LEADING THE WAY IN THE EDUCATION SECTOR:

Advocating for a comprehensive approach to HIV and AIDS in the Caribbean

Dear Colleagues,

With increasing rates of HIV infection in the Caribbean region and the number of children affected by HIV and AIDS, there is an urgent need for the education sector to strengthen its overall response to the epidemic. The response of Education is critical-- for HIV and AIDS is not just a health problem, it is one that is deeply rooted in the cultural, economic and societal factors of any country.

UNESCO Office for the Caribbean and Education Development Center, Inc. (EDC) are pleased to partner on this "Advocacy and Leadership Campaign to Advance the Education Sector Response to HIV/AIDS in the Caribbean" as one means of addressing this urgent need. Working with you, and providing valuable materials and strategies, we look forward to developing a cadre of leaders, who will shape and deliver these messages to countries throughout the region.

Deepening the education sector response is critical for many reasons. For example:
1. Education sector leaders need to consider the impact of HIV and AIDS on schools, teachers and society and set norms for tolerance, and for communicating essential information and skills;
2. Education sector policies, by accepting teachers and students who are HIV positive, combat stigma and discrimination. Beyond the traditional curriculum, in the hallways and in the school yard, schools transmit societal values of tolerance;
3. Schools are workplaces for thousands of staff who need essential information, such as where to access services;
4. Schools need strategies for young people to succeed, as school success is a major protective factor. Schools also need to be able to identify and refer young children at greatest risk for mental health counselling and other services, thereby reducing the likelihood of their involvement with drugs and other self-destructive behaviours.
5. Schools are gathering places in the community and can serve as the major coordinating mechanism with other sectors; they can offer ways for parents and community leaders to come together to solve social problems.

With your leadership and participation in this campaign, the Caribbean region will make great strides toward reaching the Millennium Development Goal #6, "To have halted by 2015 and begun to reverse the spread of HIV/AIDS" for its children, teachers and all society.

Sincerely,

Hélène-Marie Gosselin
Director, UNESCO Office for the Caribbean

Cheryl Vince Whitman
Senior Vice President, EDC
Director, Health and Human Development

ACKNOWLEDGEMENTS

CONTENTS

INTRODUCTION

This workbook is designed to help you advocate for a comprehensive approach to combating HIV and AIDS in the education sector. The frameworks, examples and worksheets provided here will guide you in designing an advocacy strategy to inform and influence policymakers and your colleagues.

"*Advocacy* is a skill used to influence public policy, laws, regulations, resource allocation (especially that of funds) and access to services through various forms of persuasive communication."[1] Often targeted to reach the heart and mind of decision-makers in political,

social and economic institutions, advocacy can result in changes that directly affect people's lives. Common methods of reaching decision-makers include meetings, letters, phone calls, mass media and demonstrations.

A well-planned advocacy strategy with dedicated resources can create an environment that is powerfully conducive to change and action. This workbook uses a five-step process to develop an advocacy plan and includes tools for accomplishing each step. Examples have been provided to make concepts clearer. As you start to apply this to your own situations please make adaptations to best fit your need and environment.

STEP	TOOL
1: Analyse Your Cause	Rapid Appraisal Framework
2: Identify Your Audience and Influencers	Audience Assessment Tool, InfluencerChoice Tool
3: Create a Clear Message	Your Message Triangle
4: Take Persuasive Action	Action Plan Outline
5: Evaluate Your Impact	Process Evaluation Chart

---

[1] Population Communication Services, *'A' Frame for Advocacy* (Baltimore, Md .: Center for Communication Programs, Johns Hopkins School of Public Health, n.d.).

THESE FIVE STEPS CAN BE VISUALIZED AS FORMING A WHEEL:

These steps can be presented as a wheel, indicating that each step will be moving you forward in the process. It also indicates the cyclical nature of the advocacy process, indicating the importance of measuring your success against the original indicators you had set out to accomplish.

STEP 1
ANALYZE YOUR CAUSE

STEP 2
IDENTIFY YOUR AUDIENCE AND INFLUENCERS

STEP 3
CREATE A CLEAR MESSAGE

STEP 4
TAKE PERSUASIVE ACTION

STEP 5
EVALUATE YOUR IMPACT

THE ADVOCACY WHEEL
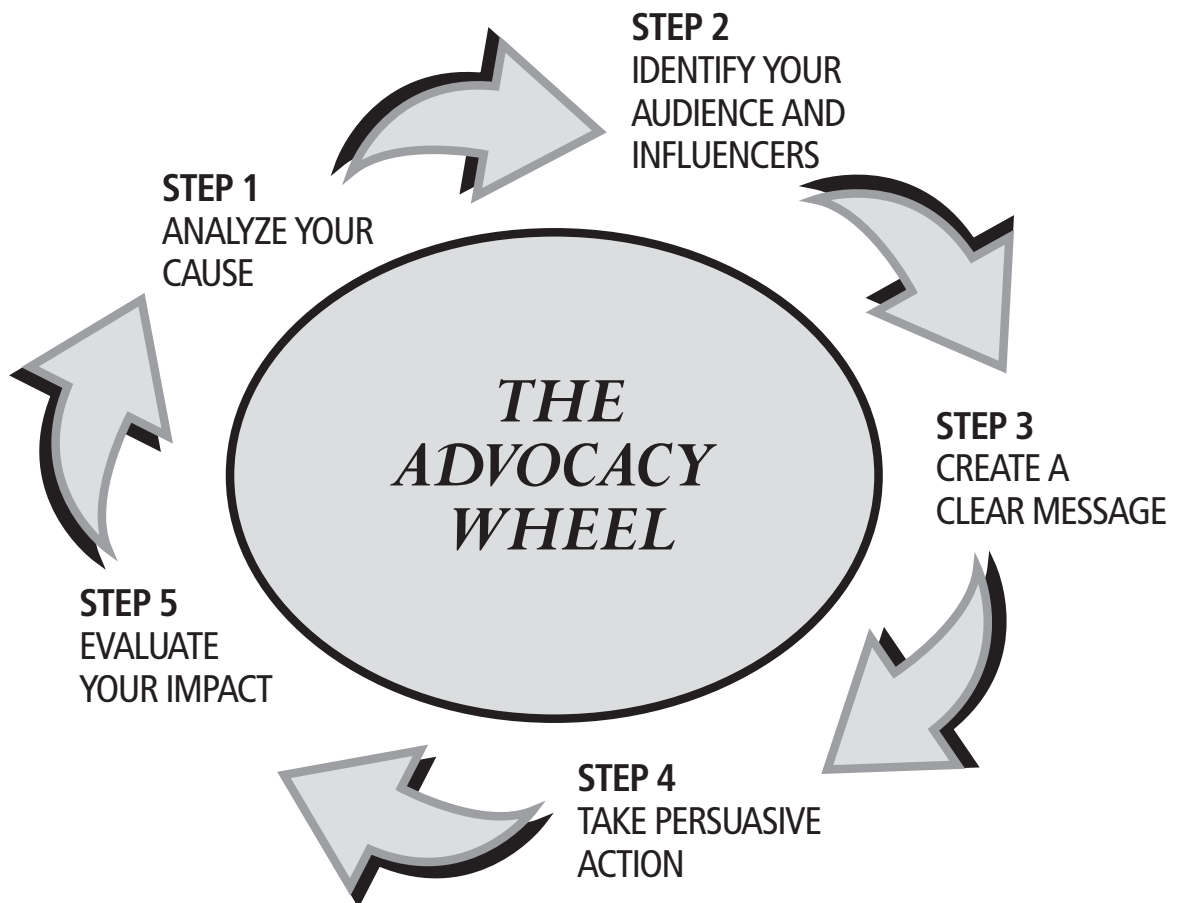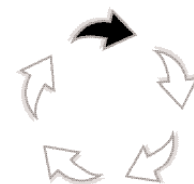
ANALYSING YOUR CAUSE

Effective advocacy begins with accurate information and an in-depth understanding of the issue you want to address. It is important to assess the current situation so that you can determine exactly what needs to be done and formulate action steps. We suggest reading the fact sheets provided in this tool kit to gain a clear understanding of the reasons why the education sector should take a comprehensive approach to HIV and AIDS.

Next, complete the Rapid Appraisal Framework (RAF)[2] on the next four pages. This completed tool will provide you with a quick and valuable guide to what the education sector is and is not doing to develop a comprehensive approach to HIV and AIDS. The four groups of questions are based on the four aspects of a comprehensive approach:

▶ Workplace policy on HIV and AIDS

▶ A healthy psycho-social and physical educational environment

▶ Skills-based HIV and AIDS prevention curriculum

▶ HIV and AIDS-related services, care and support for learners and educators

The Rapid Appraisal Framework can be used multiple times through out the advocacy process to assess how much progress has been made to develop a comprehensive approach in the education sector. At this stage, however, the tool will provide you with a quick and valuable guide to understand what is or is not being done to develop a comprehensive approach. This form can be completed individually or in a group, adopting the following guidelines:

1. Read the question in the Strategic Area column

2. Mark off one of the Assessment columns in the "Yes," "No," "Action in Progress," "Action Being Planned"

3. If you are not sure whether any action has been taken please mark off the "Do Not Know" column.

4. Identify in the "Possible Action Can be Taken" column, areas in which action might be taken; these areas will help you identify issues you might advocate for.

5. Remember the "Do Not Know" and "Possible Action can be Taken" are considered action items as they both require additional research to assess the current situation in the specific category.

---

[2] For a more extensive version of a Rapid Appraisal Framework for the education sector, refer to Appendix 2 in M. Kelly and B. Bain, *Education and HIV/AIDS in the Caribbean* (Paris: UNESCO, 2005).

RAPID APPRAISAL FRAMEWORK

Workplace Policy on HIV and AIDS

STRATEGIC AREA	ASSESSMENT				ACTION	
	YES	NO	ACTION IN PROGRESS	ACTION BEING PLANNED	DO NOT KNOW	POSSIBLE ACTION CAN BE TAKEN
(a) i. Is there an AIDS-in-the-workplace policy for the information and protection of the sector's workforce? (a) ii. Does it comply with the 2001 International Labour Organization, "Code of Practice on HIV/AIDS and the World of Work"[3] (b) Has the education ministry developed or adopted codes of conduct and procedures for dealing with aspects of HIV and AIDS in staff and institutions? (c) Is there an education sector strategic plan for HIV and AIDS-in-the-workplace?						
Have each of the three been disseminated across the sector?	(a) (b) (c)					
Is each of the three adequate?	(a) (b) (c)					
Is each of the three being conscientiously and predictably applied?	(a) (b) (c)					
Is there adequately funding allocation in the national plan for implementation for each of the three?	(a) (b) (c)					
Has the unit that will be responsible for the implementation of each of the three been clearly defined and given the necessary authority?	(a) (b) (c)					

[3] ILO: International Labour Organization, *Code of Practice on HIV/AIDS and the World of Work,* Geneva, 2001 online at http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm

A Healthy Psycho-social and Physical Educational Environment

STRATEGIC AREA	ASSESSMENT				ACTION	
	YES	NO	ACTION IN PROGRESS	ACTION BEING PLANNED	DO NOT KNOW	POSSIBLE ACTION CAN BE TAKEN
Has an assessment been made of the factors that make learners susceptible to HIV infection?						
Has an assessment been made of factors that might increase the susceptibility of teachers and educators to HIV infection?						
Have any steps been taken to address these factors?						
Are education institutions safe places for all learners and teachers (Free from physical, sexual violence such as: bullying, homophobia, sexual harassment, gender-bias)?						
Do education institutions operate within a framework of strong concern for the exercise of human rights?						
Is there a policy of zero tolerance for any HIV and AIDS-related manifestation of stigma or discriminations?						
Is this policy implemented?						
Have school administrators conducted the World Health Organization (WHO), "Psycho-social Environment Profile Survey"[4] for their school?						
Are activities conducted to heighten awareness of HIV and its implications for educational leaders, politicians, and education partners'?						
Are there any such activities for (a) learners, (b) teachers, (c) other education staff?	(a) (b) (c)					
Do ministry publications carry articles or news briefs on HIV and AIDS and education?						

---

[4] WHO Information Series on School Health, *Creating an Environment for Emotional and Social Well-Being: An important responsibility of a Health-Promoting and Child Friendly school.* Geneva, Switzerland (2003) online at http://www.intercamhs.org/html/who.html

Skills-based HIV and AIDS Curriculum

| STRATEGIC AREA	ASSESSMENT				ACTION	
	YES	NO	ACTION IN PROGRESS	ACTION BEING PLANNED	DO NOT KNOW	POSSIBLE ACTION CAN BE TAKEN
Does the curriculum use skills-based learning in the areas of (a) HIV and AIDS, (b) sexual and reproductive health and (c) life skills?	(a) (b) (c)					
Is teaching in these areas conducted for all learners, from preprimary to senior secondary grades?						
Is education in any of these areas a required component of the programmes of study at the postsecondary level?						
Is teaching in these areas integrated into wider skills-based health programmes?						
Are teachers and other education personnel adequately trained to conduct sessions using participatory methods for skill development and to handle difficult issues?						
Do teachers themselves understand modes of transmission, protection, care and treatment?						
Are steps being taken to ensure every serving teacher's competence in HIV and AIDS prevention education?						
Are HIV and AIDS and life skills integral components of the curriculum for the professional preparation of all new teachers?						
Do educational institutions have the curriculum materials they need to support HIV-prevention and care teaching activities?						
Does every teacher have access to such materials?						
Does every learner have appropriate access to such materials?						
Have steps been taken to ensure the consistency of HIV prevention messages throughout the sector (i.e., to ensure that messages do not conflict with one another)?						
Have efforts been made to ensure that parents and guardians are comfortable with the HIV prevention messages and materials used in the sector?						
Does the ministry promote the use of HIV and AIDS 'edutainment' materials on radio and television?						

HIV and AIDS Services, Care and Support

STRATEGIC AREA	ASSESSMENT				ACTION	
	YES	NO	ACTION IN PROGRESS	ACTION BEING PLANNED	DO NOT KNOW	POSSIBLE ACTION CAN BE TAKEN
Is training on HIV and AIDS services, care and support available for (a) learners and (b) educators?	(a) (b)					
Is there a workplace policy and training programme that ensures the confidentiality of (a) learners and (b) educators who seek HIV and AIDS services?	(a) (b)					
Is there a workplace policy and procedure to take into account the needs of HIV+ (a) learners and (b) educators?						
Do (a) learners and (b) educators infected or affected by HIV and AIDS have ready access to the necessary psycho-social counselling?	(a) (b)					
Is there a policy advocating the use by (a) learners and (b) educators of voluntary counselling and testing (VCT)?	(a) (b)					
Are VCT facilities readily accessible by all (a) learners and (b) educators?	(a) (b)					
Do (a) learners and (b) educators use these facilities?	(a) (b)					
Have arrangements been made with the health sector for the provision of appropriate health services in or near educational institutions?						
Are those services friendly to young people in terms of (a) absolute confidentiality, (b) times of operation and (c) nonjudgemental atmosphere?	(a) (b) (c)					
Do these centres have adequate supplies and materials?						

Completing the RAF is a very important first step in assessing a base-line from which you can work towards developing a comprehensive education sector approach to HIV and AIDS. Once you have filled it out, we recommend reviewing the strategic areas that you either marked off as "Do Not Know" or "Possible Action can be Taken." Of these you will want to pick one specific strategic area to begin to address in your advocacy plan. This strategic area will create the focus of the next steps you will take in the Advocacy Wheel. You can develop multiple advocacy plans to undertake in parallel, but each plan must be developed individually.
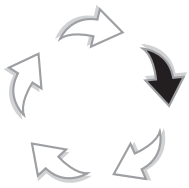
IDENTIFY YOUR AUDIENCE AND INFLUENCERS

Now that you have completed the Rapid Appraisal Framework, you should have a clearer understanding of areas in which the education sector might act to develop a comprehensive approach. Clearly a comprehensive approach must be multi-pronged addressing a number of different issues simultaneously. To accomplish this task, we recommend that you review each issue one at a time to develop an advocacy plan within the context of a comprehensive approach. In Step 2, you will identify your audience for a particular issue and those who would best be able to influence that audience. In some cases you will be identifying people who can influence the audience you want to target. In other cases you might be in a position to influence the target audience yourself. In this step you will also analyse your audience's mindset, motivations, and behaviour so that you can target them effectively.

If you understand who your specific audience is and what motivates and concern them, you will be better able to shape a message that achieves your intended purpose. Your message will have greater impact if your audience can relate to the message and the messenger. To quickly assess your audience, answer the questions in the following tool.

Audience Assessment Tool[5]

1. Who makes up your audience? You might use the first column in the "Influencer Choice Tool" on page 10 and make adjustments   to reflect the reality in your country.

---

[5] Adapted from HHD/EDC, *Creating and Implementing a Communications Plan: A Step by Step Approach; Situation Analysis* (Newton, MA 2005 draft).

2. What basic information do you know about your audience that may influence how they process information (gender, age range, occupation, where they live and work, socioconomic status, educational background, political background)?

3. What drives your audience's motivation, attitudes and behaviour (e.g., interests, incentives, pressures and personal experiences)? What are their roles and responsibilities and how can they advance your cause?

4. What attitudes, beliefs, and knowledge does your audience have about the issues you want to address? Include their prior knowledge and their attitudes about the education sector's response to HIV and AIDS.

Now that you have begun to identify your target audience, the next tool will help identify who might be the best "messenger" for each audience you have identified. In some cases you might be the best person to speak to the audience and other times identifying someone else might be most effective.

Following is a tool, tailored to the Caribbean, of suggested target audiences and possible influencers. You may want to refine this list further for your specific situation. Use this tool to identify the names of specific people in your country who might be an effective influencer. These are the people you will want to contact to help you make a case to your target audience. In Step 4 you will assign your influencers specific tasks and deadlines.

Influencer Choice Tool

AUDIENCE (S)	INFLUENCER (S)	NAME OF PERSON (S)
Senior level ministers and members of interministerial committees, especially education and health and labour perhaps also science, technology and tertiary education; the permanent secretary of education.	▶ UN lenders and donors ▶ International agency leaders ▶ Similar ministers in region ▶ Business leaders ▶ Youth ▶ Unions	
Ministry of education staff, especially department heads in supervision, curriculum, guidance and counselling and the HIV committee	▶ Ministers of education and health ▶ Union leaders ▶ Leading physicians ▶ Youth	
Teacher union members and teacher education colleges	▶ Unions ▶ University of West Indies- UWI ▶ Labour minister ▶ Education minister ▶ Health insurers	
School principals	▶ National principal associations ▶ Retired principals	
Parents, community members, faith community	▶ Parent Teacher Associations ▶ Leading physicians ▶ Caribbean Council of Churches and other religious groups	
Medical, public health and clinic leaders providing Voluntary Counselling and Testing (VCT) and Antiretroviral Treatment (ART)	▶ Ministry of health ▶ Donors ▶ Pan American Health Organization (PAHO) ▶ Caribbean Epidemiology Centre (CAREC)	

This list of people will help achieve your effort to advocate for a comprehensive approach to HIV and AIDS. The next step will assist you in developing your message statement to make a case for change.
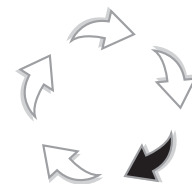
CREATE A CLEAR MESSAGE

In Steps 1 and 2, you identified the issues and audience you want to address. Now we will work on crafting a powerful message. This step guides you through the process of creating a winning message that will speak to your audience's motivations, beliefs and attitudes. A senior-level policymaker receives hundreds of messages every day from many different sources. Your goal is to create a message that will motivate them to act.

THE SW2C (SO WHAT? WHO CARES?) FORMULA[6]

Your message will be effective if you can answer two key questions:

▸ So what? What difference does your issue make to the person you are addressing?

▸ Who cares? Why should they care?

Following are some tips for making your message accessible to and meaningful for your audience[7]:

▸ Your message should be immediate (that is, have a level of urgency that the audience can identify with) and relevant to your audience.

▸ Use specific examples culled from your own or your audience's experience to paint a picture that reinforces your key points.

▸ Use colourful words, one-liners to capture your audience's attention and engage them in your talk. If your message is too complex, your audience will tune it out, and you will have lost an opportunity to reach them. An example of a powerful one liner is "education is the only vaccine for AIDS".

▸ Instead of relying on statistics, percentages, graphs and charts to get your message across, break the data down into terms that are easier for your audience to grasp. You might consider using "Social math" to

illustrate your points and to make abstract data more concrete.[8] Social math blends stories and numbers by providing comparisons with familiar things. It usually works by analogy, linking numbers to meanings to help individuals relate to and understand statistics better. For example: "One out of two HIV+ people in the Caribbean is in their prime productivity years" instead of "Fifty percent of those diagnosed with HIV in the Caribbean are between 25 and 35 years old." [9]

▸ Your message should reinforce positive impressions of the audience about what you would like them to do? For example, focus on a specific interest they might have in a comprehensive approach.

▸ Negative images need to be understood by you so you can prepare to address such issues. Do not ignore our audience's scepticisms or concerns, because your audience will not ignore them. For example, if previous efforts to implement a policy have failed, you need to address exactly how you are doing things differently and more effectively this time.

▸ Include at least two or three clear statements that begin with "I need you to. . . ." They will give the audience clear direction on how they can act on behalf of your cause.

▸ Begin with what your audience knows and believes. Then build on these points and show how a shift or a change in behaviour can create a win-win situation for everyone.

▸ Avoid the jargon of social science, psychology and education—such language can cause you to lose your audience's attention.

[6] National Center for Health Promotion and Youth Violence Prevention, *Communications Toolkit* (EDC Newton, MA: 2004) accessed on line at http://www.promoteprevent.org/resources/communications_toolkit/step3/creating_powerful_messages.htm
[7] Adapted from C. Vince Whitman, *Advocating for School Health: Presenting an Effective Case to Decision-Makers,* workshop presented at the Mega Country Meeting: School Health Component, at IUHPE, Paris, France, July 15, 2001.
[8] Wallack et al, *News for A Change: An Advocate's Guide to Working with the Media*, Sage Publications:1999
[9] Kriner, S., *Caribbean AIDS Program Targets Youth,* accessed on line at http://www.redcross.org/news/in/caribbean/010319together.html

THE MESSAGE TRIANGLE

Messages are most effective if they contain no more than three points. These three points should address the *what, why,* and *how* of your message; we can visualize them as a "message triangle."

ACTION STATEMENT (WHAT?)

ACTION STRATEGY (WHY?)

CALL TO ACTION (HOW?)

Source: Adapted from Vince Whitman, *Advocating for School Health: Presenting an Effective Case to Decision-Makers*, workshop presented at the Mega Country Meeting: School Health Component, at IUHPE, Paris, France, July 15, 2001.
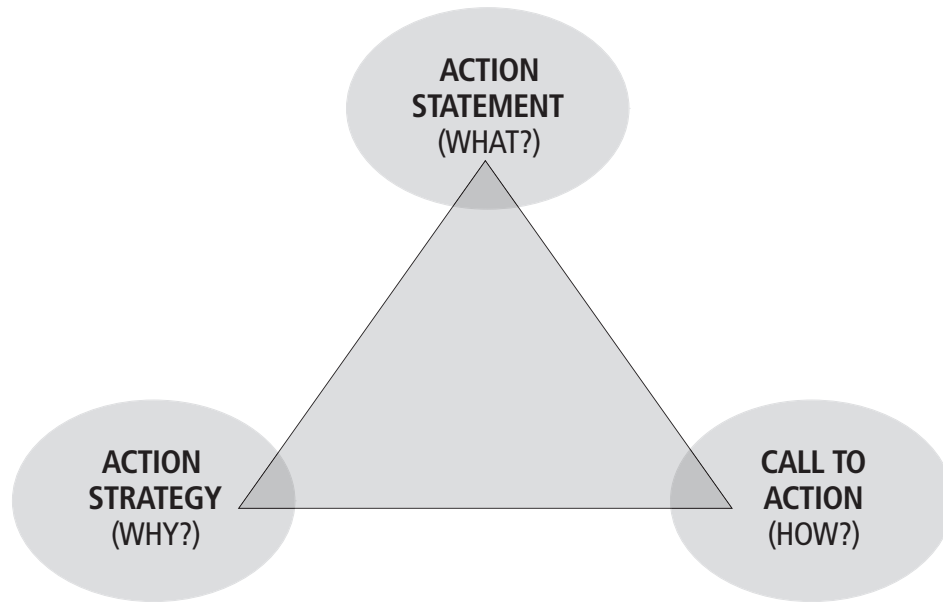
An effective message triangle succinctly answers these three questions:

▸ **1. Action Statement.** *What* action do you propose to develop a comprehensive approach? Your action statement should be specific and focused and should deal with just one action at a time; you will want to go through similar exercises for other actions. Remember you may have multiple issues you want to address, but each of them needs to have its own message triangle.

▸ **2. Action Strategy.** *Why* are you suggesting that this action be taken? It is important to list out all the compelling reasons you have for why they should take this action. Make sure you present the reasons in a way that the audience can identify them easily.

▸ **3. Call to Action.** What steps do you want your audience to take to address the issue you are raising? *How* can your audience solve the problem outlined in your problem statement? At this stage, you must list steps the audience can take, but they must be very focused and realistic. You might want to make sure that your suggested action items meet the SMART criteria: that they are Specific, Measurable, Appropriate, Realistic and Time bound.[10]

[10] For more information about Cause Development ® and SMART criteria developed by Development Communications Associates (DCA, Inc), on line at www.dcaboston.com

UNESCO/EDC Advocacy and Leadership Campaign to Advance the Education Sector Response to HIV and AIDS in the Caribbean 2005

Below is an example of a message created using the message triangle addressing the education sector's role in adopting a comprehensive approach to HIV and AIDS:

Action Statement (What?)

▶ *We need to create a healthy psycho-social and physical educational environment so that learners and educators know that they will be "safe from harm, cared for equally, and treated with respect."[11]*

Action Strategy (Why?)

▶ A healthy educational environment goes beyond academic outcomes. It comprises a positive psychosocial environment and a safe and secure physical environment for learners and teachers. If parents refuse to send their children to school because they fear for their health or safety; if students are too stressed to pay attention or to understand what they are being taught; or if they are frequently absent or drop out altogether because they feel discriminated against, or become pregnant or infected with HIV, learning will not occur.[12]

▶ A healthy psycho-social and physical educational environment is free from any form of stigma, discrimination, homophobia, gender inequity, violence, sexual harassment or exploitation.

▶ Fear of stigma and discrimination will prevent teachers and staff from getting tested and protecting themselves and their partners from infection and will create an environment of guilt, low morale and diminished self-esteem—all of which perpetuate risk behaviours.

Call to Action (How?)

▶ Establish clear regulations about stigma and discrimination, confidentiality, gender equity and equality, violence, and sexual harassment and exploitation.

▶ Ensure that every educational institution and setting offers a welcoming atmosphere for individuals infected and affected by HIV and AIDS.

▶ Ensure that every educational institution and setting implements a zero-tolerance policy for discriminatory or stigmatising actions, violence, sexual harassment and exploitation—by students, teachers and staff.

▶ Take steps to ensure that every pupil and staff member (1) has sufficient knowledge of HIV and AIDS to dispel common fears and prejudices and (2) recognises that there are no grounds for stigmatising any infected or affected person, in school or elsewhere.
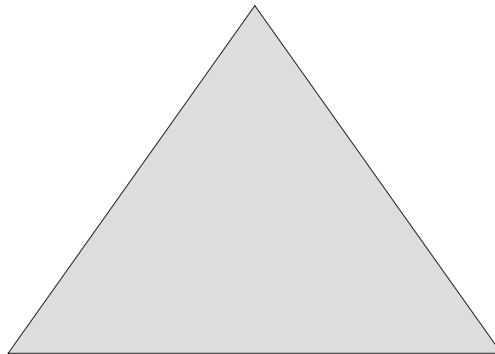
[11] Kelly and Bain, 2005
[12] Ibid.

YOUR MESSAGE TRIANGLE:

The education sector must take comprehensive approach to HIV and AIDS

The fact sheets in this tool kit provide information you can incorporate into the content of your message.When you are ready, use this blank triangle to lay out your message:
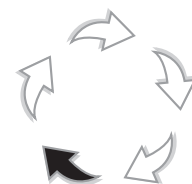
1) WHAT ?_____

2) WHY ? _____   **3**) HOW ? _____

TAKE PERSUASIVE ACTION

Now that you have analysed your cause, chosen your audience and influencers, and developed your message, the time has come to take action. You must now communicate your message in a persuasive manner to your target audience. There are a number of ways you can present your message (for example, by making a phone call, writing a letter, setting up a face to face meeting, organising a workshop); often you will need to employ more than one method. Repeating your message using complementary methods can reinforce your influence on the audience.

SIX PRINCIPLES OF PERSUASION

Dr. Robert Cialdini, professor of psychology at Arizona State University and author of the book, "Influence: The Psychology of Persuasion," is an expert on what it takes to get people to say yes. To enhance the persuasiveness of your message, you might consider use the following principles developed by Dr. Cialdini[13]:

1. **Commitment and consistency:** It is important to gain commitment for acts, even if they are just small acts because when people commit they tend to behave in ways that are consistent with that commitment. Having individuals sign a statement is a good way of reinforcing their commitment.

2. **Social proof:** When deciding how to act, people often use information about how others behave to influence their own decision. Present examples that others can relate.

3. **Scarcity:** People are more likely to act if the opportunity to do so is available only once and there is a loss associated with not acting. Present your cause so that it conveys urgency.

4. **Reciprocation.** People usually try to repay in kind what another has given them. Try and relate how the actions you are suggesting are similar or will reinforces other positive efforts that your audience can relate to.

5. **Authority.** People with titles (important positions) and those that are known to be experts can exert a lot of influence. Recruit them to assist in your cause.

6. **Liking.** People prefer to say yes to requests from those they know or like. If there is a person (for example, a well liked teacher) who can speak to the audience you are targeting, ask them if they will support your cause.

As shown above, an effective presenter needs to be trustworthy, confident, clear and attentive to the audience's knowledge and capacity for action.

---

[13] R. Cialdini, *Influence: The Psychology of Persuasion* (New York: William Morrow, 1993).

The following worksheet can assist you to think through and lay out your action plan.[14] This worksheet is a sample, you might want to modify the specific steps for your situation. Decide which advocacy strategy you will use with each target audience, (remember you might have more than one target audience group), and which influencer will reach out to that audience. Determine a realistic time frame for completing the tasks and list the resources you need to present your message effectively. Finally, decide how to measure your success. Examples of measuring success might be: scheduling a meeting, having your target audience commit (in writing) to support your cause, bringing a specific number of decision makers and others together to participate in a discussion about your cause.

ACTION PLAN OUTLINE

TASK	TARGET AUDIENCE	NAMES OF INFLUENCERS	DEADLINE FOR ACTION	RESOURCES NEEDED	WHAT INDICATES SUCCESS
Making initial contact Write letters, enclosing descriptive materials, flyers, and/or brochures Make phone calls Hold breakfast or lunch meeting					
Making the case: Meet with officials and other decision-makers Make a presentation to and hold a discussion with a select group Provide packets of materials Attend legislative or other public meetings Attend conferences of health or education associations					
Following-up: Make follow-up calls Develop relationships with media editors and/or reporters Hold press conferences Write editorials and/or news articles Arrange audience's contacts with model programs Appear on radio and/or television talk shows Organize broad support through petitions and/or educational forums					

[14] Adapted from EDC, *Making the Case for Prevention* (Newton, Ma.: CSAP's Northeast Center for the Application of Prevention Technologies, 2005 draft).

DEALING WITH OPPOSITION

When you advocate for change, you might meet resistance and criticism. It is essential to anticipate and respond to such reactions. Here are some strategies for dealing with opposition and criticism compiled from an Advocacy Kit developed by the organisation, Advocates for Youth[15] :

▶ Create a broad-based coalition of vocal influential individuals who can increase the momentum of your efforts.

▶ Expand your base of support by explaining your cause to the public.

▶ Understand your opposition's stance and tactics, and monitor the progress of the debate.

▶ Be ready to respond to efforts to misrepresent or demonise your cause; don't be afraid of threats from those who might want to undermine your efforts.

▶ Defend your cause with facts.

▶ Encourage and be prepared to have open and civilised debate.

You are now well on your way to implementing your advocacy plan. Your task, however, is not complete until you have measured your success, evaluated your methods, and determined, if necessary, how to further improve the situation. Step 5 will guide you through this process.

---

[15] Advocates for Youth, *Advocacy Kit,* online at http://www.advocatesforyouth.org/publications/advocacykit.pdf
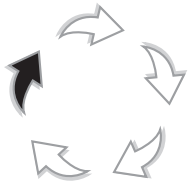
EVALUATE YOUR IMPACT

To recap, the Rapid Appraisal Form in Step 1, helped determine specific strategic areas to focus on to develop a comprehensive approach to HIV and AIDS in the education sector. We recommended that you work with one strategic area at a time to develop a full advocacy plan. Step 2 helped you identify the important players who can take actions to move closer to achieving change in the area you have identified. The message triangle in Step 3 assisted you in developing a clear, easy to understand, effective message to make your case for change. Step 4 helped you lay out a plan for action and how to move from a plan to action.

Now, in Step 5, during and after implementing your action plan, you need to measure, regularly and objectively, what you have accomplished and what remains to be done. Evaluating your efforts frequently can ensure that data and arguments remain in tune with a changing situation. It also allows you to revisit and refocus your strategy if needed.

The following tool will assist you to keep track of the activities you have conducted and to identify the initial outcomes of your efforts.[16] This chart suggests reviewing your progress every six months; however, you might want to adjust this time-frame if you feel it is important to review more often. Before you begin your task you might consider setting a goal for the number of meetings you will hold and the number of people you will contact based on the influencers and target audience you identified in Step 2.

---

[16] EDC, *Advocating for Anschub.de: Expanding an Effective Model to Promote Good and Healthy Schools in Germany,* Developed by EDC on behalf of the Bertelsmann Foundation Alliance for Sustainable School Health and Education in Germany (ANSCHUB.DE) (Newton, MA: Draft 2005)

EVALUATION CHART

Start Date _____

End Date _____

Target number of meetings: _____

Target number of people to meet with: _____

DATE	PLACE/TYPE OF COMMUNICATION	PARTICIPANTS	MATERIALS DISTRIBUTED	INITIAL FEEDBACK RECEIVED
TOTAL IN 6 MONTHS	**NUMBER OF MEETINGS:**	**NUMBER OF PARTICIPANTS:**		

SELF EVALUATION

You have many competing demands on your time and advocating for a specific cause requires your constant attention and effort. Self-evaluation during the advocacy process can help you determine ways to improve your strategy to make sure your efforts are well placed. At regular intervals during the process, ask yourself the following questions:

▶ What is working?

▶ What is not working?

▶ What needs to be changed?

After six months, revisit the Rapid Appraisal Form (RAF) in Step 1 and fill out relevant sections again with updated information. Especially review changes that your advocacy effort has influenced. The changes that have occurred since your initial RAF are a good indicator of your progress. Remember that even a small change is an important milestone!

When you have accomplished a particular change or feel like a change is on the way to completion, you might consider developing a similar plan for another intervention that will further strengthen the education sector's comprehensive approach to HIV and AIDS. If change did not occur, you might want to revisit Steps 1 through 5 to determine how you might change your strategy. Perhaps you want to present your message in a new way. Perhaps it would help to identify other influencers or define your target audience differently.

Included in this tool kit is a list of additional resources you can use to increase your knowledge of various aspects of advocacy. We hope that you will explore these resources to learn more about advocating for the importance of the education sector taking a comprehensive approach to address HIV and AIDS.

LIST OF ADDITIONAL RESOURCES

This list of resources will provide details on current literature for further reading on issues addressed in this tool kit. To make the resources more accessible, they have been divided into sections. Each section has recommended "Key Resources" at the top and "Further Reading" below. The first two sections provide resources about HIV and AIDS in general and specifically related to HIV, AIDS and education; at the global level and tailored to the Caribbean. Sections 3– 6 provide a number of resources on specific aspects of a Comprehensive Approach to HIV and AIDS. Section 7 provides resources on advocacy and communication. Every effort has been made to provide information on how to obtain these resources on the internet by providing website addresses.

1. GENERAL: HIV AND AIDS

Global

Key Resources

UNAIDS Joint United Nations Programme on HIV/AIDS: http://www.unaids.org/
•Global Fact Sheets: www.unaids.org/hivaidsinfo/statistics/fact_sheets/index_en.htm
•Keeping the Promise: Summary of the Declaration of Commitment on HIV/AIDS: www.unaids.org/barcelona/presskit/keepingthepromise/JC668-KeepingPromise-E.pdf
•AIDS Epidemic Update 2004: http://www.unaids.org/wad2004/report.html

Further Reading

AEGIS- http://www.aegis.org/
This site contains a large, searchable database of news stories, newsletter articles, community materials and AIDS abstracts from journals and conferences.

Aidsmap- www.aidsmap.com. The site also includes completely searchable databases of HIV treatment and care, worldwide HIV organisation listings, and one of the most comprehensive ranges of patient information available on the web.

AVERT - http://www.avert.org/ A UK-based charity responsible for a wide range of education and medical research work related to HIV prevention.

Family Health International - http://www.fhi.org/
Gives access to a wide range of publications, project descriptions and country profiles all related to HIV and Health.

Futures Group - http://www.futuresgroup.com/
Provides access to a wide range of resources including HIV/AIDS-related projects in many countries around the world .

International Federation of Red Cross and Red Crescent Societies http://www.ifrc.org/what/health/hivaids/
Free IFRC resources – publications, CD-ROMs and websites – in one searchable area.

International HIV/AIDS Alliance - http://www.aidsalliance.org. Free Alliance resources – publications, CD-ROMs and websites – in one searchable area.

The International Planned Parenthood Federation - http://www.ippf.org/ IPPF links national autonomous Family Planning Associations in over 180 countries worldwide concerned with family planning and sexual and reproductive health.

Population Council - http://www.popcouncil.org/hivaids/
The HIV/AIDS section addresses issues of prevention, microbicides, youth, access to treatment, discrimination.

Synergy Project - http://www.synergyaids.com/
AIDS Resource Center contains documents that are relevant to HIV/AIDS project management and research.

United Nations General Assembly (UNGASS), 'Declaration of Commitment on HIV/AIDS' www.unaids.org/UNGASS/docs/AIDSDeclaration_en.pdf

Caribbean

Key Resources

Caribbean Epidemiology Center (CAREC): http://www.carec.org/
B. Camara and I. Zaidi (2005). The Future of HIV/AIDS in the Caribbean, CAREC Surveillance Report Supplement 1. Port of Spain: CAREC

CARICOM http://www.caricom.org/pancap/pancapindex.htm

Pan American Health Organization http://www.paho.org/aids/

The Latin American and the Caribbean Council of Aids Services Organizations (LACCASO) - http://www.laccaso.org/

Further Reading

International Labour Organization Subregional Office for the Caribbean- www.ilocarib.org

Latin America and Caribbean National Response to HIV/AIDS: Country Implementation Readiness Profile, January 2002, UNAIDS.

The World Bank, HIV/AIDS in the Caribbean: Issues and Options: A Background Report, Washington, D.C.: The World Bank, 2000

UNICEF's Response to the HIV/AIDS Crisis in Severely Affected Nations of Central America and the Caribbean, December 2001, UNICEF.

What's Going On: AIDS in the Caribbean, 28 minutes video/CD, Zenger Media, Ca, USA

2. GENERAL: HIV, AIDS AND EDUCATION

Global

Key Resources

Education Sector Global HIV/AIDS Readiness Survey (2004). Policy Implications for Education and Development: An Integration of Perspectives from Ministries of Education and Civil Society Organizations, Logos.http://unesdoc.unesco.org/images/0013/001399/139972e.pdf

HIV/AIDS and Education – Toolkit for Ministries of Education, Created and Published by UNESCO, Bangkok with UNAIDS (2004) http://www.healthinitiative.org/html/hiv/hivtraining/tool12.htm

Mobile Task Team on HIV/AIDS:- http://www.mttaids.com/site/
Designed to help empower African ministries of education (MoEs) and their development partners to develop sector-wide HIV/AIDS policy and prioritized implementation plans to systemically manage and mitigate impact.

UNAIDS Inter-Agency Task Team (IATT) on HIV/AIDS and Education:
 •Quality and HIV/AIDS, Paris, UNESCO 2004: www.unesco.org/hiv/IATT_Education/AIDS-Ed_3-5-03_Draxler.ppt
 •HIV/AIDS and Education: A Strategic Approach, Paris, IIEP Publications, 2002 http://unesdoc.unesco.org

UNESCO
 •International Clearinghouse on Curriculum for HIV and AIDS Prevention:
 •http://portal.unesco.org/education
 •http://www.unesco.org/aids/
 •HIV/AIDS: A Strategic Approach: www.unesco.org/education/just_published_en/pdf/hiv_approach_english.pdf
 •Strategy for HIV/AIDS Preventive Education: www.unaids.org/cosponsors/UNESCOstrategy_en.pdf

UNAIDS and UNESCO, EDUCAIDS: The Global Initiative on Education and HIV/AIDS: Towards an AIDS-free generation: briefs for decision-makers (Paris: May 2005) http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=5218_201&ID2=DO_TOPIC
<http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=5218_201&ID2=DO_TOPIC>

Further Reading

Education International – http://www.ei-ie.org/aids.htm

Global Campaign for Education, Learning to survive: How education for all would save millions of young people from HIV/AIDS, 2004- http://www.campaignforeducation.org/schoolreport/

HIV/AIDS Impact on Education Clearinghouse: http://hivaidsclearinghouse.unesco.org/ev_en.php

Schenker, I. Education Sector and HIV/AIDS Prevention, Care and Anti-Discrimination: A Fire Fighter Dilemma (presentation at Inter-American Development Bank, January 25, 2005, Washington, D.C.)

World Bank in partnership with The Partnership for Child Development: Schools and Health www.schoolsandhealth.org

World Bank, 'Education and HIV/AIDS: A Window of Hope'
www.worldbank.org/education/pdf/Ed%20&%20HIV_AIDS%20cover%20print.pdf

Key Resources

Kelly, M. J. & Bain, B. (2004). Education and HIV/AIDS in the Caribbean. Kingston, Jamaica: Ian Randle Publishers. Available to purchase through the publisher at: http://www.ianrandlepublishers.com/books/edu.htm

UNESCO- Caribbean's Education & HIV/AIDS Clearinghouse, http://www.unescocaribbean.org/education/unesco_edugoals2.htm

Further Reading

International Labour Organization Subregional Office for the Caribbean, HIV/AIDS and the Education Sector: Initiating a Workplace Response (PowerPoint presentation at Joint ILO/UNESCO Workshop on Improving responses to HIV/AIDS in the education sector workplace Jamaica: September 2005)

Jamaica Ministry of Education, Youth and Culture. A National Policy for HIV and AIDS
Management in Schools. Kingston: Jamaica Ministry of Education, Youth and Culture, 2001

Kelly, M.J., Planning for Education in the context of HIV/AIDS, www.unesco.org/iiep/english/pubs/recent/A235.htm

Morissey, M. Response of the Education Sector in the Commonwealth Caribbean to the HIV/AIDS Epidemic: A Preliminary Overview, Geneva: International Labour Office, 2005

SIDALAC - http://www.sidalac.org.mx/ A regional project aimed at mobilizing human and other resources for prevention and care

Vince Whitman, C. (2004, March). Uniting three initiatives on behalf of Caribbean youth and educators: Health and family life education and the health promoting school in the context of PANCAP's strategic framework for HIV/AIDS. Caribbean Quarterly, 50 (1).
http://www.hhd.org/documents/CQ_04142005.pdf

3. WORKPLACE POLICY ON HIV AND AIDS

Key Resources

ILO: International Labour Organization
   •Code of Practice on HIV/AIDS and the World of Work, Geneva, 2001
     http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm
   •Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual, Geneva, ILO, 2002
   •www.ilo.org/public/english/protection/trav/aids/

UNAIDS, Intensifying HIV Prevention: UNAIDS Policy Position Paper, Geneva: 2005
www.unaids.org/EN/in+focus/topic+areas/prevention/global+strategy+to+intensify+hiv+prevention2.asp

Further Reading

Cohen D, Mainstreaming the policy and programming response to the HIV epidemic. New York: UNDP.
www.undp.org/hiv/publications/issues/english/issue33e.htm

Convention on the Rights of the Child (1989): www.unhchr.ch/html/menu3/b/k2crc.htm

Ministry of Basic Education, Sports and Culture and Ministry of Higher Education, Training and Employment Creation, Republic of Nigeria. Implementing Education Sector Policy on HIV and AIDS in Namibia. Presentation at XV International AIDS Conference, Bangkok, Thailand, 2004.
http://mttaids.ix.co.za/site/files/5562/IAC%5FBangkok%5FNamibia%5FPolicy%5FPresentation%2Epdf

NAC Jamaica - http://www.nacjamaica.com/National AIDS Committee of Jamaica web site, with reference to policy and action

Garrouste-Norelius, C. and Mendes, S., Progress and Result Indicators and Their Relevance for Educational Policy Analysis, March 2003, SIDA
www.sida.se/content/1/c6/02/08/31/Progress_and_result.pdf

Synergy Project APDIME Toolkit, Synergy / Synergy Project, USAID , 2001 - A Toolkit for managers and technical specialists who are responsible for planning, designing, and managing HIV/AIDS programmes in resource poor countries, http://www.synergyaids.com/apdime/index.htm#

UNAIDS, From Principle to Practice: Enhancing the Greater Involvement of People Living with or Affected by HIV/AIDS www.unaids.org/publications/documents/persons/una9943e.pdf

4. HEALTHY PSYCHO-SOCIAL AND PHYSICAL EDUCATIONAL ENVIRONMENT

Key Resources

Bunch, M., Gender and AIDS, UNAIDS 2005 http://www.unaids.org/html/pub/Topics/Gender/GenderChecklist_en_pdf.pdf

Girls, HIV/AIDS and Education, UNICEF, 2005, http://www.unicef.org/publications/index_25047.html

Sherr, L, Psychological aspects of children and HIV/AIDS, Bernard van Leer Foundation, 2005
http://www.bernardvanleer.org/publications/downloadFile?uid=0fb2dfbd026c8b5ed9eeb082e2d2ef30

UNAIDS, A conceptual framework and basis for action: HIV/AIDS stigma and discrimination
www.unaids.org/publications/documents/human/JC781-ConceptFramew-E.pdf

UNESCO, UNAIDS, HIV/AIDS and Human Rights: Young People in Action Kit, UNESCO, UNAIDS, 2001

UNFPA, "2000 Strategic Guidance on HIV Prevention" (New York: United Nations Population Fund, 2002)
WHO Mega Country Health Promotion Network http://www2.edc.org/hhd/who/

Further Reading

Global Survey on HIV/AIDS and Disability, Office of the Advisor on Disability and Development and The Global HIV/AIDS Program of the World Bank and Yale University School of Public Health http://cira.med.yale.edu/globalsurvey/about_us.html

Horizons, Greater Involvement of PLHA in NGO Service Delivery: Findings from a Four Country Study, Washington, DC Population Council, 2002 http://www.popcouncil.org/horizons/ressum/plha4cntry/plha4cntry.html

Interagency Gender Working Group and USAID, How to Integrate Gender into HIV/AIDS Programs: Using Lessons Learned from USAID and Partner Organizations, USAID/IGWG, 2004 http://www.prb.org/pdf04/HowToIntegrGendrHIV.pdf

Intercamhs, International Alliance for Child and Adolescent Mental Health and Schools, www.intercamhs.org

Jamaica AIDS Support (JAS) http://www.jamaicaaidssupport.com/

L. Mangrulkar, C. Vince Whitman and M. Posner, Life Skills Approach to Child and Adolescent Health and Human Development, Washington, D.C.: Pan American Health Organization, 2001

Parker R, Aggleton P, Attawell K, Pulerwitz J, Brown L. HIV/AIDS-related Stigma and Discrimination: A Conceptual Framework and an Agenda for Action. New Orleans: Horizons, 2002.

Population Council and USAID, Horizons Report: Young People and HIV/AIDS www.popcouncil.org/pdfs/horizons/hrptf01.pdf

Population Council, Tulane University and USAID, Intervention to Reduce HIV/AIDS Stigma: What Have We Learned? www.popcouncil.org/pdfs/horizons/litrvwstigdisc.pdf

Reducing Vulnerability to HIV/AIDS, CD-ROM International Federation of Red Cross and Red Crescent Society, http://www.ifrc.org/what/health/hivaids/vulnerability/index.asp

Scollay PA, Doucett M, Perry M, Winterbottom B. (1992). AIDS education of college students: the effect of an HIV-positive lecturer. AIDS Education and Prevention, 4 (2), 160-171

Stigma, Discrimination and HIV/AIDS in Latin America and the Caribbean, Peter Aggleton, Rechard Parler, Mirima Maluwa, February 2003, IADB. www.iadb.org/sds/doc/SOC130Stigma_and_AIDS.pdf

UNAIDS, From Principle to Practice: Greater involvement of People living with or Affected by HIV/AIDS (GIPA), Geneva, UNAIDS, 1999 www.unaids.org/html/pub/publications/ irc-pub01/jc252-gipa-i_en_pdf.pdf

UNAIDS, UNESCO, WHO, 'Preventing HIV/AIDS/STI and related discrimination: An important responsibility of health promoting schools', WHO information series on school health, Document six.www.unesco.org/education/educprog/pead/GB/activit/WHO.pdf

UNESCO, The FRESH School Health Toolkit website and CD Rom, HIV and AIDS Tools http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

WHO, UNESCO, UNICEF, EDC, World Bank, PCD and Education International "Creating an Environment for Emotional and Social Well-being: An important responsibility of a Health-Promoting and Child Friendly School" WHO, Geneva: 2003 http://www.who.int/school_youth_health/media/en/sch_childfriendly_03.pdf

5. SKILLS-BASED HIV AND AIDS PREVENTION CURRICULUM

Key Resources

Education International, WHO, Education Development Center Inc., World Health Organization [WHO]. Teachers' Exercise Book for HIV Prevention. WHO Information Series on School Health 6.1. Geneva: WHO, 2005. http://www.ei-ie.org/aids/d/ei/exercise_en.pdf

FRESH: a comprehensive school health approach to prevent HIV/AIDS and improve learning outcomes, 2000, UNESCO/UNICEF/WHO/WB/Education International Inter-agency Flagship programme in EFA. http://portal.unesco.org/education/en/ev.php-URL_ID=34993&URL_DO=DO_TOPIC&URL_SECTION=201.html

School Health Education to Prevent AIDS and STD: A resource package for curriculum planners, 1999, UNAIDS/WHO/UNESCO. www.unesco.org/education/educprog/ pead/GB/AIDSGB/AIDSGBtx/GuideGB/GuideGB.html

Further Reading

Adolescent Reproductive Health Web-www.unescobkk.org/ips/arh-web/

Bain, B., Morrissey, M., Caribbean HIV/AIDS Epidemic: 14-Point Proposal for Priority Curriculum and Programming Responses by UWI, May 2002, UWIHARP

Barbados Ministry of Social Transformation and UNICEF Office for Barbados and the Eastern Caribbean, Report on the Caribbean Summit for Children on HIV/AIDS, 2005

Boler, T., The Sound of Silence. Difficulties in communicating on IHV/AIDS in Schools, London: Action Aid, 2003

Health and Family Life Education: Empowering Young People with Skills for Healthy Living, 1998, CARICOM

James-Traore T.A., Finger W., Daileader Rudland C., Savariaud S., Teacher Training: Essential for School-based Reproductive Health and HIV/AIDS Education, Arlington, Family Health International (FHI), Youthnet Program, 2004

Schenker, I., Nyirenda, J., Preventing HIV/AIDS in SchoolsIAE/IBE/UNESCO. 2002. http://www.ibe.unesco.org/publications/EducationalPracticesSeriesPdf/prac09e.pdf

UNAIDS, 2004 Report on the Global AIDS Epidemic (Geneva: UNAIDS, 2004); and L. O'Donnell, C. O'Donnell and A. Stueve, "Early Sexual Initiation and Subsequent Sex- Related Risks among Urban Minority Youth: The Reach for Health Study," Family Planning Perspectives 33(6) http://www.guttmacher.org/pubs/journals/3326801.pdf

UNAIDS, Children and young people in a world of AIDS www.unaids.org/publications/documents/children/children/JC656-Child&Aids-E.pdf

UNAIDS, Peer education and HIV/AIDS: Concepts, uses and challenges www.unaids.org/publications/documents/care/general/peer.pdf

UNAIDS, UNICEF and WHO, Young people and HIV/AIDS: Opportunity in crisis www.unaids.org/barcelona/presskit/youngpeople/index.Html

UNESCO, Teacher Training Manual on HIV/AIDS Preventive Education in the School Setting, UNESCO/Asia Pacific Regional Bureau for Education, 2005 www.unescobkk.org/index.php?id=1287

UNICEF, Life Skills Education with a Focus on HIV/AIDS: Eastern and Southern Africa Region. Nairobi, UNICEF/ESARO, 2003 www.ibe.unesco.org/hivaids/4-apprtool/apprtool2_tool4_unicef.htm

UNICEF, Life Skills in HIV/AIDS Education: Introduction to Life Skills, HIV Prevention & Curriculum Development. New York: UNICEF, n.d. www.unicef.org/lifeskills/

UNICEF- Caribbean, The Regional Curriculum HFLE Framework. 2005

World Education Forum, 'The Dakar Framework for Action' www.unesco.org/education/efa/ed_for_all/dakfram_eng.shtml

World Health Organization [WHO]/UNESCO/UNAIDS. School Health Education to Prevent AIDS and STD: A Resource Package for Curriculum Planners.1999. www.unesco.org/education/educprog/pead/CadAIDGB.html

Youth and HIV/AIDS GTZ, Hands On! A Manual for Working with Youth on Sexual and Reproductive Health www.gtz.de/srh/download/Hands_On_Publikation.pdf

6. HIV AND AIDS-RELATED SERVICES, CARE AND SUPPORT

Key Resources

International HIV/AIDS Alliance, Care, Involvement and Action: Mobilising and Supporting Community Responses to HIV/AIDS, International HIV/AIDS Alliance, 2000 http://www.aidsalliance.org/sw7425.asp

Treatment Action Campaign, Treatment Literacy, http://www.tac.org.za/

Further Reading

Barbados Employers' Confederation. Dealing with AIDS in the Workplace: Guidelines for Managers and Supervisors. St. Michael: Barbados Employers' Confederation, 2001

Boler T., Approaches to examining the impact of HIV/AIDS on teachers, UK Working Group on Education and HIV/AIDS, 2004

Haiti Ministère de L'Education Nationale de la Jeunesse et des Sports [MENJS]. Plan stratégique sectoriel de l'éducation pour la prévention et la lutte contre la VIH/SIDA. Port au Prince, Haiti: MENJS, 2002.

International HIV/AIDS Alliance, Expanding Community-Based Support for Orphans and Vulnerable Children www.aidsmap.com/about/intl_HIV_AIDS/OVCreport.pdf

International HIV/AIDS Alliance, Improving Access to HIV/AIDS-related Treatment, 2002, www.aidsalliance.org/sw7423.asp

UNAIDS, Paediatric HIV Infection and AIDS www.unaids.org/publications/documents/children/JC750-Paediatric-PoV_en.pdf

UNAIDS, USAID, and UNICEF, Children on the Brink 2002: A Joint Report on Orphan Estimates and Programmes-www.unaids.org/barcelona/presskit/childrenonthebrink/ChildrenOnTheBrink.pdf

7. ADVOCACY AND COMMUNICATION

Key Resources

National Center for Health Promotion and Youth Violence Prevention, Communications Toolkit (EDC Newton, MA: 2004) http://www.promoteprevent.org/resources/communications_toolkit/step3/creating_powerful_messages.htm

The Communication Initiative- www.comminit.com

Further Reading

Communications Briefings: 101 Ways to Influence People on the Job (1998), published by Briefings Publishing Group, 1101 King Street, Suite 110, Alexandria, VA 22314, USA.

Advocates for Youth, Advocacy Kit, online at http://www.advocatesforyouth.org/publications/advocacykit.pdf

Communication and Advocacy Strategies: Adolescent Reproductive and Sexual Health. Booklet 2: Advocacy and IEC Programmes and Strategies. Booklet 3: Lessons Learned and Guidelines (2001), co-published by UNESCO and UNFPA,

Family Health International and USAID, Behaviour Change Communication (BCC) for HIV/AIDS: A Strategic Framework - www.fhi.org/en/aids/impact/impactpdfs/bccstrategicframework.pdf

HHD/EDC, Creating and Implementing a Communications Plan: A Step by Step Approach; Situation Analysis (Newton, MA 2005 draft). http://www.promoteprevent.org/resources/communications_toolkit/

Population Communication Services, 'A' Frame for Advocacy (Baltimore, Md .: Center for Communication Programs, Johns Hopkins School of Public Health, n.d.).http://www.infoforhealth.org/pr/advocacy/

Cialdini, R. Influence: The Psychology of Persuasion (New York: William Morrow, 1993).

Skuse, Andrew 2003. Communication, education and HIV/AIDS: a guidance note. Department for International Development, Issues Series, London UK.

UNAIDS, InfoDev: Enabling Communications in Response to HIV/AIDS in South-East Asia www.unaids.org/publications/documents/care/general/JC494-Infodev-E.pdf