON ADVOCACY

May 30 – 31 2005

CHENNAI, INDIA

Day 1 – May 30 2005

9.00 am	**INTRODUCTION to the MEETING** *- Participants Introduction*	Jose U
9.30 – 10.30 am	**Defining the SPECTRUM of ADVOCACY**	Josie F
10.30 am	Morning refreshments	
11.00 am	**The PRINCIPLES (of Advocacy)** - **Sharing Experiences**	**Josie F**
12.30 noon	**A Case Study Discussion** **- Local actions, Global relationships**	
1.00 pm	Lunch	
2.00 pm	**Discussion** **-Local actions, Global relationships**	Josie F
4.00 pm	Afternoon refreshments	
4.15 pm	**Proactive advocacy**	Josie F
5.30 pm	**Distribution of Script for Simulation Exercise (SE)**	

After Dinner	**Participants prepare for Simulation Exercise**

Day 2 May 31 2005

8.45 am	**Reflection of Program on May 30 2005**	
9.00 am – 10.30 am	***Film – Roll Back on Malaria in Tanzania &*** ***Discussion on campaign strategies from the film***	Nienke & Josie
10.30 – 11.00 am	Morning refreshments	
11.00 am	**Going Glo-Cal: Trials & Triumphs**	Josie
11.45 – 12.30p.m	**Lessons learnt**	
12.45– 1.00 pm	**Critique of national plans**	
1.00 – 2.00 pm	Lunch	
2.00 – 3.15 pm	**Simulation Exercise (SE)**	
3.15 – 4.00 pm	**Jury's Verdict on SE & Discussion**	
4.00 pm	Afternoon refreshments	
4.30 – 4.45 pm	**Critique of International plans**	
4.45 – 6.00 p.m	**Planning your Campaign** (What Will You Do Differently?)	

Josie F

A Case for Simulation Exercise on Advocacy

Nolambi has been devastated by severe tropical storms, political instability and corruption. Poverty is on the rise. Unemployment is high. Diseases such as malaria and gastroenteritis are on the increase. Drug addiction poses a serious threat. More cases of sexually transmitted diseases have been reported after Nolambi opened its beautiful beaches for tourism. Recently the Ministry of Health warned that an Aids epidemic is imminent.

For the 35 million Nolambians the situation could not be worse. With the closure of several companies and a government strapped of cash, young people are leaving the country in search of employment.

On August 28 2004, Mr Desmond Ali the president of National Organization for People's Rights (NOPR), an NGO noticed a news item in the Daily Star on a Public Private Partnership. The article highlighted that a TNC, Aster Zen will provide pro bono expertise and resources to develop several health centres and improve water supply and sanitation. The TNC will provide essential medicines to the poor. The paper added that *"the project brings together like minded people from developed and developing countries". "The project is poised to take action with all stakeholders".*

"The PPP will contribute to poverty reduction, employment, better health, empowerment of women, regeneration of the environment"

The news item upset Mr Desmond Ali as he and others in the NGO community were in the dark about the PPP. He needed to know more. The NGOs are always the last to know, he said pointing the article to his colleague.

He called a friend in the Economic Planting Unit of the Prime Minister's office to enquire further on the PPP news item. The friend provided him some critical information. A steering committee on the PPP had been set up. It comprised of government officials, Aster Zen representatives, National Council for Women (now (headed by the Prime Minister's wife), representatives from WHO, Harvard Centre for International Development and the National University.

In the course of the conversation with his friend, Mr Desmond Ali learnt that the PPP was in line with the government's ambitious 5-year Plan which will witness the privatization of the health sector, water and higher education.

Mr Desmond Ali and his colleagues swung into action. They mobilized several NGOs, local politicians and opinion leaders from the community to demand from the government greater transparency and accountability about the PPP.

The government wanted to avoid a conflict before the PPP could be implemented. It announced that a meeting would be held with all stakeholders of the PPP and NGOs were invited. In an unusual move, the government said the media would be present too. The action surprised many people as Nolambi has a restrictive media environment.

NOPR made several attempts to get more information from NCW, WHO and the University. All referred NOPR to the government.

This case is written by Josie for the WEMOS Advocacy Training Chennai May 2005

Instruction for Participants:

> You will be divided into 4 groups representing:

      1) Government
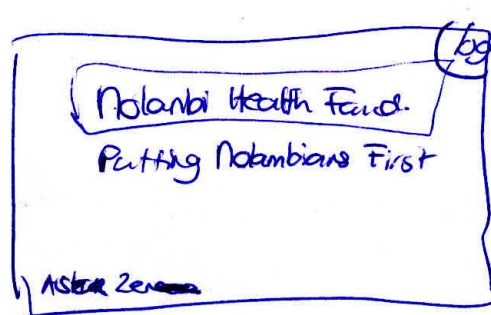   2) Aster Zen
      3) WHO
      4) NGOs

> Each group is to prepare its case, position, concerns for the meeting on 31st May 2005 at 2.00 pm and advocate its position on the proposed PPP

> Anticipate other's position too & think of rebuttals

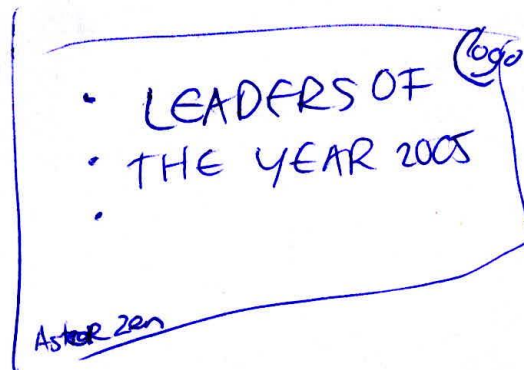→ First of all we are happy to announce that

Nolambi Health Foundation
Bus. mission: To improve quality of life of all Nolambians
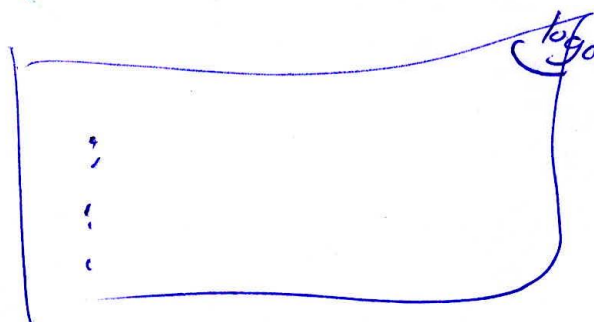in partnership with Govt. & NGOs. W

logo pinapple?

(insert/pictures/ clipart)

Nolanbi Health Found.
Putting Nolambians First

ASTER Zen

• LEADERS OF
• THE YEAR 2005
•

logo

ASTER Zen

logo

Global Public-Private Partnerships in Health

Workshop, 30 May- 3 June 2005, Chennai, India

May 2005

Contents

Logistics

Arrival in Chennai
You will be picked up at the airport.

Accomodation
The workshop will be held at:

Hotel Breeze
850, Poonamallee High Road
Chennai – 600 010.
Tel :91-44- 2641 3334 – 37
Fax : 91-44 -2641 33 01
For more details about the hotel please check their website;
www.breezehotel.com

Contactperson India
Techno Economic Studies and Training Foundation
Mrs. Daisy Dharmaraj
Angie Dare (tel: 0091449840378494)
No. 4 Sathalavar Street
Chennai
India

E-mail: testfoundation@rediffmail.com
E-mail: daremarcusangie@hotmail.com
Tel: +91 9 4440 14170

Contactperson the Netherlands
Wemos
José Utrera and Geja Roosjen
P.O Box 1693
1000 BR Amsterdam

E-mail: jose.utrera@wemos.nl
E-mail: geja.roosjen@wemos.nl

Tel: +31 20 4352050

1. Programme

1.1. Monday 30 May 2005

By Josie Fernandez

Objectives of Monday 30 May and Tuesday 31 May

1. The participants on the workshop have increased their knowledge on the principles of good campaigning (advocacy and lobby activities) making use of their own work experiences.
2. The participants on the workshop have reflected on the application of good campaigning for the advocacy and lobby activities on GPPIs in health of their organisations at national level.
3. The participants on the workshop have reflected on the application of good campaigning for the advocacy and lobby activities on GPPIs in health for the joint activities of the group at international level.
4. The participants have discussed the contents of the film about Roll Back Malaria in Tanzania and have discussed and agreed on the possible uses of the film at national and international levels
5. The group of participants have gained knowledge and skills on linking national and international campaigns based on concrete working experiences.
6. The group of participants have reflected, discussed and get conclusions on strategic elements to be taken into account to improve the planning and implementation of their organisations' campaigns at national level; and to be included in the planning and execution of joint campaign activities at international level.

See Annex 2 for background information.

09:00	Introduction of Participants
09:30	Defining the SPECTRUM of ADVOCACY
10:30	*Morning refreshments*
11:00	The PRINCIPLES (of Advocacy)
12:00	A Case Study Discussion
13:00	*Lunch*
14:00	Critique of National Action Plans
16:00	*Afternoon Refreshments*
16:15	Critique of International Plans
17:30	Distribution of Script for Simulation Exercise (SE)
after dinner	participants prepare for simulation

1.2 Tuesday 31 May 2005

By Josie Fernandez

08:45	Reflection of Program on 30th May 2005
09:00	Film '*Roll Back Malaria in Tanzania*' and discussion on campaign strategies from the film
10:30	*Morning refreshments*
11:00	Going Glo-Cal: Trials & Triumphs *breast feeding.*
12:30	A case study discussion
13:00	Lunch
14:00	Simulation Exercise (SE)
15:15	Jury's Verdict on SE & Discussion
16:00	*Afternoon Refreshments*
16:30	Planning Your Campaign (*What Will You Do Differently?*)

1.3 Wednesday 1 June 2005

By Domingos Armani

Objectives of Wednesday 1 June and Thursday 2 June
1. Evaluation and get lessons learned about the process of collaboration between Wemos and the other partner organisations and between Southern organisations on the issue of GPPIs.
2. Reflection on the points to be taken into account for the last period of the collaborative work on the issue of GPPIs.
3. Evaluation and get lessons learned about the outcomes of the collaborative work on the issue of GPPIs

See Annex 3 for background information.

08:00   Opening, presentations & expectations, programme & methodology.

08:30   Introduction – "Evaluation as a learning tool".

09:00   Evaluation of Phase I – Defining the problem and framing case studies

10:30   *Morning refreshments*

14:00   Evaluation of Phase II – Doing the case studies

1.4   Thursday 2 June 2005

By Domingos Armani

08:00   Evaluation of Phase III – Developing advocacy initiatives

10:30   *Morning refreshments*

11:00   Evaluation of Phase III – Developing advocacy initiatives

13:00   *Lunch*

14:00   Evaluation of Phase III – Developing advocacy initiatives

16:30   Phase IV - Identifying challenges and relevant questions for planning

19:00   Evaluation of the workshop and closure.

1.5 Friday 3 June 2005

8.30	Reflection on relevant points from workshops about advocacy and evaluation
9.15	Main advocacy activities of each participating organization *Every organization presents the main objectives and planned activities for 2005*
10.15	Break
10.45	Planning joint activities at international level
12.00	Perspectives of collaboration after 2005
12.30	Evaluation
13.00	Closing remarks and farewell

2 Consultants

Mr. Domingos Armani is a sociologist with a degree in Political Science. He is a professor of the University of the Valley of the River of Sinos (UNISINOS) and the director of Darmani Consultancy - Development & Citizenship. Mr. Armani works as a consultant in social development since 1997. He has long experience in conducting the participatory processes with Civil Society Organizations (social NGOs, movements, philanthropic organizations, social organizations of churches, etc.), public agencies (public companies, state secretaries, etc.) and with international institutions. Recently he concentrated his work on institutional evaluation, strategic planning, formulation of monitoring- and evaluation systems, institutional development of organizations of the civil society and elaboration and management of social projects.

Mrs. Josie Fernandez holds a master in Development Management. She is the founder and Executive President of the of Education and Research Association for Consumers. She now works as a consultant for the Goverment of Malaysia, FAO,ESCAP,UNDP, Federation of Malaysia Consumer Associations and Trade Unions.

Annex 1

Planning workshop Kenya 2004

Activity	WHO	Period	Remarks
1. finalization of case studies	All participants	Draft report half June: Daisy, Laxonie, Thelma, George, Sylvester, Mwajuma Final report half July Draft report half July: Ashnie Final report end of July: Ashnie	
2. finalization of the report with summary and analyses of the case studies	Consultant Mike Rawson (Medact)	Finished in October	
3. Evaluation of advocacy process	Wemos	Spring 2005	
4. Communication on who has been where – through group mail	Wemos	Continuing	
5. Report of the seminar April Nairobi	Wemos	End of May	

PLANNING OF ACTIVITIES LOBBY AND ADVOCACY

Activity	WHO	Period	Remarks
1. Write a proposal for lobby and advocacy	All participants	Beginning of August	
2. Write guidelines for lobby proposal	Wemos	Beginning of June	

Annex 2, 30-31 May training

Background Work for Chennai Training, 30 & 31 May 2005

Dear participants,

When I went through your case studies and experiences vis a vis GPPIs, I picked up the following problems, which I believe will be the areas of focus for your advocacy, campaign and lobby efforts.

Do some brainstorming and outline a strategy to find solutions to the concerns and problems.

Problems	Challenges	Recommendation for Advocacy Action / Intervention
• Lack of transparency programs due to inaccessibility to information		
• CSOs have no control over programs. Government is decision maker		
• GPPIs, based on government focus		
• Concept of GPPI not understood		
• Inequalities and irregularities in disbursement of funds		
• Success of PPI based on amount of funds not on health outcomes		
• Program bias in GPPIs		

Annex 3, 1-2 June

**WORKSHOP on EVALUATION of EXPERIENCES and LESSONS LEARNED
on GPPIs**
Chennai, 1 -2 June 2005

Objectives

The workshop aims at evaluating the outcomes so far and the collaborative work between the organizations involved in the process as well as drawing lessons learned in order to plan the next period of activities.

Methodology

The workshop will be developed as a participative and reflexive space/process, where everybody will have the opportunity to express their views and proposals in an atmosphere of reflection and learning. The methodology should be able to lead to build commitment and shared responsibility upon a genuine democratic and participative process.

Throughout the workshop, we will take into consideration different ambits of the discussion – the person, the organization, the country and the whole coalition on GPPIs.

The proposed methodology organizes the debate in four distinct phases, in order to get the most of the evaluation: Phase I – Involvement in the coalition, defining the problem, framing the case studies; Phase II – doing the case studies; Phase III – carrying out advocacy initiatives, and Phase IV – identifying challenges for the next phase.

In each phase, we shall do the evaluation and draw lessons learned oriented by key-questions emerging from the following dimensions: *concrete outcomes*, *process of collaboration*, and *capacity building*.

We will follow the same methodological steps in the evaluation of **Phase I, II and III**:

> - Presentation of guiding questions (on outcomes, capacity building and process of collaboration)
> - Individual reflection (or by each organization)
> - Collective debate
> - Synthesis of evaluation and lessons learned

In the **Phase IV** we shall work upon the lessons learned in Phases I, II and III to identify challenges and questions to be taken into account in the planning process (especially on *joint international advocacy activities, advocacy at country level and strengthening capacities of participant organizations*).

Key-questions for debate (preliminary)

PHASE I – Defining the problem

On outcomes:
- Were the definition of the problem and the framing of the case study developed satisfactorily?
- What could have been better?

On capacity building:

- What were the most relevant skills and expertise obtained?

On the process of collaboration:

- Did the collaboration from Wemos fulfill the needs on the definition of the problem and of the building of the frame of the case studies?
- Was the collaboration between the participant organizations and between them and Wemos on this stage taken as an opportunity for the strengthening of the network?
- Were any problems of this stage well handled?
- What could have been better?
- What the participant organizations have learned about the process of collaboration on this stage?

PHASE II – Carrying out the case studies

On outcomes:

- How do we evaluate the quality of the research produced?
- How do we evaluate the quality of the advocacy documents produced?
- What relevant changes have been produced as a result of the implementation of the case studies?

On capacity building:

- What were the most relevant skills obtained (planning, implementation and analysis of research for advocacy, etc.)?
- What were the most relevant experiences / expertise obtained (international health policies, international and national health policy actors, international and national health programmes, national health policy processes, etc.)?
- Were there any capacity building opportunities missed at this stage?

On the process of collaboration:

- Did the collaboration from Wemos for the realization of the case studies satisfy the expectations and needs? (why?)
- Was the collaboration between the organizations carrying out the case studies satisfactory? (why?)
- Were any problems on this stage well handled?
- What could have been better?
- What the participant organizations have learned about the process of collaboration on this stage?

PHASE III – Developing advocacy initiatives

On outcomes:

- How do we evaluate the quality and usefulness of the materials (leaflets, etc.) and documents produced?
- How do we evaluate the advocacy activities organized?
- How do we evaluate the advocacy activities organized around case studies?
- Was the process of informing relevant actors and decision markers about GPPIs adequately developed?
- Was the process of informing CSOs and making them aware of GPPIs programmes, risks and drawbacks adequately developed?
- How do we evaluate the process of contacting/forming coalition or networks to work on GPPI or related issues?
- How do we evaluate the changes or processes initiated to bring changes in policies around GPPIs?

On capacity building:

- What were the most relevant skills, capacities and experiences obtained (definition and implementation of advocacy activities at the national and international levels; influencing policies of national and international actors in health; etc.)?
- What were the most relevant experiences / expertise obtained (international health policies, international and national health policy actors, international and national health programmes, national health policy processes, etc.)?
- Were there any capacity building opportunities missed at this stage?

On the process of collaboration:

- How do we evaluate the collaboration from Wemos with regard to the definition of advocacy activities at country and international levels?
- How do we evaluate the collaboration from Wemos with regard to the realization of advocacy activities at country and international levels?
- How do we evaluate the collaboration between the participant organizations with regard to the definition of advocacy activities at country and international levels?
- How do we evaluate the collaboration between the participant organizations with regard to the realization of advocacy activities at country and international levels?
- Were any problems on this stage well handled?
- What could have been better?
- What the participant organizations have learned about the process of collaboration on this stage?

Preparation work by participants

It is expected that the participants in the workshop bring some reflection upon the key-questions listed above, which will be complemented in the workshop.

The participants should also read the paper on "evaluation as a learning tool", which serves as an introduction to the methodology of the workshop.

"Learning through Evaluation"

Domingos Armani

This brief paper was written as an introduction to the Chennai evaluation workshop on the GPPIs advocacy process.

The paper sets out to argue that all evaluation should be a learning process, presenting some methodological principles to make it happen.

Evaluation as a learning process is here defined as a methodically organised collective process of evaluation based on experience, guided by a set of critical questions and presided over by the sense that learning is a vital conditional for effective social change.

Such an evaluation process promotes the critical analysis of the experience - individual, organisational and collective – confronting it with visions, expectations, objectives and outcomes, in order to produce a methodologically sound and socially relevant new knowledge which systematises the main findings and lessons learned.

It is important to point out that development evaluation has not always meant a process of learning. Unfortunately, evaluation within the development wisdom, in the North as well as in the South, has all too often been taken in a rather "beaurocratic" and instrumental fashion, whereby planning, monitoring and evaluation went around a set of pre-defined results, outcomes and indicators, allowing little space for open and critical thinking about the factors which could explain success or failure in complex processes of social change.

Monitoring and evaluation in this sense are closer to "auditing" tools rather than to a learning experience.

It is strategic to promote evaluation as a learning process because: (i) it contributes to balance the "results based" kind of evaluation, in which products, results and concrete outcomes are what really matters and not the rather more intangible experiences and learning about the process of development itself; (ii) it helps to overcome the traditional "linear approach" of much of development projects evaluation, whereby social processes of change are perceived and designed as a simple chain of cause-and-effect, and not as a complex and simultaneous set of multidetermined changes; (iii) it helps to overcome the activism and the institutional resistance in many organisations of the South with regard to the development of a culture of evaluation as institutional learning, and finally because (iv) to promote "evaluation as learning" is the entrance door to any socially strategic action.

Any initiative of "evaluation as learning" should be developed in accordance with the following principles:

- ◆ The evaluation should be conceived, organised and conducted as a process of critical reflection based on key-questions;

- ◆ The evaluation should use participative working techniques in order to strengthen ownership;

- ◆ The evaluation process should allow the emergence of and be able to deal with all relevant concerns, doubts, criticism, visions, proposals and tensions;

- ◆ The process should take into account the power relations which structure the group in question, in order to stimulate and favour equitable participation, considering all participants as "citizens" of an evaluative "public sphere";

- ◆ The evaluation process should be able to promote agreements and, whenever possible, valid consensus;

- The process should look at and take into account both tangible and intangible outcomes;

- The process should value both individual, organisational and collective experiences of learning, and

- A more focused process of evaluation leads to deeper learning.

Thus, the evaluation of the GPPI advocacy network should be carried out as a process of "evaluation as learning" in order to get the most of the experience so far and to strengthen the planning for the coming period.

For that to happen, some specific guidelines are proposed:

- The evaluation has to consider different stages of the experience – defining the problem and framing the case studies, implementing case studies and carrying out advocacy initiatives;

- The process will systematise evaluation and lessons learned at three dimensions of the experience: *outcomes, capacity building* and the *process of collaboration.*

- The learning has to be valued in individual, organisational and coalition terms;

- The methodology should strengthen the sense of ownership and commitment of the participant organisations over the evaluation in order to empower the network itself;

- The discussion in the workshop will be guided by a set of key-questions for reflection, and

- The evaluation and lessons learned shall be inputs for the planning of the next period.

Porto Alegre
May 2005

Annex 6.   Causes, consequences, solutions

Problem: Increasing influence of Private sector at global level = GPPIs		
Causes	Consequences	Solutions (through advocacy and lobby actions)
- Inequalities grow - Poverty increases - Economical policy reforms - Diminishing role of governments - Governments take less their responsibilities for social problems (corruption, another priorities) - Market as solution of problems - Increasing power of TNC - Diminishing credibility of WHO – getting less resources	- Poverty –related diseases are increasing - Less resources for health - Private sector increasing role in health - Health as commodity - Less attention to right to health - Short term / technical solutions - Donors increase resources for vertical programmes - Less attention to structural solutions - Less attention to equity - Less resources for strengthening of health systems - WHO looks for resources of private sector – partnerships - Increasing number of PPPs - WHO role as moral authority / normative institution diminished - Conflict of interests - Lack of transparency	

Annex 7. Summary important items

1	Promote South-South solidarity
2	Technologies and skills in Southern countries should not be hindered.
3	GPPI should not introduce new medicines when they are not needed.
4	Demand transparency and democracy and diminishing of corruption / and to take responsibility of social problems.
5	Have strong laws sustaining health policies.
6	Industries should be held accountable.
7	Information on GPPIs should be publicised.
8	WHO should be revitalised ***.
9	People's movement should be strengthened.
10	Root causes of health should be addressed **.
11	Augmenting self-reliance **.
12	Increase local capacity of health systems for sustainability **.
13	Challenge TNC to change attitudes **, pay social tax.
14	Increase awareness on the right to health and the obligation of the states to promote, protect and fulfil it. Access to health care.
15	Demand universal basic income grant.
16	Altering market system.
17	Develop powerful and accountant mechanisms.
18	More research on GPPIs.

→

1	Altering market systems/challenge TNC's
2	WHO revitalisation
3	People's movement strengthening (networks)
4	Address root cuss of health problems
5	Increase local capacity of health systems / self-reliance

Annex 8.   Criteria for ranking issues

- Result in a real improvement of people's life

- Result in better health for all, specially vulnerable groups and poor

- Fulfillment of the right to health

- Be widely supported

- Match in international / national agenda

- Promote sustainable improvement of health

- Look for solutions of the root causes of illnesses

- Promote integral solutions to health problems

- Improve access to health services for all

- Promote and facilitate participation

- Empower people

- Improve accountability to the public

- Strength national health systems

- Help to develop local resources

- Facilitate regulation of private sector

Annex 9. Checklist for choosing an issue

CHECKLIST FOR CHOOSING AN ISSUE					
Criteria	National level				
The solution of an issue should be	Issue 1	Issue 2	Issue 3	Issue 4	Issue 5
- Result in a real improvement of people's life					
- Result in better health for all, specially vulnerable groups and poor					
- Fulfillment of the right to health					
- Be widely supported					
- Match with international / national agenda					
- Promote sustainable improvement of health					
- Look for solutions of the root causes of illnesses					
- Promote integral solutions to health problems					

- Improve access to health services for all					
- Promote and facilitate participation					
- Empower people					
- Improve accountability to the public					
- Strength national health systems					
- Support the development local resources					
- Help to develop local resources					
- Promote increase of resources for health					
- Facilitate regulation of private sector					
- Other					
- Other					

WORKSHOP on EVALUATION of EXPERIENCES and LESSONS LEARNED
on GPPIs
Chennai, 1 -2 June 2005

Objectives

The workshop aims at evaluating the outcomes so far and the collaborative work between the organizations involved in the process as well as drawing lessons learned in order to plan the next period of activities.

Methodology

The workshop will be developed as a participative and reflexive space/process, where everybody will have the opportunity to express their views and proposals in an atmosphere of reflection and learning. The methodology should be able to lead to build commitment and shared responsibility upon a genuine democratic and participative process.

Throughout the workshop, we will take into consideration different ambits of the discussion – the person, the organization, the country and the whole coalition on GPPIs.

The proposed methodology organizes the debate in four distinct phases, in order to get the most of the evaluation: Phase I – Involvement in the coalition, defining the problem, framing the case studies; Phase II – doing the case studies; Phase III – carrying out advocacy initiatives, and Phase IV – identifying challenges for the next phase.

In each phase, we shall do the evaluation and draw lessons learned oriented by key-questions emerging from the following dimensions: *concrete outcomes*, *process of collaboration*, and *capacity building*.

We will follow the same methodological steps in the evaluation of **Phase I, II** and **III**:

> - Presentation of guiding questions (on outcomes, capacity building and process of collaboration)
> - Individual reflection (or by each organization)
> - Collective debate
> - Synthesis of evaluation and lessons learned

In the **Phase IV** we shall work upon the lessons learned in Phases I, II and III to identify challenges and questions to be taken into account in the planning process (especially on *joint international advocacy activities, advocacy at country level and strengthening capacities of participant organizations*).

Key-questions for debate (preliminary)

PHASE I – Defining the problem

On outcomes:
- Were the definition of the problem and the framing of the case study developed satisfactorily?
- What could have been better?

On capacity building:

- What were the most relevant skills and expertise obtained?

On the process of collaboration:

- Did the collaboration from Wemos fulfill the needs on the definition of the problem and of the building of the frame of the case studies?
- Was the collaboration between the participant organizations and between them and Wemos on this stage taken as an opportunity for the strengthening of the network?
- Were any problems of this stage well handled?
- What could have been better?
- What the participant organizations have learned about the process of collaboration on this stage?

PHASE II – Carrying out the case studies

On outcomes:

- How do we evaluate the quality of the research produced?
- How do we evaluate the quality of the advocacy documents produced?
- What relevant changes have been produced as a result of the implementation of the case studies?

On capacity building:

- What were the most relevant skills obtained (planning, implementation and analysis of research for advocacy, etc.)?
- What were the most relevant experiences / expertise obtained (international health policies, international and national health policy actors, international and national health programmes, national health policy processes, etc.)?
- Were there any capacity building opportunities missed at this stage?

On the process of collaboration:

- Did the collaboration from Wemos for the realization of the case studies satisfy the expectations and needs? (why?)
- Was the collaboration between the organizations carrying out the case studies satisfactory? (why?)
- Were any problems on this stage well handled?
- What could have been better?
- What the participant organizations have learned about the process of collaboration on this stage?

PHASE III – Developing advocacy initiatives

On outcomes:

- How do we evaluate the quality and usefulness of the materials (leaflets, etc.) and documents produced?
- How do we evaluate the advocacy activities organized?
- How do we evaluate the advocacy activities organized around case studies?
- Was the process of informing relevant actors and decision markers about GPPIs adequately developed?
- Was the process of informing CSOs and making them aware of GPPIs programmes, risks and drawbacks adequately developed?

- How do we evaluate the process of contacting/forming coalition or networks to work on GPPI or related issues?
- How do we evaluate the changes or processes initiated to bring changes in policies around GPPIs?

On capacity building:

- What were the most relevant skills, capacities and experiences obtained (definition and implementation of advocacy activities at the national and international levels; influencing policies of national and international actors in health; etc.)?
- What were the most relevant experiences / expertise obtained (international health policies, international and national health policy actors, international and national health programmes, national health policy processes, etc.)?
- Were there any capacity building opportunities missed at this stage?

On the process of collaboration:

- How do we evaluate the collaboration from Wemos with regard to the definition of advocacy activities at country and international levels?
- How do we evaluate the collaboration from Wemos with regard to the realization of advocacy activities at country and international levels?
- How do we evaluate the collaboration between the participant organizations with regard to the definition of advocacy activities at country and international levels?
- How do we evaluate the collaboration between the participant organizations with regard to the realization of advocacy activities at country and international levels?
- Were any problems on this stage well handled?
- What could have been better?
- What the participant organizations have learned about the process of collaboration on this stage?

Preparation work by participants

It is expected that the participants in the workshop bring some reflection upon the key-questions listed above, which will be complemented in the workshop.

The participants should also read the paper on "evaluation as a learning tool", which serves as an introduction to the methodology of the workshop.

What the Poor Themselves can do to Achieve Access to Healthcare

Thirty-three percent of the population in Senegal live below the poverty line. Fifty percent of tehm live in Dakar, te capital city. Of the poor, women and children are the most affected.

These figures have pushed consumer organizations to direct their efforts at finding solutions to the problems faced by disadvantaged peoples in accessing healthcare services and drugs.

Actions for access to health for the disadvantaged consumers:

1. Information and education

Preliminary surveys and discussions conducted in Senegal showed that most people, when given a prescription by their doctors, first ask for the cost of the prescribed medication. Depending on the costs, some would buy only one box of each medicine prescribed. Others would buy only the prescribed quantity of only one medicine out of a prescription of three or four drugs. Still others would resort to buying drugs sold by street vendors.

Based on these findings, Association Senegalaise pour la Defense de l'Environ-nement et des Consommateurs (ASDEC) a CI member in Senegal, conducted a series of information and education sessions on "How to access safe drugs and healthcare services" with consumers in the disadvantaged areas in the suburbs of Dakar.

The discussions at these sessions were aimed at informing ASDEC members and the community on the **Bamako Initiative,** a strategy promoting the use of essential generic drugs made accessible to the great majority of people at affordable prices. The policy is unknown to most patients. Resource persons who include doctors were part of the pane introducing the topic and answering questions from the community.

Discussions centred on the rational use of drugs and disease prevention.

2. Representation and lobbying

Advocating for the right to the satisfaction of basic needs – particularly of the most disadvantaged, is the cornerstone of activities of any consumer association. In the are of health, Ligue des Consommateurs du Burkina (LCB) has been granted the status of board member within the Centrale d'Achat des Medicaments Essentials Generique (CAMEG) in Burkina Faso. The institution is in charge of importing and selecting essential drugs of good quality at a competitive price.

That status allows LCB to lobby board members, who include doctors, to promote the use of generic drugs whenever possible, as substitutes for more expensive, branded drugs.

LCB regularly conducts visits to pharmacies to ensure that generic drugs are prominently displayed on counters.

3. Fostering relationships between community and health structures

In an effort to promote better partnership between its members and a local community clinic, as well as control costs, ASDEC signed a memorandum of understanding with the clinic. This ensured that ASDEC members would be charged a low price of 1000 Fcfa (US$2) per month for medication. Most clinics charge between 7000 to 10, 000 Fcfa (US$14-20) per month.

As for tests, ASDEC members would pay only 20 cents per test.

4. Promoting alternative medicines

Environment et Developpement du tiers Monde (ENDA), another CI member has been very active in promoting the use of medicinal plants. This is in view of the fact that many people do not have access to healthcare services and conventional drugs and therefore rely on medicinal plants for treating their ailments. Additional factors which influenced the use of medicinal plants are culture and lack of financial resources.

ENDA and the Department of Pharmacy at the University of Dakar jointly collaborated on a project where a plot of land was allocated to grow plants used by traditional healers. The plants were then analysed by the university scientists.

Plants that have prove to be effective in curing diseases are put in plastic bags labeled and sold by pharmacies and traditional practitioners.

Leaflets with information about the plants and their curative properties, dosage, indications and contraindications are distributed in order to allow more people to grow and use them.

5. Changing community behaviors for better health

Most discussions held by consumer organizations on health at the community level focus on prevention as the way to better health.

One of the main sources of ill health is lack of water and sanitation in disadvantaged communities, notes ASDEC.

The organization initiated a project in one of the poorer districts in Dakar, where four to five families composed of five to ten persons each share one tap in rented premises. To manage the water – the cost of which is expensive – the families had been filling a jar in the morning and closing the tap for the rest of the day.

Each family member would then dip a pot into he jar for their domestic use (drink, toilet, cooking, etc...) for the day.

With support from EU, ASDEC ensured that a faucet was attached to the jar, so that the users do not put their hands into the jar thereby contaminating the water.

A similar operation for better hygiene was carried out by LCB in a campaign "Clean hand operation". In most traditional large families and restaurants, meals are eaten using fingers. Everybody washes their hands in the same bowl of water. This generally leaves dirty water for the last few person to clean their hands. The campaign uses a simple technology: a kettle and a small receptacle. Water from the kettle is used to wash one's hand which is collected in the receptacle. This ensures that the next person washing his/her fingers has access to clean water from the kettle.

The success of the campaign was such that most restaurants in Burkina Faso adopted the technology. As for street food in Benin, Association pour la Protection du Consommateur et de son Environnement au Benin (APCEB) promoted the use of meat-safe with glass or net to protect food sold to children at schools or at markets.

By:

Mbacke Ndeye Soukeye Gueye, Association Senegalaise pour la Defensa de l'Environnement et des COnsommateurs (ASDEC)

Taken from:

Consumers International (1998). *What the Poor Themselves can do to Achieve Access to Healthcare.* **Poverty: Rallying for Change (p.66-67). Consumers International: Penang**

The INPACT Project in Thailand

In April 1999, a project outline was drawn up between the Population and Community Development Association (PDA), Monsanto Company (USA), Monsanto Thailand, the International Rice Research Institute (IRRI) and the Department of Agriculture (Thailand). The project, entitled "Innovative Partnerships for Agricultural Changes in Technology" (INPACT), aimed to use a micro-credit system to encourage rice framers in the Nang Rong and Lamplaimart Districts in Buri Ram Province, Northeast Thailand, to use Monsanto's pesticides and other technologies.

According to the project, both IRRI and Monsanto would train farmers on how to use their recommended technologies. The technologies include:

- land leveling
- Monsanto's conservation tillage technology
- tractor operation
- use of herbicides
- use of seeds with "improved quality and traits"
- harvesting and threshing technology

The participating farmers would then work with PDA to teach other farmers to "increase the number of farm households impacted".

The intentions of the project are clear:

1. To develop the large-scale extensive and industrial rice farming in Thailand;
2. To introduce the use of Monsanto's herbicides in Thai rice farming and increase the sales of its pesticides; and
3. To improve Monsanto's tarnished name through alliances with established development groups.

It was also likely that the project would be used to introduce Monsanto's genetically engineered seeds or its hybrid seeds into Thai rice farming. Monsanto is currently developing rice genetically engineered to be resistant to herbicides. It also holds patents on the infamous Terminator Technology – which makes seeds sterile and prevents farmers from saving seed from year to year as they have for generations. Such a technology would be especially damaging to Thai rice farming, given that the high quality of Thai rice is the result of generations of careful selection and breeding by Thai farmers.

INPACT claims that it's goal is to "improve the livelihood of the rural community in North East Thailand", but the outline suggests the opposite. The project is actually designed to reorganize Thai rice farming in such a way that multinational agribusinesses, such as Monsanto, can make profits. For example, the project would use Monsanto's "conservation tillage", described in Monsanto's annual report as "the practice of substituting the judicious use of herbicides for mechanical tillage." At the same time, the project aims to mechanise Thai rice farming with tractor operations and thrashing technology. In other words, INPACT will create farms suited to Monsanto's technology and its financial interest.

Here's how one reporter from the Bangkok Post described the initial operation of the project:

"During the last planting season, the atmosphere in Mr. Sawat's village of Ban Fak Khlong was electric. Oversized tractors ploughed the selected fields, showcases of advanced land-leveling technology. There was talk that next year the vehicles could be operated by laser-guided remote control.

And that was only the tip of the hi-tech iceberg. Buckets of herbicide and fertilizers were given away, and once in a while hordes of local and foreign specialists would drop by. Either to observe or offer their views on productivity".

Mechanised farms that are highly dependent on the products of multinational companies will never improve the livelihood of Thailand's rural communities.

Taken from PAN-AP, 2000.

Background for discussion on space for advocacy for CSOs.

STATE-NGO RELATIONS

The state's role is central in the rights-based approach to consumer protection. The state has obligations to eradicate poverty, practice good governance, formulate and implement policies and so forth. But what is the state?

The discourse on what the 'state' is has not stopped since people began organizing themselves into communites and established rules to govern their behaviour. The numerous definitions of the state reflect the historical and political period the discourse on the state is taking place.

Some of the notable definitions are:

- "An aggregation of different families and villages, organized for the purpose of providing facilities for the promotion of a happy and prosperous life" – Aristotle
- "A people organized for law within a definite territory" – Woodrow Wilson
- "An association which, acting through law as promulgated by a government endowed to this end with coercive power, maintains within a community territorially demarcated the universal external conditions of social order" – R.M. Maciever

These earlier definitions all point to a convergence of the concept that is well-encapsulated by Lipson (1993):

The State is the institution through which the dynamics of politics are organized and formalized. The state consists of citizens with their rights and duties, institutions and jurisdictions, principals and power. It is a network of structured relationships.

Lipson distinguishes the "State" from the "government":

Every state has its government, and the latter signifies those specific persons who hold official positions and wield authority on behalf of the state/ Government therefore implies a distinction within the state between the rulers and ruled (Ali Qadir, 2001).

The term NGO is used throughout this book. Shinichi Shigetomi (ed.) describes in *The State and NGOs: Perspective from Asia (2002)* the major attributes of an NGO.

For an NGO to have legitimacy, its decision-making process must be independent of the Government. An NGO Must be: (1) non-governmental, (2) non-profit making, (3) voluntary, (4) not ad hoc, (5) altruistic and (6) philanthropic.

The phenomenal growth of NGOs in developing countries in the last three decades of the 20th century mirrors the changes in the political environment of the many of these countries. Democratic systems of government replaced authoritarian rule. These changes created spaces for civil society. But the spaces have not always come easily. It has to be contested except of course when it is conceded or the state has abdicated.

NGOs are often referred to as the third sector, after the public and private sectors. NGOs in developing countries perform varying functions such as delivering services, creating economic activities and carrying out advocacy work. The functions of NGOs are primarily determined by the needs and situations in the countries they operate.

The functions undertaken by NGOs are determined not only by their philosophy and ideological orientations and financial resources, but also by the economic and political spaces available to them.

When the state, market and community fail to deliver the resources and services to meet the needs of the citizens, NGOs can be seen accessing that economic space. Conversely, if the state, market and community supply more resources and services to the citizens, the economic space for NGOs proportionately shrinks.

One of the state's primary functions is to provide the basic needs of its citizens, including food, housing, health and education. The market's role is to supply adequate quantities of goods and services efficiently and at a low cost. The community on its part caters for social needs through such activities as religious giving and philanthropic ventures. Citizens also benefit from sharing community-owned resources such as forests, parks and irrigation systems.

Bangladesh, where extreme poverty has crippled human development, for example is one of the countries in Asia which ranks among the top countries in terms of the extent of NGO activities providing services and economic activities. Some of these NGOs such as BRAC are very large, employing 15 000 staff, and its services reach 5 million people. The state depends on NGOs to supply public services due to a severe lack of resources. There are close to 3 million NGOs in India; about 56 000 in Pakistan, 400 000 in Thailand and an equal number in the Philippines. In Sri Lanka, Sarvodaya connects 7 000 villages. The Orangi Pilot Research in Pakistan reaches 1.5 million urban slum inhabitants.

Global communications have helped to define similar ideals within NGOs even if their functions differ. "An indication of the similarities is the existence of a host of keywords, such as 'participation', 'community development', 'empowerment', sustainable development' and 'women', which seem to be emphasised, albeit to varying extents, by NGOs around the world" (Shigetomi, 2002).

A major factor that must be addressed in any discourse on NGOs is how the political space determines the operations of NGOs even if their ideals are universal. Indeed some scholars have stated that the vibrancy of a country's NGO sector may indicate the social development and political characteristics of the state.

Being weak in resources, Bangladesh depends on NGOs to supply essential services and to eradicate poverty. In such a situation, the Government has no reason to prohibit the activities of NGOs. They have nothing to expect from the state and therefore have no incentive to launch political activities. The net result of these factors is the existence of vast economic and political spaces in which NGOs are very active. Because the state is weak, NGOs can receive funds directly from international donors and implement projects with local authorities.

In the Philippines, the Aquino administration expanded the political space for NGOs, and this led to a marked increase in political activism. However, unlike in Bangladesh, NGOs in the Philippines believe that the state has an important role to play in the distribution of resources. The hegemonic political force can appoint its own members to important administrative positions, so that NGOs compete with other forces to secure political influence. As a result, political activism is seen as imperative to influence the decision-making process (Shigetomi, 2002).

The foregoing discussion which has touched on the spaces for the proliferation of NGOs would be incomplete if State–NGO relations are not raised. How NGOs manifest themselves, bring about policy reforms or achieve their goals and ideals is contingent on their relationships with the state. This is more so in the case of the advocacy activities of NGOs.

Interactions between individuals, groups or societies take place within a set of social rules. All societies have a system of rules governing and regulating their members. The state establishes a set of rules that it applies uniformly to all its constituent societies across the boundaries, and which it enforces in the name of safeguarding 'the public interest'. Some of these rules regulate private interactions among its citizens, such as meetings. Others regulate the distribution of resources. These rules and laws determine the "political space" and "economic space" for NGOs respectively.

NGOs can change the political space available to them through advocacy, and some of them make this function central to their operations. Other NGOs choose to focus on the economic space and gear their activities towards providing services. For example, in countries where economic growth has brought wealth to the people, such as Singapore and Taiwan, there has been little political space for decades. In the case of Taiwan, advocacy NGOs have focused on the democratization of governance and decision-making processes with some success.

The political and economic spaces are not the only factors that demarcate the boundaries of NGO work. How NGOs utilize these spaces depend on a number of factors such as culture and religion, and the leadership and capacity of the NGOs.

Economic Space for NGOs

State

Areas left uncovered by the
Three sectors form the
economic space for NGOs.

Market

Community
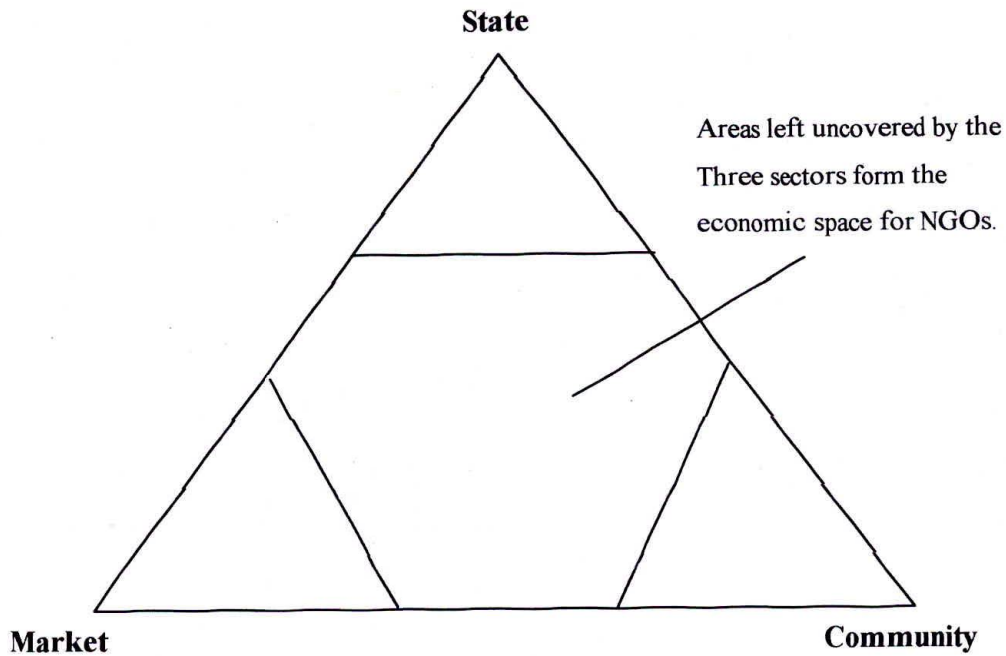
Source: Shinichi Shigetomi (ed.)(2002). The State and NGOs – Perspective from Asia

Economic Vacant Space and Political Activities by NGOs

State

Vacant space unfilled by
the sectors

NGO

Market

Community
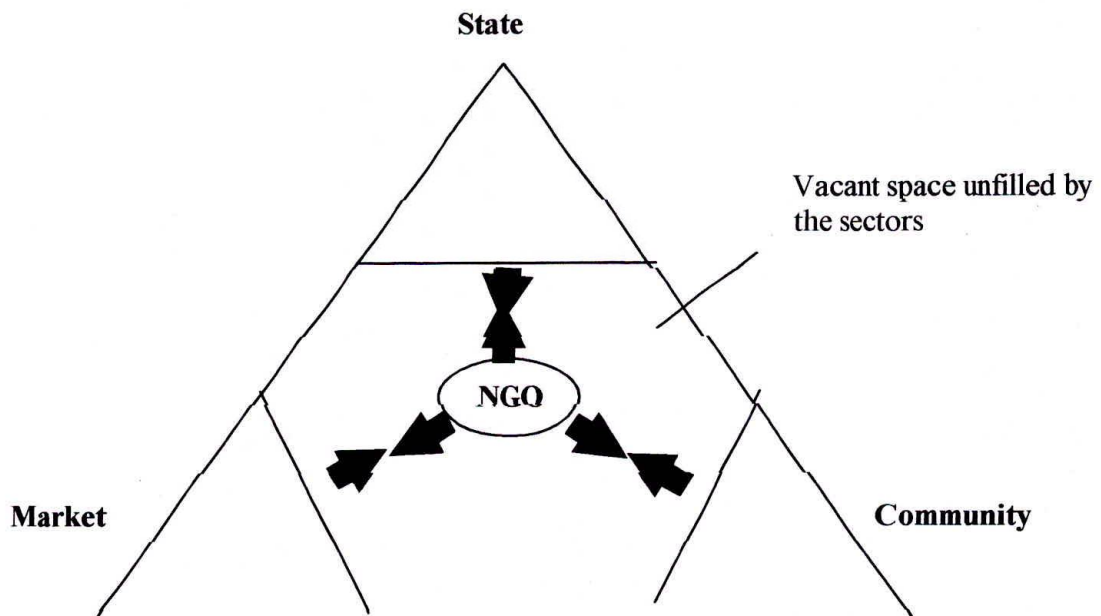
Source: Shinichi Shigetomi (ed.)(2002). The State and NGOs – Perspective from Asia

Question to participants: What proactive advocacy actions will you take in this situation (Asian financial crisis 1997 – 1998)?

The Crisis and Health: A Common Set of Problems

Medical costs are increasing. Exchange rate depreciations have meant large increases in medical costs given the high import content of pharmaceuticals, including vaccines and contraceptives. In Indonesia, imports account for 60% or more of the pharmaceuticals used in the country, and drug prices have reportedly increased two or three fold. This change in relative prices is unlikely to be fully reverses, and will require long-term adjustments in drug consumption patterns.

Private consumption expenditure is falling, particularly among the rising numbers of unemployed. Many households are less able to pay for the out-of-pocket cost of medical care, whether provided by the private sector or the public sector facilities that typically charge nonzero user fees. This is important because private spending finances 50% of aggregate health expenditures in East Asia. There is already evidence that private sector users are switching back to the subsidized public sector, while some potential users – especially among the poor – may have to switch to lower quality providers, or even forego medical care entirely.

Public health expenditures are declining. Budgetary pressures can reduce public subsidies which protect the poor from the increased financial risks of illness. This either increases financial hardship, or reduces use of medical services. Moreover, increased demand for public services from former uses of private facilities could divert public subsidies from the poor. In the long term, cuts in operations and maintenance outlays will also undermine the productivity of the public infrastructure. Reduced public expenditure also threatens priority public health programs, such as immunization against childhood diseases and TB control. Indonesia's past experience with fiscal adjustment in the mid-1980s demonstrates the vulnerability of public health programs to public expenditure cuts.

World Bank (1998). *The Crisis and Health: A Common Set of Problems.* **And our rice pots are empty (p.294). Consumers International: Penang**

Source:

Fernandez, Josie (2004). *State-NGO Relations. Contested Space?* FOMCA's Engagement with the Government (p.8-13). FOMCA: Selangor

"Learning through Evaluation"

Domingos Armani

This brief paper was written as an introduction to the Chennai evaluation workshop on the GPPIs advocacy process.

The paper sets out to argue that all evaluation should be a learning process, presenting some methodological principles to make it happen.

Evaluation as a learning process is here defined as a methodically organised collective process of evaluation based on experience, guided by a set of critical questions and presided over by the sense that learning is a vital conditional for effective social change.

Such an evaluation process promotes the critical analysis of the experience - individual, organisational and collective – confronting it with visions, expectations, objectives and outcomes, in order to produce a methodologically sound and socially relevant new knowledge which systematises the main findings and lessons learned.

It is important to point out that development evaluation has not always meant a process of learning. Unfortunately, evaluation within the development wisdom, in the North as well as in the South, has all too often been taken in a rather "beaurocratic" and instrumental fashion, whereby planning, monitoring and evaluation went around a set of pre-defined results, outcomes and indicators, allowing little space for open and critical thinking about the factors which could explain success or failure in complex processes of social change.

Monitoring and evaluation in this sense are closer to "auditing" tools rather than to a learning experience.

It is strategic to promote evaluation as a learning process because: (i) it contributes to balance the "results based" kind of evaluation, in which products, results and concrete outcomes are what really matters and not the rather more intangible experiences and learning about the process of development itself; (ii) it helps to overcome the traditional "linear approach" of much of development projects evaluation, whereby social processes of change are perceived and designed as a simple chain of cause-and-effect, and not as a complex and simultaneous set of multidetermined changes; (iii) it helps to overcome the activism and the institutional resistance in many organisations of the South with regard to the development of a culture of evaluation as institutional learning, and finally because (iv) to promote "evaluation as learning" is the entrance door to any socially strategic action.

Any initiative of "evaluation as learning" should be developed in accordance with the following principles:

- The evaluation should be conceived, organised and conducted as a process of critical reflection based on key-questions;

- The evaluation should use participative working techniques in order to strengthen ownership;

- The evaluation process should allow the emergence of and be able to deal with all relevant concerns, doubts, criticism, visions, proposals and tensions;

- The process should take into account the power relations which structure the group in question, in order to stimulate and favour equitable participation, considering all participants as "citizens" of an evaluative "public sphere";

- The evaluation process should be able to promote agreements and, whenever possible, valid consensus;

- The process should look at and take into account both tangible and intangible outcomes;

- The process should value both individual, organisational and collective experiences of learning, and

- A more focused process of evaluation leads to deeper learning.

Thus, the evaluation of the GPPI advocacy network should be carried out as a process of "evaluation as learning" in order to get the most of the experience so far and to strengthen the planning for the coming period.

For that to happen, some specific guidelines are proposed:

- The evaluation has to consider different stages of the experience – defining the problem and framing the case studies, implementing case studies and carrying out advocacy initiatives;

- The process will systematise evaluation and lessons learned at three dimensions of the experience: *outcomes, capacity building* and the *process of collaboration.*

- The learning has to be valued in individual, organisational and coalition terms;

- The methodology should strengthen the sense of ownership and commitment of the participant organisations over the evaluation in order to empower the network itself;

- The discussion in the workshop will be guided by a set of key-questions for reflection, and

- The evaluation and lessons learned shall be inputs for the planning of the next period.

Porto Alegre
May 2005

ADVOCACY INSTITUTE

TIPS FOR MAKING A COALITION WORK

Coalitions expand the numbers and expertise of those working on an issue; they can unite unlikely allies and bridge essential gaps. When effective, coalitions mass and focus the collective skills, resources, and energies of their constituents. When ineffective, they can drain energy and resources, exacerbate institutional and personal rivalries and conflicts, paralyze flexibility, and deaden initiative.

There are several basic rules that can make coalitions more effective and help avoid the greatest dangers. Use these rules to supplement the constant "care and feeding" of coalition members, which must remain a high priority.

1. **State clearly what you have in common, and what you don't.**
   The goals and objectives of the coalition must be clearly stated, so that organizations that join will fully comprehend the nature of their commitment. At the same time, coalition members must openly acknowledge their potentially differing self-interest. By recognizing these differences, coalition leaders can promote trust and respect among the members, while stressing common values and vision.

2. **Let the membership and the issue suggest the coalition's structure and style.**
   Coalitions can be formal or informal, tightly organized or loose and decentralized. The type of coalition chosen will depend on the kind of issue as well as the styles of the people and organizations involved. Coalitions evolve naturally, and should not be forced to fit into any one style.

3. **Reach out for a membership that is diverse – but certain.**
   Coalitions should reach out for broad membership, but not include those who are uncertain or uncommitted to the coalition's goals or strategies. The most effective coalitions are composed of a solid core of fully committed organizations, which can draw together shifting groups of allies for discrete projects or campaigns. Overreaching for members can result in paralysis and suspicion. There's nothing worse than a strategy planning session where coalition members are eyeing each other suspiciously, instead of openly sharing ideas and plans.

4. **Choose interim objectives very strategically.**
   Interim objectives should be significant enough for people to want to be involved, but manageable enough so that there is a reasonable expectation of results. They should have the potential to involve a broad coalition and be of sufficient interest to gain public and media attention. Interim objectives should be chosen so they build relationships and lead toward work on other, more encompassing objectives.

5. Stay open to partnerships outside the formal coalition structure.
A coalition must be able to work with a great diversity of advocacy groups, but all groups need not belong as formal members. Organizations whose goals are more radical, or whose tactics are more extreme, are often more comfortable and effective working outside the formal coalition structure and informally coordinating their activities.

6. Take care of the coalition itself.
At the heart of every successful coalition, there should be a small directorship of leaders who are deeply committed not only to the issue, but also to the coalition itself, and to the importance of subordinating the narrow interest of their individual organizations to the overall goals of the cause.

7. Maintain strong ties from the top to major organizations.
The coalition's leaders must also have strong ties to the major organizations and their leaders must be strong. This commitment must be communicated within the organization, so that its staff members clearly understand that coalition work is a high priority.

8. Make fair, clear agreements and stick to them.
Coalition tasks and responsibilities should be clearly defined and assignments equitably apportioned. If a member is falling down on the job, that should be dealt with promptly. Meetings should allow opportunities for members to report on their progress.

EVALUATION: THE NECESSARY SYNTHESIS

An instrument of the present to build the future

**Background document for the first meeting of
the WCC (Latin America) Evaluation Commission**

Ana Maria Bianchi dos Reis

Salvador - Bahia - Brazil

1993

Introduction

In recent years evaluation has been an important item on the agendas of funding agencies and NGOs that support people's movements. Similarly, it is an issue increasingly raised among agencies of civil society and the State, whether they are involved in production or provide services.

> ↳ **What is the significance of this fact?**

> ↳ **What issues are being discussed when an evaluation is a self-defined need and when it is requested by external partners?**

> ↳ **What about the evaluation is specific to people's movements, NGOs, ecumenical service organizations and agencies?**

> ↳ **What is the role of the different actors in the process?**

> ↳ **What are the basic methodological issues: theoretical, philosophical and ideological presuppositions; criteria, phases, procedures, instruments?**

> ↳ **What are the repercussions of evaluation processes on the life of organizations and programmes that are evaluated?**

These are some of the aspects of the question that can be studied; this paper proposes to begin the study, as a contribution to the work of the WCC in Latin America, in dialogue with funding agencies.

The sharing of experience of each of the participants of the Evaluation Commission will allow us to arrive at conclusions and proposals that broaden the present approach and can be useful in each particular situation and in reaching our common goals.

I. Context v. concept

In terms of political economy, the world's frontiers are becoming less rigid because of the need for mutual support.

Given this fact, a planetary situation is clearly emerging that transcends national interests and moves towards solutions that can only be reached in the "unity of diversity".

At the same time, we are at a frontier, a hiatus in world history when the paradigms on which the organization and administration of society were founded are being questioned as a result of historical experience.

This growing awareness of the economic, political and ecological interdependence for equilibrium on a world level and the common challenge to find solutions redraw the significance of social movements, people's organizations, advisory bodies and international cooperation.

With different emphases depending on particular contexts, the dichotomy between the discourse and the practice of organizations and programmes is becoming evident. Along the same lines, it becomes increasingly urgent to make the transition from a practice centered on the denunciation of social conflicts to investment in the formulation of proposals that solve existing problems. **The basic focus gradually stops being the destruction of the old to be construction of the new.**

Evaluation emerges in this context as an instrument to verify the effectiveness of action - to ensure its significance, **to check its contemporary relevance.** To this end, it has been necessary to reformulate the original concept and practice which were based on the idea of control, comparing what was planned with what was achieved; traditionally, such evaluation took place at the end of a project.

The hallmark of the new concept is the awareness that there must be ongoing adjustment, that constantly joins knowledge and practice so that goals can really be reached.

This is a concern common to those in both public and private sectors who want their projects to be implemented.

Thus, the main subject of evaluation is no longer the past, a specific action or a multisectoral project that has already taken place and that can/should only be evaluated after it has ended, generally within the limits of input v. product analyses.

Even when it is held at the end of a working cycle - and depending on the methodology used - evaluation can still be a process if the content is identified as of current interest: objectives, goals, technical procedures, management conditions and the part played by each specific action in the broader (economic, political and cultural) context that gives it meaning.

In this sense, evaluation can be spoken of as the necessary synthesis, able to point to issues of different kinds that shape the achievement of objectives during the programmes' existence.

II. The Approach

Most evaluations originate in questions about the effects and impact of programmed action:

- The *effect* - the most immediate, direct result of an action.

- The *impact* - the broader result that changes significant relationships, acting as a multiplier and generating other processes.

Analyses of efficiency and efficacy are made under these two headings.

- *Efficiency* takes in the ability to design, choose and use the methodologies, techniques and procedures that are most suitable to carrying out the actions and, therefore, to achieving the goals.

- *Efficacy* corresponds to the effectiveness and the quality of the result obtained.

When an organization decides to evaluate its work or one of its programmes, or when a funding agency requests evaluation of one of the programmes it finances, these elements and many others are in play. Among them, perhaps the most important is the ability to perceive the specificity and to have an overview of the work, in other words, its conjunctural characteristics, its potential and its structural limitations.

The analysis of the process and the analysis of the results are both influenced by the parameters that form the basis of evaluation.

For example, a project may not have reached its operational goals, ***compromising a study of results*** (effects, impact, in the traditional aproach). ***During the project's development, however, fundamental progress may have been made as compared to the previous experience of the group*** - increased awareness of citizenship, technical training, broadening of horizons (learning how organizations operate, hearing about other experiences, participating in other groups facing similar problems, founding organizations, exercising community administration, for example).

On the other hand, perception of current conditions and structure in each project does not cancel the need to consider the quality of activities (efficiency). Similarly, the effective use of (financial, methodological, technological) resources deserves analysis, but in conjunction with the structural conditions that shape the achievement of stated goals.

The fact is that a new approach to evaluation does not necessarily exclude categories of traditional analysis (effects, impact, efficiency, effectiveness) or even the studies of input v. product, especially when economic undertakings are being viewed.

For the evaluation to be an objectively useful instrument it must go beyond the interpretive limits of ***results and social context*** and work on combinations between:

process[1]	*v.*	*result*[2]
social context[3]	*v.*	*structure*[4]
process	*v.*	*social context*
structure	*v.*	*results*
process	*v.*	*structure*
results	*v.*	*social context*

When movements or organizations propose self-evaluation, the approach is usually located in the combination ***process v. structure.*** Here, the basic questions are:

- how are we acting to overcome certain structural limitations?

- are we using the most suitable methods, strategies, procedures?

When agencies or other external partners request an evaluation, they are usually referring to the combination *situation v. results*, having the following question as basis:

- have we contributed to solving or dealing with these issues, and with what results?

This difference of focus, not always explicit, is an element in many of the difficulties that precede, accompany or result from evaluations.

Different conceptual foundations and criteria with regard to the nature and identity of people's movements, ecumenical organizations and NGOs, as well as different readings of the national situation, of development and of social change, have often prevented evaluations from serving everyone - agencies, organizations and the population of grass-roots groups - as an educational experience able to enhance the results of their common goals.

III. Specificity

Does evaluation have a specific nature when applied to people's movements, NGOs, ecumenical organizations and funding agencies?

To study this issue, we should consider the specific roles and objectives, and then *review the concept of partnership and define its political-pedagogical function.*

First of all, one should *understand whether the different structures involved (agencies, NGOs, ecumenical organizations and social movements) have the same goal in mind.*

Is it a question of producing what seem to be solutions already found by the First World or of making possible the construction of new alternatives?

To what extent do these new solutions include what humanity has already learned and on what points should they take on the challenge of finding new ways forward?

What is the contribution of each structure - where are they integrated and where do they become differentiated and assume their own identities?

Partnership is not necessarily linked to common practices but to common commitments. This fact is based on awareness of the many aspects of social change. **The essence** of partnership is therefore diversity - the possibility of approaching these various aspects.

The search for clarity of roles, part of a current common effort by many of the organizations to define the identity of each, raises the following important issues:

- the increasing complexity of reality and the need to review concepts and experiences, reformulate methodologies and broaden coordinated action; this means **being prepared to face the new context of practice.**

- the definition of criteria and priorities that lead to deeper knowledge and action, which corresponds to **the political review of social roles.**

The evaluation process can reveal the various roles clearly and identify the real meaning of partnership. The parameter for this is contextualization of the activities under evaluation from the following perspectives:

- historical characteristics;
- priorities in a given situation, which define objectives;
- political relationships that are at stake;
- suitability of methodology;
- pedagogical orientation;
- real capacity for change;
- multiplicative effect of the process;
- management support for the system as a whole; among others...

Each movement, NGO, ecumenical organization or agency should consider, from its own particular perspective, different constellations of the items above that can be analysed and should make its best contribution to the whole.

For this to occur, partnership in evaluation must be founded on ethical, cultural and political principles that can discriminate between common areas of analysis and common work and areas where those most directly involved in the processes under examination should make the choices.

The importance of the "unity of diversity" is that it makes it possible for each people, each group, to be faithful to its history and culture and develop its own solutions.

Under this approach, at the same time as identities are confirmed and therefore roles are better defined, rich potential for partnership is created because the contribution of each partner becomes clearer.

For example, it is possible, on this basis, to broaden the concept and practice of cooperation, as the agencies note the variety of experiences to which they are contributors and witnesses and can create important educational tools, used to stimulate cooperation and exchange of experiences between groups of different regions and countries through specific consultations or other forums for sharing.

IV. Guidelines and Significance

The pace at which life is anticipating political and methodological proposals and the sharpening of social conflicts tend increasingly to demand from organizations that support the popular movement at the international, national and local levels that they be **agile, competent and open to change - in the sense of paying constant attention to the changing situation and not being tied to specific forms; these are basic conditions for preserving the historical significance of the movements, of the advisory services and of the role of NGOs in society.**

> **In this context, evaluation activities are no longer carried out as measurements demanded by funding agencies at the end of a project, but as an instrument able to establish links between the past, the present and the future - looking at the past be able to understand the present and looking at the present to be able to head into the future.**

In the evaluation of an organization (NGO) from this perspective, it becomes necessary to:

- **remember the recent history of the organization;**

- **detail the characteristics of the fields of action and of the groups/themes with which the projects act, of the existing processes of popular mobilization and of their social significance;**

- **review objectives and structure, internal organization and working methods, development and ability to adjust to new priorities and challenges;**

- **evaluate the degree to which the adopted guidelines, objectives, strategies, criteria and tools are appropriate[5] and fit present conditions.**

With this content, the evaluation can provide an opportunity for retraining staff and renewing the management system, which will necessarily have an impact on the development of the work. **In this case, external evaluators may address their task as the training of team members for evaluation of their own practice, supporting the review of their frames of reference and the renewal of their concepts and operations.**

Hence, evaluation is an essentially educational process in which practice is understood as a synthesis of a variety of conditions - internal and external, conjunctural and structural, theoretical and operational.

That is why it is hardly possible to evaluate a project (the practice as such, the performance of groups that are supported) without knowing the more general aims of the organization and the objective conditions for reaching them.

On these premises, the following **methodological guidelines** for evaluation can be drawn up:

a) **Analytical integration of consensus and difference, objectivity and subjectivity, internal organization and external practice, thinking, feeling and**

action allow clearer perception of where we are and where we can and will go (evaluation from within);

b) **Knowledge of the economic, socio-political and cultural situation of groups we work with is the main basis for evaluating our practice - the key to identifying the present relevance of our action;**

c) **The perception, by the groups with which we work, of our practice, the knowledge of discoveries made and questions raised in the meetings held, the analysis of the content and nature of the demands received, are signs of how far the activities are appropriate and efficient (evaluation from outside);**

> **"What someone else sees in me is also what I am."**

d) **The identification of trends, both internal and external to the organization (related to the groups that are supported, and to national and international prospects, for example) is necessary for evaluation to be an instrument for future practice.**

> **"Not only the past, but especially the future is a point of reference in the evaluation process."**

Evaluation can be held:

a) **Before** a project is executed, as a **prior feasibility study**, including consideration of how well the proposal (project) fits both the objectives/priorities of the movement or organization and the context, whether of a region, a population sector, a movement or an organization;

b) **During** the development of an activity or project, as systematic study of the most important aspects - evaluation in process - providing information about the development of each stage of execution:

- **faithfulness to objectives;**

- **methodological suitability (content and instruments), which may reveal mistakes in the original diagnosis of the context;**

- **responses obtained (levels of mobilization, organization, stages of execution, problems solved, impasses, indication of new goals);**

- **adequacy of planned resources;**

- **systems of coordination and management.**

The importance of this system lies in the fact that, in its planning, it allows the organization's staff to make the changes in the course of development that practice shows to be necessary, thus avoiding the accumulation of mistakes that may compromise attainment of the stated goal.

This kind of evaluation also makes it possible to keep abreast of changes in conjuncture or structure during the project's lifetime and, if necessary, to reorient the previous proposal.

c) **After** the activity, as an Evaluation of Results.

Here too - as well as verifying the attainment of goals - it is possible to consider all of the aspects included in an evaluation in process, although the opportunity to "correct the direction" of work being evaluated is lost; even so, larger programmes and the more constantly used methodologies can be reviewed on the basis of these partial results.

The object evaluated can be an organization, a programme, a project, an activity or an event. The procedure and instruments are, however, suited to each specific situation and always include all of the players involved.

> **The fundamental guideline in all modes of evaluation is the participation of those directly involved in the work. All of us (agencies, ecumenical organizations, NGOs and movements) are dealing, at different levels and in different ways, with a common question which includes the review of the principles that govern both forms of behavior and social relations, within the framework of questioning the current system of appropriation of knowledge, wealth and power.**

Hence, **all of our actions (including evaluation) - besides their technical quality - contain a political commitment to carrying them out within a different pattern of relationships which can, in itself, provide an experience that points to the "something new" that the project under evaluation aims to build.**

The fetishism of traditional evaluation was built on very fragile bases, set up as a process able to define in a linear, external, directive and supposedly neutral way the value and future of the "object" evaluated.

Therefore, a large proportion of evaluation reports have ended up in the drawers of the bureaucracy and have meant nothing more than the necessary ritual to complete a series of stages included in theories of planning, though without real force as production of knowledge, much less as instruments to strengthen the organizations and develop more coherent and effective practices.

The new concept of evaluation emphasises the production of knowledge on the basis of reflection about the practice and its context, as an educational and political act.

Under this approach, evaluation is in itself a political practice and as such is a privileged process from a subjective, group, institutional and historical perspective.

On a subjective level, evaluation processes create opportunities, often desired, for review of practice, in a synthesis that is always sought and is difficult to make, viewing the different dimensions of the work and its personal and social content.

At this level, some basic questions arise:

- what aspects of myself are involved in my work and how do they affect, for better or worse, the achievement of objectives?

- what aspects of my work have most impact on my life and how do they affect, for better or worse, the development of my potential and the attainment of my goals?

- which of my own issues do I need to work on for my work to achieve its goal and for my life to be fulfilling?

On a group level evaluation can be the necessary forum to break down routines and to review concepts, methods, meanings, priorities, identities and differences that interfere in the results of team work without being explicit. In this sense, the evaluation process may provide opportunities for sharing, greater discussion and training which allow the group to grow in solidarity, competence and performance.

On an institutional level evaluation links various aspects of the project's organizational and political life. **The fundamental elements emerge in analysis of the relationship between the objectives and the context (problem) to which they refer and which give them meaning.** Analysis of the situation - its history, characteristics and current trends - is the frame of reference for evaluation of management and follow-up systems and of the pedagogical proposal. The key to this analysis is the question of suitability of roles, functions, flows, resources, methods and instruments to fulfil objectives.

On a historical level evaluation, being an instrument for updating views of the context, also helps update commitments and thus is "a guarantee of the contemporary relevance" of the political objectives of the institution: an opportunity to review priorities, to redefine goals and to broaden the approach of the institutional process as a whole.

In this sense, evaluation ensures a correspondence between the rhythm of reality and the internal conceptual and organizational movement of the institutional structure or programme. That is why it has a historical, a transforming power.

Precisely because significant changes only take place fully through the articulation of these different dimensions (subjective, group, institutional and historical) **evaluation is an instrument of the present to build the future - a future that will certainly depend on the broadening of our awareness, on the flexibility of our concepts and on our creative and interactive capacity - qualities that only the real evaluation processes allow to develop.**

Notes:

1) **process** - includes the quality of the planning of the methodology, of the instruments adopted by a group to carry out its action (Logos and Techné). It also includes the group's management capabilities.

2) **result** - is the product of the work done.

3) **social context** - is the particular situation or condition resulting from the combination of social, economic, political and cultural factors.

4) **structure** - corresponds to the social structure, the pattern of distribution of wealth and power that defines the differentiation apparent in the social relations **existing in a given society.**

5) **appropriate** - has the sense of fitting the characteristics and priorities of the groups with which an organization works.

DOING ADVOCACY!

WEMOS Advocacy Training in Chennai, 2005

Overview by Josie Fernandez & Sarah Amin

Policy advocacy, campaigns and lobbying activities are central to the work of civil society organizations. Advocacy is an important strategy for mobilising action to create impact and effect change, influence policy agenda of government and non-government, change business practices, advance the interests of communities, raise awareness of public on an issue and promote accountability in society.

Public health advocacy is difficult and challenging. It challenges government, industry, public health workers, religious institutions, charities and communities.

The practice of public health advocacy despite its importance has not been taken seriously by the health community.

NGOs must therefore take the lead in public health advocacy. They need to build their capacity in this discipline.

Programmes such as the WEMOS Advocacy Training Workshop Chennai provide excellent opportunities to strengthen NGO advocacy actions.

1. CONCEPTS

1.1 DEFINITIONS:

Advocacy refers to *"a set of skills - including grassroots organising, lobbying, fund-raising and substantial media savvy – to create a shift in public opinion and mobilise the necessary resources and forces to support an issue, policy or constituency."*

Policy Advocacy is not a separate programme. It is an integral part of the overall programme, strategy and interventions for change. It must be conceptualized and developed in the context of the realities experienced by the community whose rights have been violated.

Advocacy refers to an active support, a call, and a plead for a cause on action, belief, an agenda, issue (s), principle(s). Advocacy also advances a particular school of thought.

Policy Advocacy is advocacy to change certain policy matters or government program of action. Policy advocacy is aimed at influencing legislators, government policymakers and non-government and private agencies to change, amend, reform their policies and programs.

Public Advocacy is advocacy to support and propagate issues through influencing public opinion and generating public support. Through public advocacy, policy advocacy is disseminated into the mainstream of society. This may involve public relations such as advertising and information campaign.

Legislative Advocacy is an advocacy in the form of a lobby within the legislative mill. It is a weapon that can be used for people to exercise their rights within the democratic framework, their legislative and collective interests and aspirations.
(Note: It is much more than lobbying for or against a certain piece of legislation.)

Global Advocacy is advocacy to address the threats of globalization, liberation and implement international agreements and conventions.

Media Advocacy (eg. public information campaigns, social marketing approaches or media advocacy initiatives) *"is the use of media to amplify our voices and be heard in our efforts for change."* Advocacy means *"using all our faculties, our voices included, to make a difference"*.

Says S. Chapman in *Advocacy for Public Health: A Primer,* "media advocacy seeks to develop and shape ("frame") news stories in ways that build support for public policies and ultimately influence those who have the power to change or preserve laws, enact policies, and fund interventions that can influence whole populations.

Note: *Participants are encouraged to add in your definitions of Advocacy*

1.2 PURPOSE OF ADVOCACY:

Some of the purposes of Advocacy:
- Reform existing polices
- Remedy social problems
- Introduce new policies
- Create Awareness
- Use Information
- Increase the power of people and groups and to make institutions more responsive to human needs.
- Change attitudes generally and policies specifically.
- Focus on social justice and shared responsibility (eg. on prevention initiatives) rather than on individual change or individual treatment.

* Question to participants:

- Using your experiences, add other purposes of advocacy

1.3 CHARACTERISTICS OF ADVOCACY

- Assumes that people have basic rights, needs, and those rights are enforceable (e.g. right to representation, right to adequate health care, employment, etc.)
- Works best when focused on something specific. (Clear Objective will keep different interest groups on common ground).
- Primarily concerned with rights and benefits to which someone or some community is already entitled.
- Policy advocacy is concerned with ensuring that institutions work the way they should.

1.4 FUNDAMENTAL PRINCIPLES OF ADVOCACY

Lay down the fundamental principles or each policy Advocacy programme such as:

- Involve affected community you are advocating
- Involve all stake holders
- Have a generated approach and dimension
- Address all stages of the "issue"

1.5 LEVELS OF ADVOCACY

- Local
- National
- Regional
- International
- Multi-levels/multi-pronged

1.6 SPACE FOR ADVOCACY

Systems of governances, institutional mechanisms provide the space for CSOs to actively participate in advocacy and oppressive laws can restrict related activities.

CAUTION:

Advocacy Can Be Threatening!

- A successful advocacy campaign doesn't make friends; it makes enemies.
- It points a finger, names and starts a fight. It tells who is responsible and how to fight back.
- It challenges vested interest in the status quo (both in private and public sector).
- Implementing policy change can adversely affect powerful corporate and bureaucratic interest.
- It creates conflicts as it can be contested by your opponents,

---

2. MANAGEMENT OF ADVOCACY

2.1 ELEMENTS IN PLANNING AN ADVOCACY CAMPAIGN

- Do a SWOT analysis o your organizations to identify where you can make an impart.

Elements for an Advocacy Strategy:

- Do a SWOT analysis of your organizations (identify where you can make an impact)

- Establish Commitment, Passion
- State the **Problem**
- Develop a set of goals and objectives (**Goal and Objectives**)
- Identify the **target audience** (s) to engage
- Identify **other groups** who are affected or could be affected through your advocacy campaign (Stakeholders)
- a) Formulate the **advocacy message/slogan (Identify Focus)**
     b) Identify the **media** needed to get the message out to the target audience
- Prepare a **plan of action** and schedule of activities (Work plan)
- Identify **resource requirements**: human, organisational, and financial
- **Enlist support** from other key players, other NGOs, the Public, the government International agencies (Allies)
- Identify monitoring and **evaluation criteria** and **indicators**
- **Assess** success or failure and determine next steps
- **Identify** possible conflict areas even with allies.   Develop conflict resolution mechanisms (Add more elements from your experiences)
- **Develop** materials for every stage of the campaign
- **Make** use of Legal and Regulatory Mechanisms to seek protection compliance and accountability
- **Create** channels for Public Participation

2.2 THE **ACTION PLAN**

The Action Plan should have:
- List of Activities with Time lines
- Resources needed or the Activities
- A List of Responsibilities
- Some areas of the Action Plan

2.3 THE RESEARCH PROCESS

A. Statement of the research problem:

- What do you want to find out?
- What is your topic?
- What is the purpose of the research?
- Who are its' end users?
- Do a statement of its hypothesis (if necessary) You may already know the problem, so a hypothesis is not necessary
- Terms must be defined in a way that it is unmistakably clear in the contest that it is used (operational definitions of more complex concepts must be made).

B. "Ensure Good Data/Data are Important"

- Advocacy should be based on strong and credible data (evidence based)
- Data is an important basis for presenting an argument
- What kind of data?
    -Data on the extent of the problem - to show size of the problem
    -and how it is distributed across the population – to show problem is linked to specific social and environmental variables – it justifies concern and social action
- Detailed information can substantiate policy recommendations (all legislation must be based on findings or a set of facts that provide the rationale for enacting law)

C. "Ensure Clear Analysis of the Issue"

- Connect the problem with the cause/source (eg. local policies, practices, etc.)
- Good analysis depends on reliable research
- Pin point effective solutions (eg. policy options, changes in practices). Research can suggest new options).

D. "Report research findings"

1. Reporting and disseminating information gathered provides solid foundation for advocacy.

- Create an expert group after the Research

2.4 SETTING GOALS AND OBJECTIVES

A. "Goal Setting is Critical"

- Develop and define clear and specific goal(s) and objectives
- A Goal is the overall outcome you want to achieve
- Objectives focus on what must happen to accomplish the overall goal
- A Goal provides a sense of direction, a unifying theme and a specific end point
- Goals establishes a standard for groups to evaluate progress and gain feedback

2.5 IDENTIFYING TARGET AUDIENCES

- Establish the positions of power, like in acupuncture – putting pressure where it is most effective.
- Assess who has power? (Policy makers and other institutionalised interest are often major barriers to the advocate)
- Who and what institutions must be targeted to achieve the goal and objectives?
- Ensure that who you identify has the power to make the change.
- What are the ways to gain access to them and to influence the process of policy enactment? (eg. personal contact, media, as a voter or tax payer, etc.)

- Study the opposition carefully: learn their arguments, develop counter-arguments, carefully analyse their interests. Know your enemy.

2.6 STAKEHOLDERS (refer to your case studies and experiences)

The best plans are formulated by those involved and by a variety of different backgrounds

- Who is affected by the problem (environment) that your organisation is concerned with?
- Whose voice is usually heard – and whose voice is usually not heard?
- Who will be on our side – and who will be against us?
- Whose views will we give priority to?

2.7 MEDIA ADVOCACY

Public health advocacy is the strategic use of news media to advance a public policy initiative, often in the face of opposition (Chapman, 2003).

Identify tactics for your Advocacy Strategy

A. Lobbying

-Seek representation – example in regulatory boards, shareholders
-Identify effective lobbyists; involve those most effective by the problem;
-Practical guidelines:

- Know your legislators records
- Try to arrange a specific appointment
- Emphasise shared concerns
- Know the facts
- Your best arguments are your own
- Organise your arguments clearly
- Be prepared with pointed questions. Make them specific but not offensive
- Be specific with your requests
- Try to keep your visit short
- Don't be discouraged.

B. Boycotts

i.

- publicity is key to the success of a boycott;
- letter writing, leaflets, posters, demonstrations, bumper stickers, pickets, mass media may all be used to tell people about the boycott;
- distribute boycott pledges inappropriate areas and get people to commit/sign;

- threat of boycott is a powerful weapon - use it as a lever in preliminary negotiations

    ii.   Pickets
   iii.   Public shaming
   iv.   Letter-writing campaigns

- mass letter writing campaign to pressure local, state and national legislators, administrators, and celebrities to take a stand on the issue;
- letters should be personal, well-informed, neat, brief, and frequent;
- when writing to legislators, identify yourself as a constituent, voter, taxpayer, active citizen, member of X committee, etc.;

    v.   Visual aids (e.g. campaign logo)
   vi.   Marches & rallies
  vii.   Sit-Ins
  viii.   Symbolic Actions

- **Question to participants: Add to the list**

2.8 ASSESS YOUR RESOURCES

- Evaluate your assets: staff, money, facilities, reputation, media contacts, allies, membership, etc. (organisational strengths and community capacity)
- Ask yourself: Can I win? or rather Can my organisation afford to loose?
- For long term goals, build a sense of community and community power, of team spirit, expand the leadership base, deepen the leadership's experience, and broaden the organisation's membership and contact base.

2.9 MONITORING & EVALUATION

Useful techniques for monitoring:

Document reviews
Surveys
Discussions
Observations
Listening to community members
Brain-storming
Informal conversations
Mappings

2.10 SET UP MONITORING INDICATORS

- Process indicators – what is happening in the advocacy project?
- Output indicators - all the project activities
- Outcome indicators – what the project has produced
- Impact indicators

2.11 ASSESS, REFLECT, And REVISE!

- **Assess** success or failure and determine next steps.
- Set time limits on certain tactics and develop an alternative plan if original tactics don't work

<u>Note</u>: This paper will be revised after the Training Workshops and sent to all participants

www.world-psi.org

FOCUS 1/05

Public Private Partnerships:
Not a magic pudding!

Public Private Partnerships, PPPs, are nothing new. In the public sector today, such partnerships – under different names – exist at all levels, from the cleaning of the local school to national infrastructure projects to the UN (Kofi Annan's) Global Compact.
What's new is that there are so many PPPs – of so many different kinds - that there is a genuine need for international guidelines on how to deal with them. PSI has delivered a critique of the draft guidelines.

Who would write guidelines on PPPs? Well, the United Nation did. The *UN Economic Commission for Europe* (UNECE) has been working on *Guidelines on Good Governance of Public Private Partnerships for Infrastructure Development* for quite some while and, last November, held a meeting in Toronto, Canada, to finalise them. In UN terminology, "Europe" includes Europe and North America.

PSI had been asked to comment on the consultation paper. Keith Reynolds and Stan Marshall from the Canadian Union of Public Employees (CUPE) represented PSI at the meeting. The following is a short version of their presentation. (In the article, "PPPs" stands for Public Private Partnerships and "PFI" for Private Finance Initiative, a related concept.)

Only one pocket

The UNECE draft guidelines assume that PPPs are the preferable way to deliver services. It states: [PPPs] *benefits include additional resources, new technologies, speedier delivery and customer satisfaction.* Let's focus on two of these benefits.

First, do PPPs add resources? We say in Canada that the taxpayer only has one pocket. Regardless of who does the taxing – federal, provincial or municipal governments – the taxpayer pays. We forget about the taxpayer's single pocket when we involve private companies in the delivery of public services through PPPs or PFI. Citizens pay for services, either through taxes or user fees.

As the Treasury Department in New South Wales (NSW), Australia, colourfully described it, "Private provision of public infrastructure is not a 'magic pudding'* that can alleviate the resource constraints governments necessarily face."

And they go on: *NSW and Victoria do not regard the use of private finance or public private partnerships as a means of expanding the overall level of resources available to it to spend on government-funded social infrastructure. Even though social infrastructure may be financed by the private sector, the government, through payments made through the contract's life, will ultimately fund it.*

PPPs do not make more resources available. They fund and provide these resources in an untraditional way. Such provision adds financial and social costs.

The same goes for speedy delivery. In the UK, where they have the most experience in using PPPs/PFI, the Treasury admits: *A PFI transaction is one of the most complex commercial and financial arrangements which a procurer is likely to face. It involves negotiations with a range of commercial practitioners and financial institutions, all of whom are likely to have their own legal and financial advisers. Consequently, procurement timetables and transaction costs can be significantly in excess of those normally incurred with other procurement options.*

School project cancelled

The UNECE document says that *PPPs are ideal vehicles to achieve integrated objectives [economic, environmental and social processes] because of their multi-party, multi-sector structure.*

This has not been our experience in Canada.

The Province of Nova Scotia was one of the first to get heavily involved with PPPs, developing a program to build 30 schools in the province. The program was cancelled within a few years because it was significantly more expensive than traditional procurement.

It also led to some absurd developments in the schools themselves. In one case, children were not allowed to play on the grass because it would create a cost to the concessionaire in maintaining the turf. In another case, the concessionaire had an agreement to receive 30 per cent of all concession sales in the school – so they demanded 30 per cent of funds raised by parents on "hot dog days".

In another case, British Columbia's Government decided it wanted health support services (cleaning, food services, etc.) delivered through a PPP. It passed legislation, tearing up collective agreements, which resulted in thousands of workers being laid off and replaced by people making 40 per cent less money. When remaining members of the union involved went into bargaining, the Government introduced legislation again. When the union went on strike, the Government introduced back-to-work legislation, which provided for the lay-off of thousands more workers and retroactive pay cuts. The province came within a hair's breadth of a general strike, as workers from all sectors walked out in support, but finally conceded a limit to the number of workers who would lose their jobs to the PPP model.

You will understand why we are dubious about the ability of PPPs to deliver integrated, economic, environmental and social objectives.

990 years

The UNECE document lists public management as an area of advantage for PPPs: *PPPs allow governments to attract private sector funding and involvement, without incurring the adverse political repercussions sometimes associated with full-scale privatization. Government retains a significant role and can guard against private sector excesses. It can also retain ownership of the assets in question, and avoid the perception of "selling out" to foreign buyers. The PPP approach, in other words, avoids undermining the essentially "public" character of many infrastructure projects.*

Yet PPPs are not traditional contracts for the delivery of services. They are very long term. Contracts of 30 to 50 years are common. In British Columbia, the Government signed a deal for the operation of the British Columbia Railway that, with renewal options, may last 990 years. That is not a typographical error!

At the short end of the time scale, these contracts last for a generation. The likelihood they will then be returned to public operation is remote. The "essentially public nature" of such infrastructure projects is, in fact, eliminated.

Finally, the UNECE draft suggests that PPPs with effective procurement regimes lead to lower costs. This is not surprising: effective procurement procedures also lead to lower costs in traditional delivery.

Not very transparent

The draft guidelines also lists features expected in a transparent process: *[Transparency includes] taking into account the interests of all "stakeholders" for example, local citizens, NGOs, employees/trade unions, civil society, investors, lenders, government.*

The paper goes on to cite a project that had been subject to a referendum, saying that: *This method of consulting with citizens beforehand is particularly salient in transport projects.*

CUPE's experience in Canada is that transparency is usually absent from such projects. Take the Richmond-Airport-Vancouver rapid transit project (the RAV line) in British Columbia. Consultation here was limited to a discussion of the broad outline of the project. Not surprisingly, when asked, people say they are in favour of rapid transit.

At no time in the RAV "consultation" was the public asked if private management of public transit was acceptable, nor were they allowed to discuss different options for delivery of the service, including significantly less expensive alternatives.

A CUPE survey discovered that people did not want private sector management of the line. Residents wanted to see a

more cost effective project.

A decision not to ask questions like this is not consultation: it is salesmanship.

In the UK, the Association of Certified Chartered Accountants examined PFI in roads and hospitals, specifically looking at issues of transparency. They found that: *the difficulties experienced by the research team in obtaining and interpreting the financial statements of the relevant parties do not generate much hope that patients, road users, taxpayers and other citizens can see how society's resources are being used. It is significant that more information is made available both by the companies and the Government to the capital markets than to the public at large. Within the financial statements there is little information about the impact of PFI contracts on the performance of the procurer, and there is a build-up of commitments and implicit guarantees within very long-term contracts about which there is little transparency.*

Value for money?

On accountability, the document identifies features that should be present: the public should be assured that there is value for money and the procedure for awarding the contract should be fair.

In British Columbia, the Government biased the RAV procurement process: it would not fund any project that did not involve a PPP for the operation and partial-financing of the line. The consultants designing the Public Sector Comparator** used a discount rate which had been rejected in the UK as giving an unfair advantage to the private operation. Even a small shift in the discount rate used can make a significant difference as to which method of operation shows value for money.

However, we did support one aspect of the consultation paper that touches on accountability and transparency: the statement that an independent audit office is useful and can work to ensure that the public receives value for money from the PPP project. But such an office must be truly independent and adequately funded. In Canada, auditing work tends to be done by consultants working for the project management team and the results are neither independent nor useful. They are often secret. (In British Columbia, while the Government was establishing its PPP agenda, it was also cutting funding for the Auditor General's Office. As a result, the Auditor General said he had insufficient funds to review the RAV project.)

Sound scepticism

Weak governance, a lack of transparency and corruption not only have negative repercussions on the project concerned – they also lead to a feeling of frustration and resentment amongst the population toward PPP, and this hostility can delay the full implementation of a successful PPP program, UNECE notes.

This reflects the reality that Canadian trade unionists have faced: the lack of accountable governance and transparency are hallmarks of such programs. We doubt the programs can exist without them. We are frequently told when a PPP project fails that there is nothing wrong with the model: the individual contract was a problem. How many failures does it take before it's recognized that the model is at fault?

PPPs are the product of an ideology that says the private sector can do anything better than the public sector, an ideology that shows contempt for public workers and the work they do.

We were asked how guidelines could be developed to assist government in getting started in PPPs. The question demonstrates the bias that PPPs are an optimal way to proceed. We would urge that the guidelines be developed to encourage a sceptical approach to such projects: the sort of scepticism shown by the UK's Association of Certified Chartered Accountants who studied the PPP/PFI model of infrastructure delivery:

Our analysis suggests that PFI is an expensive way of financing and delivering public services that may, where public expenditure is constrained, lead to cuts in public services and/or tax rises. In contrast, we suggest that the chief beneficiaries are the providers of finance and some, but not necessarily all, of the private sector service providers rather than the public sector.

PS The UNECE secretariat is still working on the final draft of their PPP guidelines. They have received a number of proposed changes that require substantial rewriting and they need to find funds to get this finished. Their intention is to ensure that the PSI-CUPE comments are reflected in the final version (and to involve PSI in further work in this area).

* *The Magic Pudding* is a pie, except when it's something else, like a steak, or a jam donut, or an apple dumpling, or whatever its owner wants it to be. And it never runs out. No matter how many slices you cut, there's always something

left over. It's magic. From a children's book by Australian writer Norman Lindsay (1879-1970).

** There is a provincial requirement to conduct a "Public Sector Comparator" to assess the costs and benefits of a project that is completely publicly owned and operated.

PPPs and the WHO

There is a lot of experience as to how public-private partnerships work at the local or even national level. How about the global level? The United Nations have its Global Compact and agencies, such as the World Health Organisation, have extended their interactions with the private sector for a number of years.

The first close look at how it works is *Public-private Partnerships and International Health Policy-making*, a 115-page report written by Judith Richter, an independent researcher. The Finnish Ministry of Foreign Affairs had commissioned the report.

If that sounds a bit much, an 8-page policy brief (not a summary of the report) *Public-private partnerships and Health for All - How can WHO safeguard public interests?* analyses the safeguards put in place by the WHO since 1998, when its former Director-General started promoting closer ties with the private sector. It shows that safeguards for public interests continue to lag behind. Conflict of interest considerations seem to be seen as obstacles towards innovative ways of working with industry. The brief outlines ten tasks for the WHO (and some suggestions for Finland and like-minded countries) that may help ensure the independence and integrity of the WHO and its member states.

Both publications can be found on global.finland.fi

Hard copies can be ordered free of charge from keotilaus@formin.fi

Question to participants: What proactive advocacy actions will you take in this situation (Asian financial crisis 1997 – 1998)?

The Crisis and Health: A Common Set of Problems

Medical costs are increasing. Exchange rate depreciations have meant large increases in medical costs given the high import content of pharmaceuticals, including vaccines and contraceptives. In Indonesia, imports account for 60% or more of the pharmaceuticals used in the country, and drug prices have reportedly increased two or three fold. This change in relative prices is unlikely to be fully reverses, and will require long-term adjustments in drug consumption patterns.

Private consumption expenditure is falling, particularly among the rising numbers of unemployed. Many households are less able to pay for the out-of-pocket cost of medical care, whether provided by the private sector or the public sector facilities that typically charge nonzero user fees. This is important because private spending finances 50% of aggregate health expenditures in East Asia. There is already evidence that private sector users are switching back to the subsidized public sector, while some potential users – especially among the poor – may have to switch to lower quality providers, or even forego medical care entirely.

Public health expenditures are declining. Budgetary pressures can reduce public subsidies which protect the poor from the increased financial risks of illness. This either increases financial hardship, or reduces use of medical services. Moreover, increased demand for public services from former uses of private facilities could divert public subsidies from the poor. In the long term, cuts in operations and maintenance outlays will also undermine the productivity of the public infrastructure. Reduced public expenditure also threatens priority public health programs, such as immunization against childhood diseases and TB control. Indonesia's past experience with fiscal adjustment in the mid-1980s demonstrates the vulnerability of public health programs to public expenditure cuts.

World Bank (1998). *The Crisis and Health: A Common Set of Problems.* And our rice pots are empty (p.294). Consumers International: Penang

LOCAL SITUATION, GLOBAL RELATIONSHIPS;

THE CAMPAIGN AGAINST PARAQUAT

Background

Paraquat, a highly toxic pesticide with no antidote has been the subject of campaigns for more than 20 years.

Paraquat is a herbicide widely used in agriculture particularly in developing countries. Paraquat was first synthesized in 1882 but its herbicide properties were discovered only in 1955 by ICI (forerunner of Zeneca). Today Paraquat is Syngenta's controversial herbicide Syngenta was formed when the Boards of the Swiss company Novartis and Swedish – British Astra Zeneca decided to merge their seeds interests, setting up the first global, dedicated agribusiness company.

The World Health Organization (WHO) has described Paraquat as "the only highly toxic herbicide of the post-war years". Paraquat poisoning is a severe health problem in many developing countries. One teaspoon of concentrated Paraquat can result in death (by ingestion). Paraquat damages lungs, kidneys, liver nails, skin and eyes. It is a major suicide against in developing countries. Paraquat is a serious environmental concern as it is highly persistent in soil, contaminates water and has lethal affects on animals such as birds and hares.

Paraquat was first synthesized in 1982 but its herbicidal properties were discovered only in 1955 by ICI (forerunner of Zeneca). Paraquat began to be used in Malaysia in 1961. Paraquat has been banned by 13 Governments to date, following a long history of connection to poisonings and deaths. And Malaysia is the first Asian country to reject it. But industry lobby has been very active.

EARLIER CAMPAIGNS

By the mid 1980s, several Malaysian NGOs carried out a series of campaigns against Paraquat, calling for its ban.

Paraquat was on Pesticide Action Network's Dirty Dozen list for elimination.

The campaigns in Malaysia calling for a ban against Paraquat were sporadic until recently. Whenever reports of Paraquat related poisonings or deaths were reported in the media, NGOs responded with calls for its ban.

In 1986, Friends of the Earth Malaysia and Consumers of Association of Penang organized a protest and sent a memorandum to ban Paraquat.

In 1988 the Education & Research Association for Consumers and Pesticide Action Network Asia Pacific (PAN AP) carried out a survey of violations of the Food and Agriculture Organization of the United Nations (FAO) International code of code on the Distribution and Use of Pesticides (FAO code). Many aspects of the Code were violated in Malaysia. The results of the survey received wide media coverage. Once again there were calls for a ban on Paraquat.

CHANGING STRATEGIES

Tenaganita, a Malaysian NGO has been working with plantation workers particularly women since 1991.

In 1991, Tenaganita conducted a preliminary study with 50 women workers in six plantations. This study was followed by another study which resulted in strengthening the ban Paraquat Campaign.

In 2002, Tenaganita and PAN AP published a pesticide monitoring report Poisoned and Silenced, identifying Paraquat as a main offender in palm oil plantations and recommended it to be banned. The study was based on women workers from selected plantations in Malaysia. There are about 30,000 women pesticide sprayers in the country.

Tenaganita continued with its community work, kept the paraquat campaign pressure by mobilizing national and international support.

Malaysia banned Paraquat in August 2002. By July 2005, Paraquat is to be completely removed from the shelves. The collaboration of the National Poison Centre, Malaysia, in the study and other related activities by Tenaganita and PAN AP was an important factor in the government banning Paraquat.

But Syngenta has been doing all it can to undermine the ban! Syngenta also used the EU 2003 decision not to ban Paraquat, and urged the Malaysian government to lift the ban on Paraquat, "based on the European Union's findings that the pesticide no longer poses a danger to health".

SUSTAINING THE CAMPAIGN

The single most important factor that has sustained the campaign against Paraquat is community empowerment says Tenaganita.

Tenaganita mobilized plantation workers in 40 plantations in Malaysia through education, training and building leadership skills. Today representatives of plantation workers, who are mainly women, speak at international conferences and shareholder meetings on the effects of Paraquat poisoning.

But the plantation pesticide sprayers have to continuously to battle many workplace challenges such as harassment and conflicts with local union leaders. The National Union of Plantation Workers does not see Paraquat as its concern or cause. In fact it has negotiated an extra increase in wages for the sprayers. Interestingly, local union leaders are employed as sub-contractors for pesticide spraying work

INTERNATIONAL LINKS

Before the Malaysian Government banned Paraquat, PAN AP & Tenaganita made links with Berne Declaration (BD) based in Switzerland, as a strategic move to bring in groups in home country of the major agro-chemical TNCs.

In 2003, a former plantation worker traveled to Switzerland to join BD in their action at Syngenta's Annual General Meeting.

The circle of collaboration on the Paraquat campaign widened with the involvement of PAN UK, PAN Germany, Berne Declaration, Swedish Society for Nature Conservation (SSNC), Foro Emaus (NGO based in Costa Rica) – all involved in the publication "Paraquat – Syngenta's Controversial Herbicide" which was jointly published in 2002

Campaigns against Paraquat have been carried out in Indonesia, Costa Rica, S. Africa, Cambodia, and Vietnam. Some examples of the Campaigns:

> Cambodia has banned the use of Paraquat
> China: Syngenta has built a new factory in Nantong, Jiangsu province of China. Syngenta describes China as a "new growth opportunity"
> An NGO is currently involved in the Ban Paraquat Campaign in China
> Indonesia launched a campaign to ban Paraquat

No opportunity must be passed. Tenaganita and PAN AP monitor closely national and international lobby activities of the Paraquat related industries – the manufacturer and the employer (the plantation industry). That monitoring has brought the two organizations to an important conference and a Round Table on criteria for sustainable palm oil labeling.

Tenaganita paid RM2,000 to attend the Sustainable Palm Oil Conference in 2004. The organization distributed copies of *Poisoned and Silence*, much to the discomfort of the conference organizations.

As a result of the attendance at this conference, and the work among plantation workers, Tenaganita was elected as member of the Round Table on Sustainable Oil Palm. The Round Table works on the criteria and standards for a labelling of Sustainable Oil Palm. Among these standards are rights of women and workers.

But it is PAN AP which is a full member of the Board as Tenaganita a community organization could not afford the 2000 Euros for membership.

Setback:

In 2003, the Malaysian ban suffered a setback when the EU Commission in 2003 decided not to ban Paraquat.

Syngeta has used the EU decision to urge the Malaysian government to lift the ban on Paraquat "based on the European Union's findings that the pesticide no longer poses a danger to health.

And late last year, Syngenta urged the Government to lift the ban on Paraquat based on the European Union's findings that the pesticide no longer posed a danger to health.

ACTION AGAINST EU DECISION ON PARAQUAT

PAN AP, PAN Europe & the Swedish Society for Nature Conversation sent a Joint Open (protest) Letter to the EU Commission that Syngenta is using the EU's decision to challenge the Malaysian ban.

In Sweden two initiatives began in 2003:

1) Swedish government suit in European Court of Justice, to decide on overruling EU Commission's approval of Paraquat
2) Civil Society suit initiated coalition of groups:
International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF), the IUF's European regional organization EFFAT-IUF, the European Environmental Bureau (EEB), Pesticides Action Network (PAN) Europe, the Dutch Society for Nature and Environment and the Swedish Society or Nature Conversation (SSNC)

Meanwhile the Malaysian Government is reviewing the ban although in 2004 the Agriculture Ministry stated that the ban would remain on the grounds that Paraquat poses unacceptable risks to the main users and less risky alternatives are readily available in the market.

The battle continues.

*This case study has been specially written by **Josie F** for the WEMOS Chennai Advocacy Training – May 30 – 31 2005.*

Background Work for Chennai Training, 2005

Dear participants,

When I went through your case studies and experiences vis a vis GPPIs, I picked up the following problems, which I believe will be the areas of focus for your advocacy, campaign and lobby efforts.

Do some brainstorming and outline a strategy to find solutions to the concerns and problems.

Problems	Challenges	Recommendation for Advocacy Action / Intervention
▪ Lack of transparency programs due to inaccessibility to information		
▪ CSOs have no control over programs. Government is decision maker		
▪ GPPIs, based on government focus		
▪ Concept of GPPI not understood		
▪ Inequalities and irregularities in disbursement of funds		
▪ Success of PPI based on amount of funds not on health outcomes		
▪ Program bias in GPPIs		

Problems	Challenges	Recommendation for Advocacy Action / Intervention
• Misappropriation of funds		
• GPPI funding may be source of conflict between government and CSO		
• Multinationals profit (partnerships only where profitable)		
• Governments cannot advocate generic medicines		
• Nothing is free! Conditions attached to initiatives		
• Does not strengthen public health system		

Note: Bring this along for the Chennai Advocacy Training duly filled. ...josie 5/5/05

Problems	Challenges	Recommendation for Advocacy Action / Intervention
▪ Misappropriation of funds		
▪ GPPI funding may be source of conflict between government and CSO		
▪ Multinationals profit (partnerships only where profitable)		
▪ Governments cannot advocate generic medicines		
▪ Nothing is free! Conditions attached to initiatives		
▪ Does not strengthen public health system		

Note: Bring this along for the Chennai Advocacy Training duly filled. ...josie 5/5/05

IDENTITY – COORDINATION - COMMUNICATION

1.- Name

2 - Slogan

3 - Mission

4 – Coordination
- @ communication (with copy to all group)
a. Focal point?

b. If yes, tasks

c. Who?

d. What need to be done

5 - What are we?
- page in PHM website: PHM circle on GPPIs.
- Who?

6 - 5 issues for advocacy

7- Everybody talks on behalf of the group

8 – Inform everybody about advocacy activities
- @ communication (with copy to all group)

9.- Inform everybody about relevant upcoming events
- @ communication (with copy to all group)

10 - Share concerns in email
- @ communication (with copy to all group)

ADVOCACY STRATEGY
3 levels: national, regional and international
National:
- information, to agencies NGO's
- Form coalitions
- Create materials for community level
- Involve academic institutions

- Having in mind that we must involve the media

Regional:
- Enhance collaboration in the regions (India, Africa, Europe)
- Who?

Global:
- To be (for the coming months)how to be represented in international meetings and conferences. Have to present our reports

Event	When	Who	Preparation
Cuenca – Ecuador	17-24 July		
High level forum - - Global health partnerships & Paris harmonisation	15-17 November		
MDGs – New York UN Conference	September		
AIDS conference	December		
CEHAT conference	September		
Week of international Health – Netherlands	November	Naveen, Emma Poddar	

- **Approach individual GPPIs**
- Who?

- When?

- **Use of summary report**

CAPACITY BUILDING
- For capacity building we will take into account the capacity development needs and contexts of the members of the group.

- Express needs to the group?

- Share information and learn from the experiences and evaluation of associated groups
- Use @ communication

- Processes and context of CB should be continuous in nature and contribute to sustainability
- Next meeting
    - When?

- Where?

- Process of CB should be updated regularly and periodically by conducting Reality Checks like feedback.

PME

- It should be continuous and inbuilt right from the beginning.
- Key questions?
- Who?
- By when?

- Checks should be regular
- Who?
- Review methodologies used with reference to situation
- Who?
- Review campaign strategies (be flexible)
- Establish data base for materials for reference
- How?

- Who?
- By when?

OTHER

Main lessons phase I:

- Communication is very important, also coordination and have one person responsible for the communication (roulate this task every year)
- When you write to issues of interest of the whole group, you should cc the rest of the group. Also some organization can still improve their internal communication
- We need a clear view who we are, what we do, what we are we going to do. This should be clear from the beginning
- The guidelines on the case studies should be less extensive, or it should more clear to people how to us this guidelines.
- We should be more conscious about ownership. It is good that people feel responsible.
- We should continue, we have come far already
- When material is produced it should be distributed among the other organizations, and also translated if possible
- We should be aware that it takes time to get the subject institutionalized into the different organizations
- How to evaluate the quality of research produced was done through ; good research design and methodology that included many stakeholders
- Quality data manager
- Comments received on drafts sent out to stakeholders
- Advocacy as part of the design of the case study
- Limitation – some stake holders were not included
- difficult to connect GPPIs to the national health systems
- How to evaluate the quality of advocacy documents
- Feed back eg questions
- No of target groups implementing the documents utility
- Executive summary printed on its own (COST EFFECTIVE AND MORE ATTRACTIVE)
- Limitation – more resources are needed to produce documents for different target groups
- Discussion at governement level
- More knowledge of the disease
- Awareness of bad habits, initially taken for granted, ex. Bad cold chain management
- Changes at policy level eg Unicef came up with assessment of immunizable coverage in other areas not covered by study.
- water and sanitation policies to be reviewed
- Shortcoming of LF case (management highlighted)
- Capacity building skills obtained, Wemos played a part). Different organisations had to develop own in-house skills for planning, implementation and role for advocacy
- Expertise; Wemos played a part through initial meetings and provision of relevant documents. Limitation on advocacy should have come earlier to enable the organizations design case studies specifically geared towards advocacy
- Process of collaboration; discussed earlier in the plenary

- Due to diversity in the nature of case studies and the differences in the participating organizations, lack of adequate collaboration was not too much of an issue, however as we moved towards advocacy the need for collaboration will become greater.

Lessons learned from the casestudies (Phase II);

- Miscommunication, lack of communication
- Cooperation
- Wemos visited everybody, the information was not well exchanged between the different organizations
- Methodology problems, what should they write about, not aware that we should link GPPIs with other issues for our campaign
- You should start together from day one, people who joined later found it difficult
- Insufficient coordination, no sharing of experiences between the organizations, Wemos was in the middle
- We should to work together with the ministries, work together with them, not just criticize them.
- Case studies should be involved in other processes, not stand on its own
- Multiple ways to get the information
- It is difficult to get the information you want (from government/local people)
- You should keep communicating, during your case study, not only when the case study has finished
- Advocacy starts when you start your case study, not only afterwards
- Reports are too long to be interesting for governments
- Be friendly when approaching the government officials, if this failes you can also point to the right to information, seek media attentions

Lessons learned from phase III:
Wemos
- The materials, leaflets, booklets and videos were well received, we did questionnairies among our audience to hear their opinion
- We found out people are very interested in the casestudies (at WHO, international meetings etc.)
- You have to be very well prepared when presenting the case study report, be prepared for questions, objections. It is very important alos to know who is taking the decisions on GPPIs
- Networks took up GPPIs as an agenda point (PHM and HAI)
- We need better communication

CIN
- We have an approach how to develop advocacy, form a coalition, distribute the report. A lobby document in with we put our statements/demands
- Write lobby letters
- Search contact with the local media

- Contact with policy makers, CSO
- If we see results, action, response from the government on what we do, we see increased interest by CSO, local organizations
- Our materials need to be focused, simple clear message
- Approaching the WHO (international level) was disappointing, we were not prepared when we shared our results with the WHO official, involve the other organizations which did case studies should have also been involved
- It takes time to reach a policy change, at a global level

HTS/ CHC
- There is a disconnect of what we want and how we try to achieve it
- The subject is abstract. We need a clear strategy

PHM
- Disseminate the findings of the case study with other organizations, officials
- Media attention
- The risks were discussed among different groups
- Coalition building was difficult, a lot of privatization/globalization
- We did a presentation in the Netherlands, discussion with the pharmaceutical companies, PHM believes in locally produced medicines, we need international advocacy to find out what they think about us
- Collaboration was good, advocacy through the video
- Collaboration in advocacy is important, work with alliances (chose carefully),
- Communication is essential
- Good drug report is essential
- Continuation, see where we are heading to

JMS/PHM
- Put forward the key-findings of the report
- Our advocacy activities should be based on the case studies
- We need to make clear what are GPPIs
- We need to focus on the risks of GPPIs
- Advocacy is a tool for constant communication, keep in contact with the government
- We need some suggestions for the government
- Advocacy towards policy makers is missing in our proposal
- The advocacy also needs follow up, is lacking now
- Capacity building

Test foundation
- We need to work together with other organizations, like PHM
- On which basis do we disseminate the results of the reports
- Who are the keyplayers that should be targeted
- The try outs need to be evaluated
- We need to think out a strategy

- Select alliances, but we need a secretariat, one responsible person for this alliance is very important, produce lobby letters together
- Documents produced should be available to everybody
-

WBVHA
- We want to distribute our report on a cd
- We got feedback, it is god work, released many important things
- We have contact with the community level, gives us important information about what the local people feel and go through
- Health workers are deviding to much time to the polio initiative
- Our material should go to the policy makers and have community stories
- We will produce a film on GPPIs, with a community face
- We need comities of other partners and players
- Community capacity building: was build up as much as possible
- In a campaign we need campaign materials that take into consideration the different levels in the society
- For the national level we need a small committee
- Each state comes up with 15 year plans in which they pay attention to combat different health problems. We must bring in our recommendations here.

Word of welcome to the Advocacy Training Workshop 30 and 31 May 2005

Dear Participants,

Welcome to Chennai!

The Advocacy Training Workshop from May 30 – 31 2005 is your workshop. It will be very interactive, reflective and activity oriented.

The Advocacy Training Workshop is about capacity building based on your experiences, successes and difficulties as activists, partners and experts in advocating a rights based public health system.

The workshop will take you through the spectrum of advocacy – > Advocacy as an important strategy for mobilizing action for equity in health > the different tools that can be used for campaigns, the management of Advocacy and the challenges to sustain advocacy.

The sessions covering the spectrum of Advocacy will focus on national and international campaigns. They will be examined more critically so that you can develop more effective and strategic ways to confront the challenges you face in implementing your programmes and campaigns.

Advocacy is continuous, and not limited to the period of a campaign. Advocacy is about Rights, about Policies, Laws, Regulations, Representation and Power blocks
Globalization, liberalization and multilateral trade agreements pose greater challenges than ever before for civil society in all these areas at the national and international levels.

To address all these elements of Advocacy we need to build the capacities of communities and organizations. Your case studies on GPPIs and the other case studies of national and international campaigns will help you interrogate and analyze the numerous tools and strategies that you can employ for successful campaigns. Additionally you will have excess to advocacy related resources at this workshop to inspire you to confront the difficulties that you will continue to face in public health advocacy.

Your active participation in this workshop will enhance the status of advocacy in strengthening local action and global campaigns.

Wemos, Jose Utrera
And facilitator Josie Fernandez

May 24, 2005

Colophon

The Confused State of Corporate Philanthropy

Step 1: Replace the traditional notions of corporate philanthropy with a broader concept called *corporate social investing.*

Step 2: Identify a significant business reason for every corporate social investment and obtain as much business value from social investments as is allowable and practical.

Step 3: Limit corporate social investments to 501 (c) (3) nonprofit organizations and exclusively public institutions (or comparable organizations outside the United States).

Step 4: Make an open statement that endorses corporate social investing or supports a broader concept that allows for social investing to be developed.

Step 5: Send a clear message to employees and other stakeholders that the CEO endorses corporate social investing.

Step 6: Produce a written corporate social involvement report that includes a review of social investments at least once a year.

Step 7: Commit now or by a specified date at least 2.5 percent (3.5 percent for manufacturing corporations that donate product) of an average of a company's last three years of pretax profits for corporate social investing.

Step 7. Amendments for manufacturing companies:

A. Use only salable products that can be provided in a timely manner and in reasonable quantities to any 501 (c) (3) non-profit organization or exclusively public institution as corporate social investments.

B. Report all product investments to the public at their retail fair market value (or average manufacturer's price for regulated industries).

C. Regardless of how much product is invested, make case investments of at least 1.5 percent of a pretax net income (PTNI) three-year rolling average.

Step 8: Postpone some or all social investing if projected business conditions warrant such action.

Step 9: Lock in influential line and staff leaders as co-owners of the corporate social investing program.

Step 10: Assign day-to-day management responsibility for corporate social investing to a position that is no more than one executive away from the CEO or COO.