Centre for Development Innovation

Communities of Change, Multi Stakeholder Processes, Lobby & Advocacy

More than 100 years of experience on HBC in Malawi & Zambia!

Training 4-7 April, 2011 Lilongwe, Malawi

Organised by:
Simone van Vugt (Wageningen UR Centre for Development Innovation)
Huub Sloot (Sloot Consult)

Training Report

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This training of 4 days focussed on two areas of capacity development of the home-based care (HBC) alliance in Malawi and Zambia:

1. Communities of Change (CoC) concept and practice linked to the Multi Stakeholder Process (MSP) and
2. Lobby & Advocacy (L&A).

Since June 2010 Cordaid started together with the Centre of Development Innovation (CDI) a learning and development process on the Communities of Change concept and practice linked to the Multi Stakeholder Process with around 75 persons of her staff. In order to share and deepen the development of the COC & MSP concepts and practice further with the partners in the field, Cordaid organised this training.
An effective working Alliance/CoC is a condition for effective lobby and advocacy. Therefore the CoC - MSP part of the training was directly linked to the part on lobby and advocacy. The lobby and advocacy trajectory had been started already three years ago with an initial training (also in Malawi) specifically on lobby and advocacy for home based care representatives of eight countries in Africa, amongst other Malawi and Zambia. The current training on lobby and advocacy is therefore also part of the follow up of that process.

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Table of contents

DAY 4 THURSDAY 7 APRIL

1 Day 1 Monday 4 April
Context of the training

1.1 Background

This training of 4 days focussed on two areas of capacity development of the home-based care (HBC) alliance in Malawi and Zambia:

1. Communities of Change (CoC) concept and practice linked to the Multi Stakeholder Process (MSP) and;
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1.2 Objectives & Programme

As mentioned before, the training comprised two parts, a part on CoC – MSP and a part on L&A (*See appendix 1*). The objectives for both parts were as follows:

Objectives CoC - MSP

1. To provide an overview and create a shared understanding of the Cordaid's Communities of Change concept and the link with MSP between the HBC alliances of Malawi and Zambia;
2. To strengthen the practical skills of participants on working with power, managing conflicts and the implications for working within the Alliance;
3. To strengthen skills on the development and use of concrete indicators for monitoring and evaluating the progress of the Alliance and the Multi Stakeholder Process;
4. Translate or apply findings into practical follow-up for the further development of the home-based care (HBC) alliance in Malawi and Zambia.

Objectives L&A

1. To enhance understanding of key concepts of lobby and advocacy, its conditions and steps for strategizing;
2. To develop a concrete lobby and advocacy action plan for the HBC alliance, including division of tasks and (joint) responsibilities;
3. To strengthen the practical skills of participants on lobby and advocacy, specifically on topics such as negotiation, communication with the media, social media and strategizing;
4. To strengthen skills on the development and use of concrete indicators for monitoring and evaluating lobby and advocacy activities;
5. Translate and apply findings into practical follow-up for the further development of the home-based care (HBC) alliance in Malawi and Zambia.

1.3 Participants & Venue

The participants of the training were composed by 15 members of the taskforces of the Home Based Care Alliance in Malawi and Zambia and one person of Cordaid, policy officer (*See appendix 2*). The training was organised in the Korea Garden Lodge, Lilongwe, Malawi.

1.4 Methodology

The training proposal had been sent to both taskforces (about 1.5 months before the training) in order to check whether the planned modules matched the needs of the participants.

During the training participatory methods were used in order to create real interaction and ownership of the topics and areas of work. Individual activities were followed by group work, exercises and theoretical input and explanations. Every module was directly applied to the practice of both taskforces.

The participants received all the presentations and some background information on an USB stick to facilitate learning and for dissemination of information within their organisations.

2 Welcome and introduction

Representatives of the taskforces together with the representative of Cordaid opened the training with the main message that: “babies need nursing”: the two HBC alliances need proper support, tools and instruments to be able to develop into effective alliances. This training was organized to provide some support for this.

After this welcoming note each participant had the opportunity to shortly introduce him or herself by mentioning his/her name and for which organisation he or she is working. This was followed by a social ranking exercise where the following questions were asked:

1. How long are you working in HBC? *This ranged between 3 to 21 years; together more than 100 years’ experience in HBC!*
2. Could you group yourselves around the question: Have you been a care taker yourself? *3 did not but 11 participants have been care takers themselves.*
3. Could you please rank yourselves by age? *The age ranged from 34 till 52*.

After this exercise the participants were asked to find a partner from the other country in order to share the motivation for working in HBC. Also these “couples” would share the learning of every day.

3 Motivation to work in HBC

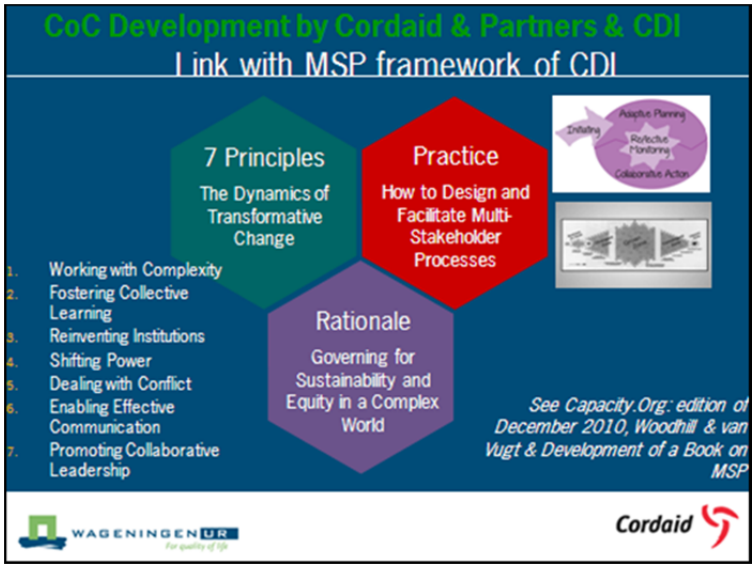
The partner pairs shared their motivation to work in HBC; in plenary the partner explained to the group what touched him/her in the story of her/his partner. The following issues were mentioned:

1. *Veronica*: Passion for caring and for care givers, likes to work with people who care. She is a nurse now studying for a PhD and wanting to continue involving other people in care.
2. *Musamba*: Teacher in Diocese where many deaths occurred. He wanted to find out why and started to work with caregivers to try to reduce the number of deaths.
3. *Massiye*: A health worker (now Head) and while carrying out his work came into contact with many orphans and asked himself the question why? Decided to work with HBC programmes to support orphans.
4. *Faless Moyo*: health worker and programme officer. As a girl she wanted to become a nurse as the nurses who visited her community. She wondered where people end up when they leave (still ill) the hospital and become involved in HBC.
5. *Derrick*: Wanted to help people in the community to bridge the gaps between practice and policy and started a HBC programme in Zambia. He is now a health worker.
6. *Nathalie*: Her mother was a nurse and she wondered why she was always seen differently than other professionals. This moved her into working on gender issues within the health sector, to try to make care work more visible and recognized as a professional job.
7. *Isaac*: His mother became sick and he could not always support her. But in the community many people supported his mother and he became interested in HBC work. Now he is interested as well from a research point of view and lectures at the Catholic University.
8. *Louis*: His father was a Catholic priest who cared a lot for people. He wanted to do the same and went into training to support people with HIV/Aids. He has a passion for caring.
9. *Daneck*: His mother fell ill, so he had to visit his mother to take care. But he saw that the community also took care of his mother and became interested in HBC work to support care activities.
10. *Matilda*: When training for medical school she wondered where people where going to after leaving the hospital. She started to work in her Diocese contacting and supporting care givers.
11. *Maurice*: Worked in a hospital for the Ministry of Health (MoH) and saw that due to congestions, many patients were leaving the hospital without proper treatment. He wondered what happened to them, felt compassion, and started to get involved in HBC.
12. *Pirira*: Has a desire to care for the sick. She wanted to become a nurse but studied IT instead. However, she continued her passion for caring and started working on HBC issues again and she continues to do so.

13. *Veronica L. Muntanya*: Has experienced herself what it means to be ill. She wanted to fight stigmatization of people living with HIV/Aids, has compassion for people and for caring.
14. *Imaculate*: Her mother fell sick one time and she decided to take care of her for a period of time. But it proved her mother lived on for more than 7 years. She concluded HBC work is very important.

4 Programme & Expectations

The programme was explained and directly checked with the expectations from the group. Also the use of the learning journal was explained and the buddy system for daily reflection. Moreover each day, one of the participants was asked to write a blog for the partner website. Lunch sessions were organised around certain important topics. The minutes would be sent around.



5 Presentations of the two taskforces

The HBC team of Zambia and Malawi presented the actual situation and progress they had made. These presentations can be found in digital form with all the hand-outs and presentations with representatives of each team.

Zambia: Questions and observations in plenary

- The presence of the Government in the Alliance seems to be good for the way forward.
- Palliative Care Association of Malawi PaCAM): Seems that Zambia is working with palliative care organizations as well? What do they think? Answer: not yet reached consensus, yes need to harmonize this to have a common direction. If stakeholders agree that palliative care should be part of HBC then they will do that, otherwise, different. So far palliative care organizations in Zambia have been participating in the HBC process.
- Same struggle (link HBC and palliative care) at international level: what would be the best way of working together? Good to discuss in depth with both alliances the pros and cons. Decided was to discuss this topic during a lunch session.
- In Malawi: According to study (Immaculate) palliative care and HBC is under the same programme, same people / patients. HBC model is one way to give palliative care. Now consensus at national level. So now the GoM is trying to integrate palliative care into existing HBC programmes.
- In Zambia also HBC and palliative care on one desk and in department of clinical care. Work together with palliative care organizations in Zambia. Manual of HBC has module on palliative care, the two cannot be separated. The care givers need to be able to give palliative care. Already exchanging information between Malawi and Zambia on palliative care and HBC.
- In Zambia no policy, just guidelines. What is needed? Another policy or guidelines on HBC as part of HIV/Aids policy for example?
- Composition of Taskforce Zambia: MoH on Taskforce, in Malawi this is not the case. In Malawi MoH is giving advice. How is this working in Zambia when you are lobbying? Answer: MoH is custodian of Health, so the person is a bridge between the organizations and the Ministry, so we do not need to go to the Ministry to discuss with the officials. Person (Veronica) will talk to her direct boss about the issues, and she puts the issue on the agenda by writing a memo. Veronica adds: The time now is not right for making a policy; we have to make guidelines instead. MoH Zambia does not want another policy, because HBC is part of HIV/Aids policy.
- NAC National Aids Council also represented in the HBC alliance Taskforce. Move together is necessary. HBC alliance is buying in into the national HBC process and policies. Organizations have to follow the framework of the MoH. Lobby is not a big issue, organizations work from the beginning onwards together with the government (participatory approach, looking at tasks, expertise, resources), and try to make the policies / guidelines of the government better. The role of the organizations is to follow critically the process and to give feedback.
- How to assure the link with grassroots, how to inform them about developments and policies and guidelines? Answer: make translations of the policies for use at local level. For the development of guidelines: the invitations for the meetings were sent to all organizations at all levels, including grass roots. So caregivers at local level did participate into the process of elaboration of guidelines.

- Is policy in Zambia in different languages? Answer: we do not have a policy and guidelines due to problem of finance and funding. This still needs to be done.

Malawi: Questions and observations in plenary

- Before meeting the management of the Ministry of Health (MoH), we had other meetings with civil servants, explaining the issues and preparing the ground. Dissemination of the Community Home Based Care (CHBC) policy to grass roots is a joint responsibility because MoH distributes to district level, afterwards to grass roots is alliance. CHBC issues are not given that much importance, so need for advocacy. The Alliance will have its own secretariat and certain structure with an Advisory Board, International Programs Coordinator and three Program Officers for the three Programs: Coordination and Networking, Advocacy and Research. We have worked also on a logo, etc. and are still working on this.
- CHBC policy already existed (2005) and reviewed in 2009, but yes consultative process. Does policy formulation go through Cabinet? Answer: No. Lot of issues are covered in HIV/Aids policy, but still some specific issues who could call for a need for a specific HBC policy.
- Advocating for resources for care givers e.g. gloves, etc. And advocating for support from funders, and advocating for support from the broader community.
- Advocating for, with and by. There is a need for the community to speak out, to call for help, to demand for their rights, etc. This is what we want to do in our Malawian and Zambian villages / grass roots.
- Grass roots want to be included into the process, be part of it.
- Malawian taskforce want to build a database: does the Malawian MoH have a database for indicators? Answer: We have in Malawi international indicators; we do not have standardized system at community level. So it is necessary to make database about what is happening: who is providing HBC?
- From international perspective: working group has been working on indicators, found out that there is hardly any information on this, or that they do not reflect HBC reality at local levels. For indicators to be accepted by e.g. UNAIDS, they have to be checked and verified. From Global Fund there are now community strengthening indicators who can be helpful.
- In Zambia are a lot of caregivers but their voices are not heard. Challenge is to make their voices heard and make them visible. But how to do that? In Malawi: the role of the alliance should facilitate discussion of issues and provide coordination (e.g. in a Platform) where they can speak up and meet up with Members of Parliament (MPs). But also: it is necessary because the alliance will be stronger with them, more legitimate. Caregivers in Malawi are already part of the alliance. Caregivers' voice will be heard through the alliance.
- It would be good to start small and grow (like the baby..!)
- In Malawi we need a Caregivers Policy and for this we need an Act of Parliament. We are now discussing the content with the key players?

6 Lunch Sessions

The group decided to organise lunch sessions on certain important issues which came up during the sessions:

- Standardized incentives for caregivers [Discussion leader: Dean]
- Eligibility for care for people who are not yet tested positive [Discussion leader: Maurice]
- HBC and palliative care, including pediatric care [Discussion leader: Nathalie].

It was agreed to share the main points of the discussions with all taskforce members.

7 Key challenges of working with CoC in practice

In order to understand the complexity of the situation and identify the key challenges of working with the alliance the participants made a Rich Picture of their Alliance. A Rich Picture is a powerful tool to visualize the situation you are in, which you can use with different actors or stakeholders around the table in a non-threatening and humorous way. You can improve your understanding of different world views by constructing one picture.

"A picture tells a thousand words"

You start drawing a Rich Picture by identifying the change agenda (key issue), then identifying the stakeholders and the relationships between these. After that think about who is in the task force and who is out? Do you need others in order to achieve your change agenda? '

Challenges for the alliance in Zambia:

- Lack of resources
- Low commitment
- Non participation of CHAZ and NAC
- Premature departure of Cordaid out of Zambia
- Inadequate funds for future dreams

Challenges for the alliance in Malawi:

- Inadequate collaboration
- Lack of, or no commitment from organizations
- Motivation for care givers or volunteers
- Not enough documentation on good practices
- Dysfunctional or weak referral system
- Lack of or insufficient resources
- Inadequate resource mobilization capacity

Observations:

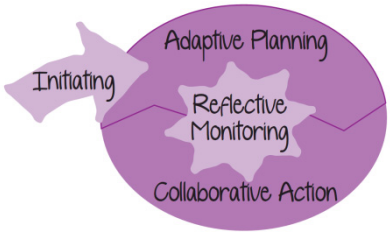
- We need money for secretariat to get results, but lack of resources. How to show results without resources? Find alternatives without money. If you have results you can find money!
- How to get commitment from members in Task Force and Alliance?
- You need to know each other's expertise, strong and weak points to be able to improve commitment and effectiveness.
- How to involve grass roots to become more sustainable? We need support from everybody in the country.
- Business sector is represented in the Zambia alliance, but the links are not yet very strong. We have to work on that.

8 Visit of the Director of Nursing in the Ministry of Health of Malawi

The Visit by the Director of Nursing in the Ministry of Health was very well appreciated. She visited the workshop to encourage the two alliances and to strengthen the strings between them, motivating exchange of skills and knowledge.

9 MSP process model

CDI has developed the generic process model for MSPs (part of the MSP framework). The guidelines are much more than a checklist, they are also meant to provoke questions and reflection. The intention is to avoid blueprints and really make the ideas contextual.



As an assignment both the alliances were asked to explore their case by using the MSP guidelines and look which elements are key to work on for the coming year.

Zambia Alliance

Phase 1 Initiating

1. Outline the process, time frame, institutional requirements and resources needs.
2. Establish the scope, mandate and stakeholder expectations.
3. Build stakeholder support.

Phase 2 Adaptive Planning

1. Generate visions for the future (Theories of Change).
2. Make decisions and agree on key strategies.
3. Set objectives and identify actions, timeframe and responsibilities.

Phase 3 Collaborative Action

1. Develop integrated initiatives, and detailed action plans.
2. Secure resources and technical support.
3. Manage the implementation process.

Phase 4 Reflexive Monitoring

1. Define success criteria.
2. Develop and implement monitoring mechanisms.
3. Review and evaluate progress and identify lessons.
4. Feed lessons learned back into strategies and implementation procedures.

Malawi Alliance

Phase 1 Initiating

1. Build stakeholder support.
2. Establish the scope, mandate and stakeholder expectations.
3. Outline the process, time frame, institutional requirements and resources needs.

Phase 2 Adaptive Planning

1. Build stakeholders understanding of each other's values, motivations, concerns and interests.
2. Generate visions for the future (Theories of Change).
3. Set objectives and identify actions, timeframe and responsibilities.

Phase 3 Collaborative Action

1. Secure resources and technical support.
2. Establish required management structures and PR.
3. Maintain stakeholder commitment.

Phase 4 Reflexive Monitoring

1. Create a learning culture and environment.
2. Define success criteria (performance questions and indicators).
3. Develop and implement monitoring mechanisms.
4. Review and evaluate progress and identify lessons.
5. Feed lessons learned back into strategies and implementation procedures.

The overall remark was that this "guide" really helps to think about the whole process. You can use it as a benchmarking tool for your alliance building process.

10 Day 2 – Tuesday 5 April
Reflection

The reflection of the first day (Maurice and Matilda) started with the Memory lane:

What did we do? And: What was it about? And what did we learn?

- Ranking exercise outside: to make people at ease and to recognize years of experience. In total both alliances add up to more than 100 years of experience! We do have the expertise and knowledge and we should put it to our advantage!
- Choose partners: to have someone to talk to, get to know someone's motivation and passion for his/her work.
- Introduction by participants: to understand the team better and the level of assimilation of issues.
- Rich picture: helped to see vision, stakeholders, challenges, to see the journey we have gone through since we started the alliance, limited resources.
- Visit by the Director of Nursing in the Ministry of Health: encouragement, acceptance of the alliance, expectation of collaborative work at MoH.
- Lunch discussion on palliative care and home based care: need for inclusion of palliative care in HBC advocacy.
- Presentations of alliances of Zambia and Malawi / Status of alliances in mixed groups: encouragement to proceed with the alliance.
- Presentation of MSP process model: not all stakeholders are committed to the alliance. Also: each phase has essential steps to think of when strengthening your alliance.
- Evaluation of day: Learning Journal: learned about self-assessment M&E.

Other observations:

- Very good to mix both alliances to learn from each other. Should be possible in the future to organize joint monitoring visits between Malawi and Zambia.
- Rich pictures are *really rich pictures* as they express also deeper feelings and emotions of all participants who are involved in HBC work.
- We should continue writing our learning journals and reflect on where it is not clear so facilitators can be of support.
- About the learning journals: not clear about objectives, specifically about MSP's and Communities of Change. What signifies the word "Community" in multi stakeholder processes? Answer: Community is more a concept from Cordaid, but well linked to MSP. Community is stakeholders who work together and have a feel of belongingness.

- We need more stakeholders to be able to make the change necessary. This has also a more lasting impact. But question is if it is always efficient? Coalition building takes time!
- Power imbalances within MSP's and durable solutions.
- Impact of consortia etcetera and the role and space of smaller organizations and communities.
- We live in an interconnected world and we should therefore know who is doing what to be able to work in complementarity and become more effective and stronger (e.g. in global advocacy). You can achieve more at all levels working together and have a louder voice.
- Often donors see now that helping / supporting one organization in a country does not always yield the results. Better to support networks (example of World Vision) where they make use of strong points of each organization.
- Complexity of problems cannot be solved by one organization, but must be addressed as well by communities themselves. E.g. issues of gender and HIV/Aids should be addressed by various stakeholders, including local community. Engaging the local community costs a lot of time but essential.
- MSP process model: also at government level there is a shift: government of Zambia is working more and more with different stakeholders to develop policies. Working with stakeholders gives transparency and increases accountability. MSP's bring sustainability, because people feel / are included. Also prevents duplication of work: (external) funds can be used more efficiently.
- Is there a need for donors to put money in HBC? For us as an alliance it is important to let people know that there is a need for more resources, information, research, etc. That is one of our tasks.

11 Introduction to the CoC approach of Cordaid

To improve the understanding of the alliances on the CoC approach, a short presentation was given. Some of the key messages are given below.

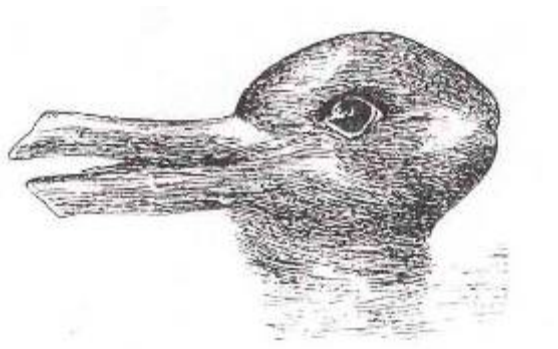
The first ideas were presented in 2009 and a draft policy document was ready in May 2009. What followed was engagement with stakeholders and several discussions within Cordaid.

CoC are about trying to achieve change with people, institutions (government, private sector). It is about collaboration (not always a good word in different contexts; *alignment* might be better as collaboration is associated with people who collaborate with the enemy). That is the essence. The CoC is not an end in itself; otherwise it would mean we achieved change. *CoC is a means to achieve change*. Changes also have been there over the past decade in Cordaid. There has been a logical development in the institutional development of Cordaid, from project funding to organizational funding to programmatic work to CoC.

CoC could be locally driven and have links to the international agenda. Cordaid works with other actors in the south, which can be multi donor, multi actor. Cordaid does not have to initiate CoC themselves. A lot of things are already happening. When there are interesting elements, jump in! Cordaid does not have all the answers and also does not claim to have all the answers.

The CoC is an engagement method, which will be developed as an approach, *a way of working*. A core group of partners makes the analysis (whether in the North or in the South). It is about having a joint idea and joint decision making. All actors/stakeholders that matter in tackling the problem have to be identified (stakeholder analysis), then engage and think of how you engage them (strategic allies, negotiations). It is also very much about power and power development. Some organizations will not be happy with diminishing their power basis.

Every multi stakeholder network needs to have some rules about commitments, obligations, communication (fieldtrips, Skype, ten weeks in the field as a programme officer or in some case field presence), etc.



A change process is political. If Cordaid wants to support it, it means they are political. This does not mean they have to be the political activists. It is not about being technical advisors. We should not be afraid of that. It is bound to raise problems and dilemmas.

What is the added value of Cordaid? Funding element will always be a role. What more does Cordaid have to offer? Knowledge, partner network, knowledge of the context, lobby & advocacy, linking & learning. There is a large network, which needs to be nurtured. Cordaid can open doors for lobby. It is also possible to take one or two or three elements in a CoC. It will be a mix and not every CoC requires the same roles for Cordaid (depending on coalition, context and expertise required). There will have to be an activist role, but the question is 'who is going to do that'? In some cases it will be necessary to have someone throwing paint, but this is not necessarily Cordaid. Other actors/partners can play the role of implementation or brokering/ lobbying.

Observations:

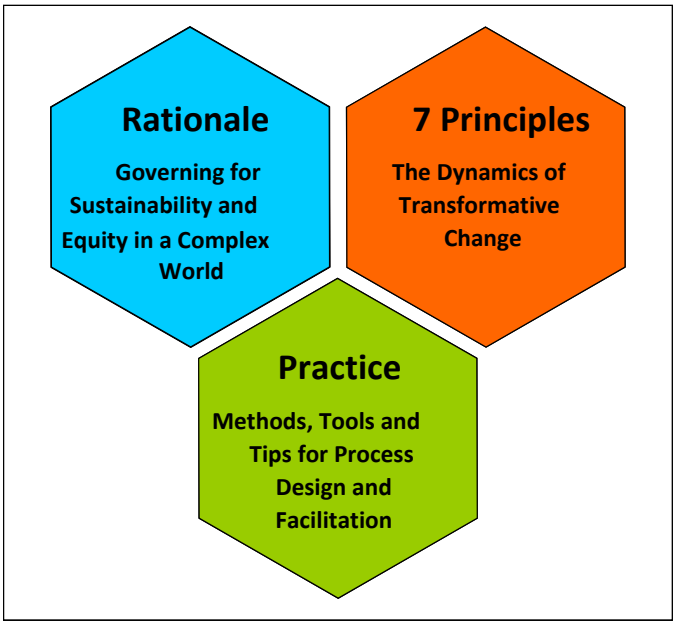
- Some resource providers do not want to change the situation. Example of PACT in Malawi who got money from USAID with strings attached. Example of nutrition supplements for HBC people / patients. It was not allowed to give by USAID, but what do you do then? Meeting again and after month expression of interests from other party to give nutrition supplements. Lesson: you have to work together and have a good lobby strategy.
- Explanation about changes within Cordaid and new contact persons for Malawi and Zambia. Jasper Oei is Program Manager Malawi, Marjan Kruijzen in Zimbabwe, Nathalie Laslop and Johan van Rixtel are contact persons for lobby and advocacy.

Do you recognize yourselves in the ideas of CoC?

- We do some of these things, but we do not call them communities of change; but we are part of the jigsaw.
- Similar with stakeholders and the mapping in circles: taskforce, allies, opponents, etc. Also the opposition is going to come up & indeed be part of our alliance building.
- Issue of documentation is important: we need to show that we are not competing, but that we do complementary work. We are addressing the work what others call the “opposition”.
- Key stakeholders who are critical to the process need to be included into the process to avoid opposition. Recognition is important.
- We are already into Communities of Change, so this concept is complementary with common goal. For alliance it is important to include grass roots into the alliance so we do not forget the real problems and issues at the grass roots. So this is good workshop.
- We have to be careful from the beginning with building the Alliance with power issues. We need to work as a team; no one is superior from another. We need to cope with tensions and internal conflicts already and document how we think to solve them for the future. Because then there will be other people than ourselves & they can learn from us.
- We not always stick to our mission and vision, difficult. Often we are pragmatic to be able to survive. But we need to be strong to avoid being shifted to another area.
- Good that CoC gives room for experimenting and for changes, that Zambia and Malawi are different can be taken into account. No blueprint and that is good. You can use best practices but need to adjust them to the context.

12 Link CoC approach with MSP framework

CDI continued with a presentation on the link between the CoC approach and the concepts of MSP, complexity, paradigms and Theory of Change. The intention of the MSP framework is to guide facilitators, process managers and leaders of stakeholder groups in the task of designing and supporting a process that is unique to the demands of a specific situation. It offers the theoretical ideas, principles, practical tools and generic process elements that optimize the chances for effective and productive stakeholder engagement (*More you can read in Capacity.org, December edition; Woodhill and van Vugt)*



As illustrated in the figure above, the framework has three main elements:

1) **The Rationale**: This explains why, in an increasingly complex world, multi-stakeholder processes are becoming an important mechanism of governance. It is explains how they complement the more formal workings of national governments and international relations. The rationale explores the underlying nature of sustainability and equity problems within the context of recognizing that human societies are best understood as complex adaptive systems. An understanding of this wider context is important for being able to decide whether in a particular situation it makes sense (there is a good rationale) for engaging in a multi-stakeholder process.

2) **The Seven Principles**: CDI's view is that MSPs can contribute to bringing about deep and fundamental change in how individuals, organisations and societies behave. This transformative or systemic change is necessary to tackle the underlying causes of un-

What are the ideas about paradigms?

First critical one is **power** (power in the sense to make capacity happen).

Cognition. What is it about the human brain that works in order to make sense of the world around us?

Complexity. How many people organize their house according to a logical framework? Common sense is we all know that the world is complex. Yet so much what we try and do goes against the fundamental complexity of change.

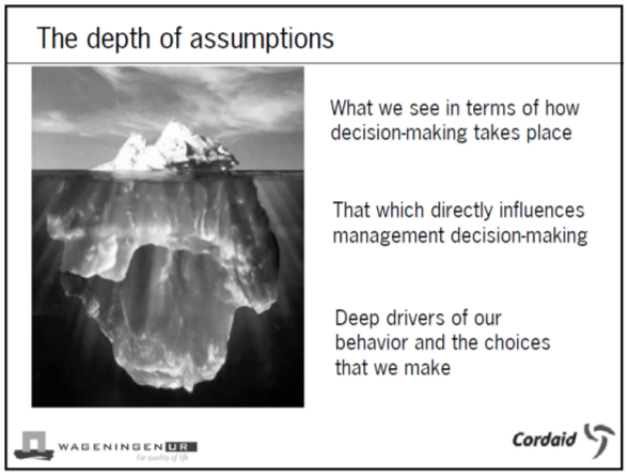
Multi stakeholder engagement

They are not about naively engaging. It is important to recognize all kinds of different CoC; sometimes they can be very action oriented. There is no particular model. It's fundamentally about helping people to be more critical, how they can solve problems at a collective level. How to do that with knowledge?

In this complexity we need checks and balances. Otherwise we lose the perspective. Preferred strategy is the one towards engaging in a multi stakeholder process. At one point you need to decide whether the conflict is a better approach for change rather than the engagement process.

sustainability and inequity. We have identified seven principles about the dynamics of change, that experience has shown need to be considered and integrated into an MSP in order to foster transformative change. Key principles are those dealing with power and conflict.

1. Working with Complexity
2. Fostering Collective Learning
3. Reinventing Institutions Shifting Power
4. Dealing with Conflict
5. Enabling Effective Communication
6. Promoting Collaborative Leadership



To deepen certain concepts above, some explanations are given below:

Complexity

Basically the understanding in the scientific world is that if we do research we can plan how to change things. If we study things more and more, can we than predict and control? Has it turned out that way?

The whole development sector is designed according to linear thinking. But at the higher system it does not work that way. There is a desperate need to analyse this and to bring different alliances together. Complexity tells us that for change to happen we need to focus much more on the interaction in the system. It is about system theory, complexity theory and multi stakeholder processes. Our context today is highly globalised, faces high risks, rapid changes, and is unpredictable and emergent.

Institutional innovation

There are three main eras of development; (1) Technological, (2) Local participatory and (3) Institutional changes. Now the question is how to tackle these institutional changes? A lot of local level technical stuff has happened. Now we are more at the political dimension which raises all kinds of challenges and dimensions. What right do we have to interfere in politics? We need to analyse and talk more about institutions and institutional innovation (in the broader sense of the word: as forms of organisation, structures / systems, norms/vales, behaviour and actions). It is about changing norms and values, core also of your HBC alliances.

Assumptions

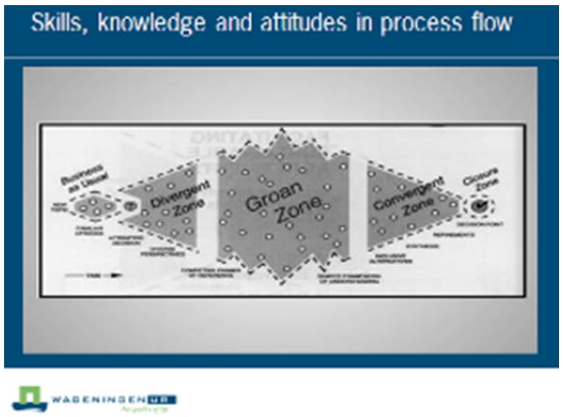
Tools for thought are tools to help us ask some more critical questions. Mind-sets, worldviews, belief systems are critical elements to understand to work within CoC. Think about the enormous iceberg, which we need to unpack. What do we see in terms of how decision takes place? What do we know about the underlying assumptions and drivers of change? It is important to get clarity about the deeper beliefs, norms and values. In your case about the values around being HIV positive: is there a stigma? And why, what are people thinking.

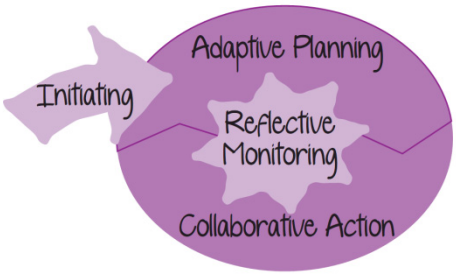
Theory of Change

Theory of change explains more deeply on how change actually happens. We all think different about how change happens; we all have our own theories of change. Is change the outcome of purposive

individual and collective action, or result of structural contradictions in society? One links oneself to the change one can identify with. What can you do or not do as an organization? Getting your own Theory of Change clear is crucial for making change happen and this will be deepened and developed just after this presentation.

3) **The Practice**: MSPs don't just happen. They need to be created, supported and facilitated. There are many practical aspects related to setting them up, who to involve, the methodologies that can be used, the phases they go through and facilitation capacities (Skills, Knowledge and Attitude). This dimension of the framework combines the understanding that comes with the rationale and principles with a process model to show how in practice MSPs can be designed, created and facilitated (s*ee results group work chapter 9*).





Observations:

- Reinventing institutions: World Bank, Church, Government are institutions. In institutions are (1) structures, how you are organized (2) norms & values / ways of doing things (formal or informal), (3) actions (depending on 1 and 2), and (4) systems and procedures (depending on 1, 2 and 3). What you try to change with your HBC alliance is changing / adjusting elements in these four parts.
- The above links very well with CoC, because it links with the way people behave, the way organizations operate, etc. So changes will be very slow because will depend on people and you have to change patterns which are culturally embedded.

13 Theories of Change

Why a Theory of Change?

A Theory of Change brings relationships & power back into the discussion/ dialogue. It helps resolve conflicts about choice in strategies based on unarticulated assumptions and results in better informed, coherent and more transparent decision making and recognition of unknowns and uncertainties.

How to make a Theory of Change?

First you need to identify the long term goal or development. In order to find the common goal it is necessary to unpack the issue for change, which will be done by identifying the pre-conditions; what do you need to arrive to your long term goal? You formulate a pathway of change. After having formulated the pathway of change you will have to make the assumptions, on how you think change happens, explicit and try to create a holistic view. Based on this holistic view of how you think change will happen, it is possible to indicate the preconditions the alliance can/will work on and what will be the preconditions others will/can work on. So you need to indicate where stakeholders are already involved and what the added value is of the HBC Alliance.

Some of the key insights that came out of this exercise:

(See appendix 3: ToC Results with goal, preconditions and assumptions)

Observations in plenary, Zambia:

- Goal: is it *ensure* a quality HBC or *contribute* to a quality HBC? Because the HBC Alliance is not the only contributing to HBC care, it should be contributing more than ensuring.
- Both pathways of change are similar in content.
- Zambia: include availability of ACT services.
- Zambia: If we want to do everything, we do need a lot of resources. But do remember: you are not working alone; there are other organizations that can support the work. You have to identify where our additional value is. So we need to know what everybody is doing.
- We should say: People living with HIV instead of People living with HIV/Aids.
- Zambia has not a HBC policy (only guidelines) but falls under HIV/Aids policy. But other groups do not under this policy, e.g. diabetes, peoples with cancer, etc.? So is it not important to try to get a specific HBC policy? Answer: depends on how the government is going to see it, depends on them. But the desire of the Alliance would be to cover everything.
- In Malawi we should also pay attention to political will and systems.

Observations in plenary, Malawi:

- Discussion on *ensuring* or *contributing to*. Being more engaging and active than "only contributing". But in ensuring is also an element of contributing. Contributing implies there is already something there, but that is not always the case, so we need to ensure it is there. If you use the term ensure, you need a certain level of control. If you do not have that control, it will be difficult to ensure. Ensuring also implies taking co-responsibility, do we want that and take the consequences? Alternatives: promotion of…?
- Similarities between Zambia and Malawi in terms of stigma, referral systems, capacity building, partnerships, resources, etc.
- Sometimes assumptions become pre-conditions, this is normal because by making them more explicit we discover we have indeed to do something about it. At that moment an assumption becomes a pre-condition.

Message:

After having developed the ToC, *Identify stakeholder involvement at different levels, and our possible added value*. This will make our niche more visible and were we, as an HBC Alliance, have *most leverage*.

Because we cannot do everything, we have to try to become more strategic. The exercise makes clear what is happening in reality and what is theory. With the information it will be easier to come up with a vision and with a strategy. The exercise also helps to focus your activities. ToC also helps you to elaborate funding proposals. To develop a ToC you need to keep asking questions to get more information about the underlying conditions and assumptions.

We need to find out our *USP (Unique Selling Point) as HBC Alliances*: how unique are we? What are we bringing new, special, different?

Problem: Big alliances / consortia are coming into our country and we have to compete with them for funds! We have to bring others in our alliance and contact donor organizations.

14 Power: Ranking, forms of power & power cube

The participants were introduced to the concept of power by a ranking exercise. In this exercise the participants experienced themselves that every person has different kinds of ranks and privileges, which can give a certain level of power. While some types of rank imbalances may be static (situational rank, social rank), other types may be more fluid (personal rank, transpersonal rank). So, rank is relational. It influences our interactions, whether we are aware of it or not, because its influence is as much in how others see us as in how we experience ourselves. The sense of power can change quite rapidly between people from moment to moment, as different types of power dynamics are experienced. Furthermore, most people have the tendency to be sensitive to how the rank of others is affecting them, while remaining less aware of how their own rank affects others.

One group of seven persons was created, representing each a stakeholder such as: Health Insurance Fund, Catholic Church, Catholic University, Cordaid, UNAIDS, PEPFAR, etc.

Key question: Who has the most influence on the decision making process regarding who is going to be the external face of the Alliance? Who has most power to make a decision? Please rank yourselves from least to very high influence on this decision making process. During the exercise several power bases are added to the *situational one*, being: social, personal (transpersonal).

Observations:

- Person with lowest power did not felt taken into account as a person, specifically if you are a woman. Unfortunately, in reality this is often the case.
- Person with most power felt brilliant: is Catholic Church: have good arguments, stick to their point, etc.
- Ministry of Health balances a bit but is powerful, just like UNICEF who has a big say (resources at high levels, contacts).

- Health Insurance Fund: depends on ability to pay, at the moment no big say.
- World Vision and Cordaid are at the back. Strange, because we should have big say because we are from the grassroots to the top. Also, even so we have resources, we (Cordaid, World Vision) are not there to make the decisions.

Now, change in power: an extra power is added, a social power, e.g. male, female, young, single, influential background / family, very attractive, PhD degree. What happens now?

- Change in sequence of ranking. Fact of gender does have implications, being a man gives you more influence.
- Age appears to have also an influence, being younger gives you less power. Same goes for being single.

Lastly, a personal power is added: difficulty influencing others, limited communications skills, very courageous, very competitive, avoiding conflict, insecure, high self-esteem. What happens now?

- Again a change in ranking order, but not always, civil servants can maintain their power doing nothing and being incompetent. If the Church becomes insecure, there will be a problem in the countries.
- Possible as well is that even though you have the money and the influence, if you avoid conflict you risk be left outside.
- Being competitive helps, specifically combined with being competent.

Conclusion:

We all manage a lot of underlying assumptions, perceptions and ideas and these have a huge influence on power relations in practice. But what is most important power base: the social ones, the personal ones or the positional ones? Power base can change, e.g. social power base can become a personal power base. So power base is person specific. Also important for our alliance: what gives us added influence and power?
Transpersonal rank: people like Ghandi, Mandela. They give everything and don't care about themselves. They have power base because of that fact and they can change a lot of things.

Next to rank awareness, the different understandings of power were discussed. Power in itself is a highly contested concept. Some see power as held by actors (powerful and powerless), some see power as zero-sum (to gain power others must lose), some see power as 'negative' as in 'control', others see it as more pervasive and embodied in all relationships and discourses, others see it as more fluid and accumulative and again others see it as more 'positive', as necessary for agency and positive action. These different understandings of power and the different types of power relations (*power over, power to, power with, power within*) have implications for working on power dynamics with/within the Alliance / CoCs.

Conclusive remarks:

- Observations about how power is seen personally: some see it as a positive force, some see it as negative, most people do not know how to use power in a positive way. Very few people can use power positively.
- About power over, power to, power with, power within. Depending on the situation you could use a certain type of power, or a combination of types of power. We often see a mix of types of power, specifically I leaders.
- Implications of these different ways of understanding power for our alliances? Malawi and Zambia: We always have been trying to work as a team otherwise problems. Link types of power to sustainability (e.g. power with) and positions. You can use different types of power in different situations. Also in the community power play!! So we have to be mindful of that. For government of Zambia, MoH, we take all stakeholders as very important because we depend on them. We deliberately take a more background role to allow all the powers to be present in a positive way.

15 Day 3 – Wednesday 6 April
Reflection (Luis and Dan)

The reflection was partly delegated to others of the group who explained the content and shared their lessons learned.

CoC (Isaac): Defining elements

- People and Organisations: Participation.
- Collaboration: in partnership, wider society becomes different.
- The means to achieve the change, change in the wider context.
- Dimensions: Methodology, step by step process, Engagement: how do we interact with each other?
- Future prospect: what is it what we want to change? Where do we want to go?
- Ingredients: Locally driven, not driven too much from outside, all stakeholders should be included, along the way.
- Stakeholders should bring their assets to the table: time, presence, resources etc.
- Linking and Learning in the process.
- Why the CoC: Challenges that we face are global: Millennium Goal number 8 is about forming strategic partnerships.
- Joint agenda setting is important with CoC.

MSP framework of CDI (Louis): Three main parts:

1. 7 principles.
2. Rational.
3. MSP in practice.

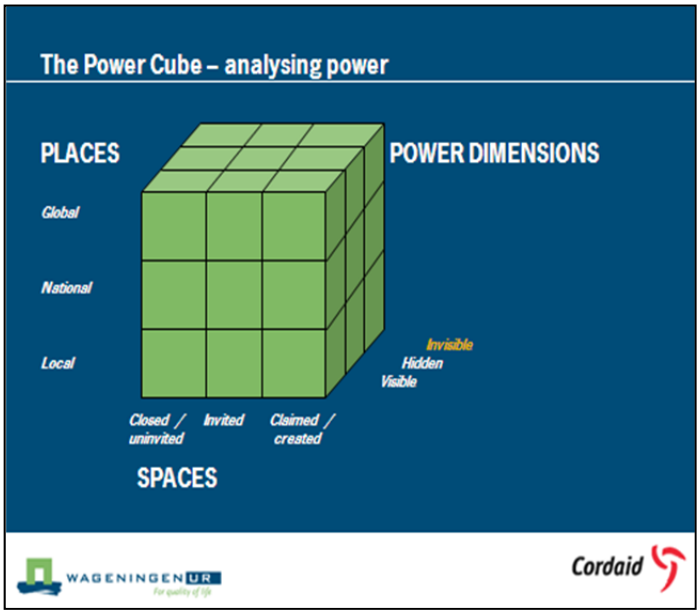
Theory of Change (Louis)

- Exercise was not very easy but very important!
- Fruits from learning from each other: Zambia and Malawi mix.
- Facilitators were very supportive.
- Do a reality-check; able to see where we were…
- Long term goal is important, not only the setting up of the taskforce: they go together.
- Malawi and Zambia should be in constant touch; this will help us to be updated.
- Able to see certain issues which we did not see before: mission, statement, vision, focus on certain parts of the theory of chain.
- We need to identify where our advantage is?

Power (Samba)

The ranking is a very good exercise, realisation of who we are.

- How do people use their status and position to influence decision-making?
- It was really difficult to feel that people could go down in decision-making influence.
- In our alliances we have to realise that this happens also.
- We have to be conscious of these forces.
- Power cube: space, levels, forms (visible, invisible, hidden).
- Potential arenas to advocate our message.



- Power over could have a negative effect on our alliance.
- Power to: to make a decision.
- Power with and within.

16 Consolidation of the MSP CoC part

The two taskforces developed their action plan for the MSP-CoC part, following the elements of the programme. For each element certain activities are developed which will be part of the overall Taskforce plan (*See appendix 5*)

17 Introduction / Link between MSP-COC and L&A

In order to make the link between the two sessions the participants discussed in groups of three what these links could be. The following results were mentioned:

- With reference to the ToC: Policy issues of the alliance should come out and have been coming out.
- People have their rights in the communities and the others should know, so you need to lobby and advocate.
- Lobby and advocacy is one strategy.
- Lobby targeting the volunteers to motivate them to continue.
- We have to lobby that donors should know our alliance and that they have to take part in supporting the alliances.
- In MSP/CoC you need lobby to get funding etc. You need the MSP/CoC around this lobby agenda.
- Sometimes you have MSP/CoC going on without realising that they have a lot of power.
- You need a clear agenda on the different levels and the MSP/CoC reinforces this.
- Linkages from the grassroots till the international level; you have to speak the language which is recognised by everybody.
- Legitimacy of your alliance is key to be able to make impact at policy level.
- Connection is political; you are working on power change.
- Giving power to people who are marginalised: support to give them a voice.
- Lobby and advocacy contributes to enhancing accountability, both from the side of government institutions and NGOs and community organisations.

Q.: Could you do lobby and advocacy without a MSP process?

- No, you need others to reinforce the common agenda. Although some groups are good in their own way.
- You need the link with the grassroots, this was also visualised in the Rich picture and both ToC.
- Your whole MSP / Alliance is already a lobbying process: you are continuously working on reaching a win – win situation / compromise acceptable for all stakeholders, including decision makers / the government.

There is therefore a clear connection between the MSP-CoC and Lobby & Advocacy, they are complementary.

18 Lobby & Advocacy key points

To achieve a common understanding of all participants about lobby and advocacy, some key points were presented by the facilitator and discussed in a plenary session. The key points related to:

- The need for lobby and advocacy.
- Definition of lobby and advocacy, and the differences between them.
- The composition of the Alliances in relation to the conditions (legitimacy, credibility and power) to lobby and advocate.
- The structure and organization of the alliance to do lobby and advocacy.

Why lobby and advocacy? *(Details see Presentation around lobby & advocacy)*
The starting point is to help the target group: the people with chronically ill diseases living at the grassroots often without power. The following can happen:

- Giving direct support to the target group is no longer sufficient; more needs to be done more structurally to solve the problems.
- There is a need for scaling up: more can be achieved than just direct support.
- Policies of the government hurt your target group and this has to stop!
- Policies of the government neglect your target group so there is a need for organization and raising our voices so our needs will be taken into account.
- There is a lack of policies for the specific situation of our target group so we need to develop these policies.
- There is no or very limited implementation of policies so we need to pressure the government and other stakeholders to implement the policies so we can all benefit from that.

Sometimes people / organizations consciously decide not to do lobby and advocacy. This might be of *political* reasons, or reasons of *safety* (it is too dangerous to become involved in political / power processes).

Furthermore, it has to do how you as an individual / organization / alliance *see the role of the government:* what should the government do in society? If you think the government should be responsible for providing all basis services (health, education, housing, etc.) then your motivations for lobby and advocacy will be different than if you think the role of the government should be restricted to providing the overall framework letting the market (civil society such as media, churches, NGOs, CBOs, farmer groups, etc.) provide these services. Before becoming involved in lobby and advocacy it is very important to discuss these questions in your organization and in the alliance.

Observations:

- In Zambia, we will have elections and we don't know who will win? So, it is unclear with whom we should lobby and advocate.
- According to civil society, we need a more transparent election system, but how to do that?
- Lobby and advocacy should have the skills to putting across the message to the stakeholders and that the message can be heard clearly.

- When we look at the goals of the alliances (to *contribute* or to *ensure* the HBC quality services), there is an important difference: Contributing implies taking less co-responsibility and less involvement in the process. If you want to ensure... you also imply that you are able to control that...!
- The government has a different interest. You need the discussions at the level of your alliances in order to know what everybody thinks in order to focus your lobby & advocacy agenda.
- MoH Zambia: At some stage you have to work side by side with the government. Sustainability is our objective. You must look at sustainability of your programme and for that you need the voice of the people. The projects should have results, so it is also in the interest of the government to collaborate. In Zambia the partners buy in the strategic plan of the government.
- In globalisation, governments require to recognise that civil society has a stake in health. Government alone cannot take on everything: private sector hospitals, churches run health organisations etc. But: the more stakeholders we have the more difficult it all becomes to reach consensus and to become more effective and efficient.

Key definitions

- *Lobby:* Systematic, mostly informal efforts to influence decision makers. Key elements are:
  - Systematic: your actions are planned, they are not incidental (not ad hoc, but it is about building longer term relationships).
  - Informal: not to be confused with formal procedures; and also it is preferably done before decision makers make their formal position known.
  - Decision makers: target is the people with power.
  - Goal is to reach a win – win situation, where all win and therefore can accept the solution. This will also ensure sustainability. Lobby therefore is a two-way process!
  - Persuade and cooperate.

  Examples of lobby are: Use of constructive arguments, joint projects, joint policy development, personal meeting, personal letter, etc.

- *Advocacy:* Influencing policy makers, funders and (international) decision making bodies through a variety of channels, e.g. conferences, summits and symposia, news coverage, meetings between government and civil society. Key elements are:
  - Advocate for the rights of a certain group / constituency.
  - Often advocacy is a one way / unilateral communication process.
  - Goal is to win your cause (win – lose).
  - Attack and confront.

Examples of advocacy are: Naming and shaming, lawsuits, demonstration, petition, sit ins, hunger strikes, etc.

Observations:

- You should take care of *your culture: norms, values* when doing lobby and advocacy. Using the word "attack" in our local language is very aggressive. In our culture in Zambia we go around that. In other countries the word "lobby" can have a negative meaning, and if so, we should change the word (e.g. into Policy Development Work).
- Important to find out more about *who gives the alliances the legitimacy* to do lobby and advocacy. Exchange for instance about the legitimacy of the Launch; who gave you the legitimacy? This also is important.
- Find out the *interests* of the organizations and individuals concerned. Often these interests are main drivers for change and we therefore need to know these interests if we want to influence the position / attitude of decision makers. Find out also the hidden interests of people! Sometimes there are other, more deep interests involved who are most important. You can find out by being curious, getting to know somebody by establishing longer term relationships, building up a profile of that persons, etc.
- For the alliances, the topic (home based care) should not be too difficult as at a certain point in time everybody has the risk of needing home based care. Therefore it is in the interest of everybody and it should be easier to find sufficient support for your activities. *This depends on how you phrase your message! You might have to do that differently for each stakeholder!*

Limits of lobby and advocacy

There are also limits to lobby and advocacy. Especially for lobby, the compromising part to reach a "win-win" can sometimes be difficult and can mean that you lose the unique selling points of each person / organisation: exactly those strengths which makes that person / organization unique and who we need to be able to develop creative alternatives to move forward!

Also you must realize that as a person / organization doing lobby and advocacy you yourself are NOT in power! The person in power is still the main decision maker and you have to accept this position: Do not sit down on the chair of the decision maker1

Roles in Lobby & Advocacy *(See also appendix 4)*

There are four main roles you have to pick up as a person / organization / alliance who is involved in lobby and advocacy. These are:

- Expert;
- Grassroots organizer;
- Lobbyist;
- Monitoring and Evaluation.

To assure a good lobby and advocacy process these roles need to be realised and coordinated within the Alliance. It is not necessary that everyone is doing everything! Some are better placed, equipped, informed, organized and so on than others so it is better to make use of that advantage for the benefit of the whole alliance.

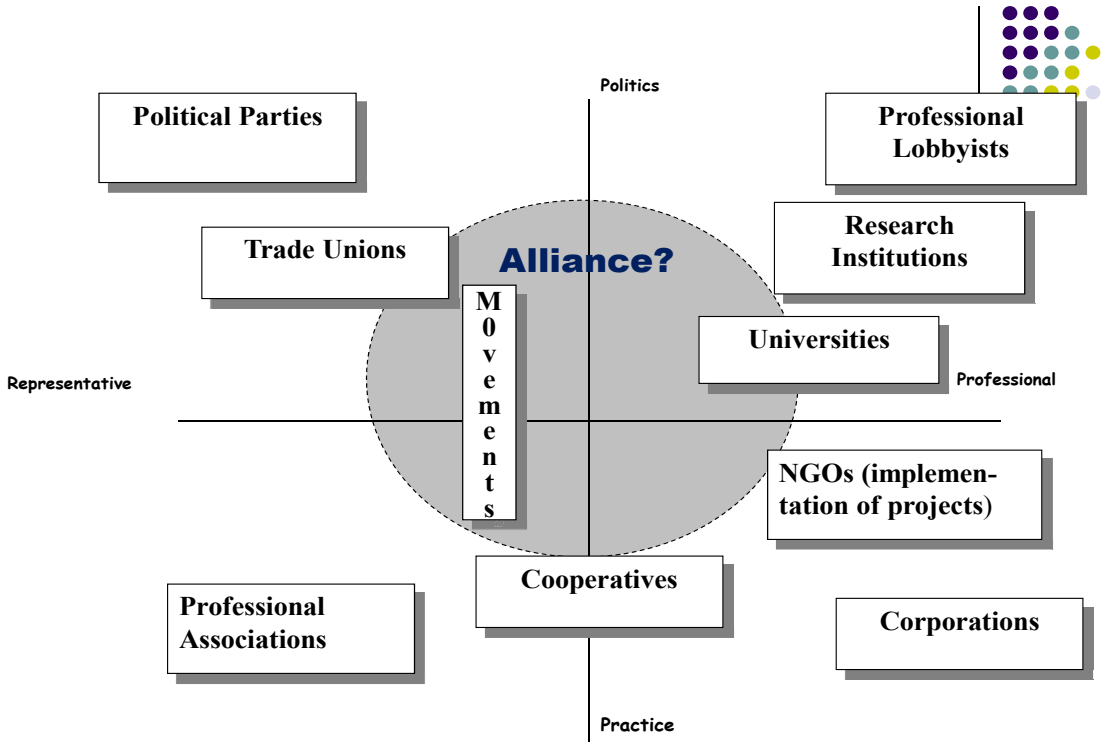
The question therefore is: Who is best suited to do what in lobby & advocacy? This can be found out performing *Lobby & Advocacy Strength and Weakness Analysis* at the level of your organizations. These analysis need to be discussed and shared within the taskforces of the alliances to be able to come to a practical and effective division of roles (and responsibilities!).

Observations:

- You also need to make use of your Theory of Change and to the results of your MSP process model to find out such information.
- Lobby is also required at community level next to national and district level; who are the gate keepers to change? The grass root organizer could take up that role. Often the lobbyist role is not the only one; you should have also the other ones.
- Take the roles and look at your taskforce. Who is already good at grass root level should probably take up the grass root level; others have good contacts with the MPs, etc.
- Experience of VSO in Malawi: VSO was able to bring the MPs together, we knew who were the MPs etc., had the contacts etc. And were therefore able to do it effectively.
- The taskforces are going to establish Secretariats and during the recruitments we could take up these different roles and look at them during selection processes.

Composition of your alliance

The composition of your alliance is important regarding your legitimacy, your credibility and your power to influence. Some organizations bring in legitimacy, some practical expertise to strengthen your credibility, some contacts to enhance your power. The facilitator presented a model with two axes, see below.



Participants were asked to reflect on the model, taking into account the issues of legitimacy, credibility and power.

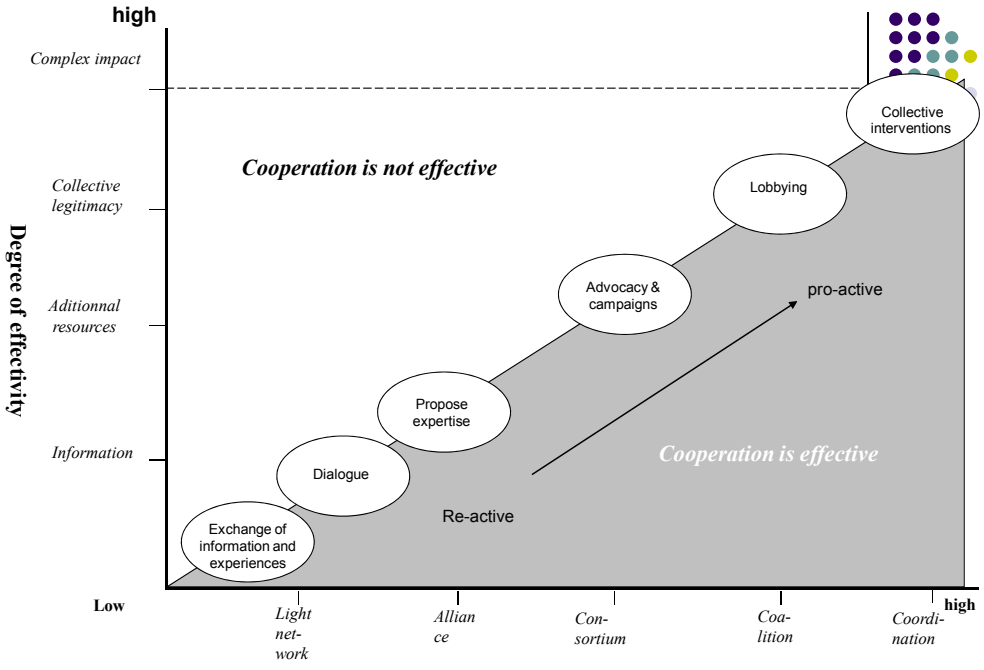
Observations:

- Do we need all stakeholders from each quadrant? When they are not there: how to integrate these in our strategies?

- The need for presence of stakeholders from all quadrants depends on the agendas of the taskforces!
- The grassroots must always be there!
- What is your legitimacy as taskforce? It would be good to make explicit in our documents.
- When you choose a political party, do this very carefully! The risk is becoming seen too much alienated with one or two parties only.
- Often MPs are working in Parliament Committees and in that way you can share with them as allies.
- This model is very good together with the Circle model of CoC, the MSP process model as it explains and gives more insight into our base and possibilities for cooperation with other stakeholders.
- How do the alliances see the presence of the business sector? In Malawi perhaps as Board Members? In Zambia, the business sector is part of the Alliance, but not yet well developed cooperation. The business sector could be an interesting partner in terms of financial contribution to the process.

Growth model of the alliances

The facilitator presented the following model to provoke thought on the structuring of the alliances in relation with its goals and objectives:



This model proved to be a very provoking model as the information in it is very *contestable*. Nevertheless, it is important to keep thinking about the effectiveness of the composition of our alliances in relation to the goals and objectives.

Also, it was made clear that it is important to reflect on the need to become more *pro-active in lobby and advocacy* (as to re-active): Being pro-active gives you more opportunities and chances to win a lobby and advocacy process because it will be the alliances themselves who will initiate the process and put relevant HBC topics on the political agendas.

Other advantages of pro-active lobby and advocacy are: there is more time for preparation to build our arguments with evidence, to build links with allies, to organize ourselves, to put M&E systems in place, etc.

Observations:

- The registration of the secretariat in both countries would support their legitimacy and be better visible! But next to this you really should know each other's norms/values. On the other side, the NGO status could limit your scope / mandate. Before deciding on establishing Secretariats, it is useful to put the pros and cons on paper.
- The more structures you develop the less flexible you become for lobby and advocacy (e.g. due to more bureaucracy): so be aware of this. Your alliance is a means to the HBC ends!
- You really need good communication from the grassroots to the other levels, so it is important to find adaptive mechanisms for coordination.

19 International L&A on Home Based Care

To make the link between local, national, regional and international level lobby and advocacy and to be able to link to the issues that Cordaid and other allies are working on at international levels, a presentation was given by Nathalie of Cordaid. A summary of the presentation is given below:

Cortaid's agenda and priorities: Linking, Learning & Lobby

Strengthening the Role of Home Based Care (position of HBC givers) incl. HSS/HRH.

I. Policy change and implementation.
   - HBC and HSS/HRH issues are higher on the NL, EU and international agenda.

II. Stronger Civil Society.
   - Strengthened HBC partners achieve a number of lobby results.

III. Enlarging democratic space.
   - HBC and HSS/HRH issues are higher on the agenda of relevant networks and international finance and policy institutions (keeping universal access on the agenda) and Partners and Cordaid's HBC profile is strengthened.

MSP building International level

- Momentum: Lobby 2009 Commission on the Status of Women UNCSW.
- Founding of Caregivers Action Alliance (CAA) (May 2009).
- Cordaid HIV and AIDS Award on HBC Leadership.
- Caregivers Action Network (CAN) Listserve and logo (May 2010).
- Launch CAN International Aids Conference (June 2010).
- The start-up of CAN: The momentum is important! Give ourselves 18 months! Mapping of stakeholders and opportunities.
- It would be good to have a mapping of all the HBC!
- Award for the HBC: 300 organisations applied / analysis done and this brought in lots of other allies.
- For care and support the Aids conference is a very good space.
- Applied for a network zone at the conference. Used the list serve for this. Out of all the proposals a programme was made which landed very well.
- Morning congress: invitation of very well-known people.
- Official launch of the network.

What is CAN?

Overall objective

- To raise the profile of and support for community and family care and support for HIV.

Specific objectives

- To identify relevant advocacy opportunities.
- To serve as a central clearinghouse for research, policy, information and programmes.
- To support a platform for constituency-building, linking, self-support and self-representation of home-based caregivers.

Members:

- Over 400 and growing.

Observations:

- Discussion about other chronically ill people (TB, Cancer etc...)
- Objectives are very similar to the ones of the alliances.

What can CAN be to you? (*See presentation for more details*)

Be up to date on latest developments, exchange experiences and advocate!

- CAN bi-weekly Newsletter made up of contributions sent in by members (Jan 2011): News, Advocacy, Sharing Experiences, Resources, Events.
- Link to website to build resource centre and agenda on C&S.
- Network of experts and allies (grassroots leaders, coordinators, policy makers, researchers, practitioners, HRH, policy officers...).
- Inform and contribute international advocacy.
- Inform and contribute to relevant research

What is it what we would like to advocate on? Preparation is very important!

CAN results on international level

International Aids Conference (June 2010)

- 1st main IAC Panel on care and support.
- 1st Village Networking Zone "Caregivers Action Alliance Community and Home-Based Care Networking Zone": 20 sessions involving 25 organisations, 15-30 per session, policy makers morning caucus (Steven Lewis, UNAIDS, WHO).
- Global Village Session "From Universal Access to the MDGs: Why Home-Based Care Matters".

HIV Care and Support Conference (Nov 2010)

- Due to the support of CAN (nomination of orgs, sponsoring and prep mtg) around 20 caregivers were at the conference.

CAN pre-conference

- 18 HBC representatives from more than 10 countries.
- 8 included in the conference programme.
- Caregivers visible in conference as well prepared and developed common advocacy agenda.
- UNAIDS Strategic Plan 2011-2015.
- UNAIDS PCB Gender Report AND revised draft PCB gender report.
- WHO External Consultation: A sustainable Health Sector Response to HIV".
- Care and Support Roadmap and Definition document.
- UNAIDS invitation to invite HBC experts to consultation.
- UNICEF invitation organise Panel.
- IAC 2012 Lobby.
- IAC 2012 Research Group:
    - adaptations in care giving at the community level in the context of ART expansion.
    - how and to what extent community care has been integrated in the health system.

2011 Lobby & Advocacy opportunities

Some important opportunities for lobby and advocacy on HBC during 2011 are:

- Universal Access Review Civil Society Meeting and High level Meeting.
    - CAN preparatory meeting, 1 CAN members nominated as speaker.
- Lobby Preparation 2011 ICASA: CAN facilitated participation.
- Preparation 2012 International Aids Conference:
    - sent letter to Conference Coordinating Committee (CCC) members, GFATM, UNAIDS, Pepfar, WHO, UNICEF, UN-WOMEN.
    - in coop with Worldwide Palliative Care Alliance sent letter to IAC President (Dr Katabira and CCC) to share care and support nominations made to Scientific Programme Committee (SPC), Leadership and Accountability Committee (LAC), Community Programme Committee (CPC).
- Feedback asked for UNAIDS Strategic plan and Gender: organised list serve answer with signatures of all the organisations supporting the feedback.
- The roadmap is very informative! Good for proposals and fund raising.
- Already starting to lobby for IAC 2012, 6 weeks after having come back from the IAC 2010.
- More data is needed! Better research is needed. Based on the mappings, literature review, 7 themes were found where really no data is available.
- Especially the link with ART has to be looked upon: adaptations in care giving at the community level in the context of ART expansion.
- Community care integrated in the health system?

Being on your own as Cordaid, this would have never been possible!

Restructure at Cordaid: Cordaid's Knowledge theme Community Care

Overall objective

To strengthen the role of community and family caregivers to improve the access to and quality of inclusive health and care services for the most vulnerable citizens

Specific objectives

- To strengthen community and family caregivers capacities so that they are empowered to access quality and inclusive health and care services recognized and valued within their community and by representatives of formal health and care systems; and equipped and organised.
- To seek cooperation with other local and national groups (harmonization, efficiency of scale, effective lobby).
- To participate in decision-making.

Lessons learned next to the good results

- Planning for lobby!
- Relatively informal structure for this beginning, with very effective results.
- Walk the talk: Cordaid lifting the grassroots with them. Example of this enormous IAC conference.
- There are also organisations who can support or fund individuals. And you can have this information by applying to the list serve. Be also pro-active and join the different fora.
- How can we join CAN?

20 Political context and our L&A Activities

Knowing the political agenda is one of the main activities a lobbyist has to find out before (and during) a lobby and advocacy process: the *"worlds of civil society and politics need to be connected and the gaps need to be bridged"!*

Therefore, both taskforces were asked to reflect upon the following questions:

HBC Alliance L&A: planning for 1 year!

1. What issues are now on the political agenda (international, national, local, regional)?
2. What issues are you working on now?
3. What should be on the agenda? (ToC, Information on L&A, International L&A, etc...)
4. Can we put them on the agenda right now? (capacity, legitimacy, contacts, resources, time, etc...)

Both taskforces discussed the above questions during group work and presented the main findings the following day (Thursday 7th of April).

21 Day 4 – Thursday 7 April
Reflection

Key learning points from the subjects (Derrick & Dan)

- L&A: Definitions, Roles, Progression of the alliance
    - Being re- and pro-active Lobby: win-win, Advocacy: win-lose.
    - As a taskforce you have to be proactive to have impact.
    - Before lobbying and advocating you really need enough information.
    - Political context: Recognition is very important, legitimacy, known by the government – being registered.
    - We have to know the targeting people and know their position and how to approach MPs.
    - Lobby is establishing longer term relationships with decision makers; you need to be strategic in that and find ways in order to maintain this relationship.
- International L&A
    - CAN: we have to join.
    - Recognition of the grassroots by the big organisations.
    - Being pro-active and share information.
    - Link up with other organisations, approach of Cordaid that the grassroots are taken on board.
    - Use of strengths of each organisation (to define the team roles and qualities).
    - Many other partners, resource centre open for all, sustainability and resource mobilisation: when you are linked to others this can help.
- Prepare the action points of the taskforce / alliance on MSP-CoC and action points for L&A.
- Political context: you should not narrow down too much; what are the important issues to look at! You must not lose sight of what we are lobbying for on international, regional, national, local & grassroots level. You really need this information.
- Learning journal.

22 Sharing of action points MSP-CoC and L&A

Malawi and Zambia shared and discussed the action points (*See Results in Appendix 5: Malawi: Anne, Isaac Zambia: Samba, Louis*). In both countries there is a mix of *internal alliance building* and *external objectives on HBC*.

The Alliance building (CoC) is a means to achieve your quality HBC! There are therefore actions related to *alliance building* (see the MSP process model, L&A Functions & Roles, Composition of your alliance on Lobby & Advocacy, and see also your SWOT developed in 2010), and to realizing effective *lobby and advocacy* to improve HBC (see your Theory of Change and choosing Lobby or Advocacy subjects). Both are complementary.

Observations:

- Do we talk about Community HBC or HBC? You should consider this point, as integrating Community into the concept underlines the importance of the work being done by the people at community level. This is also essential if you look at the future and the sustainability of the programmes.
- Stigma & Discrimination: This is a big issue which has to be tackled as awareness raising and lobbied for on in a focussed way.
- It is interesting to exchange guidelines and the HBC kits between Zambia and Malawi, this will also motivate information exchange between civil servants of both countries.

23 Monitoring and Evaluation

23.1 Introduction

Monitoring and evaluation of lobby and advocacy is crucial to be able to adjust strategies and to see if changes have been realized. M&E is also essential for learning, and to be able to plan and realize our lobby and advocacy in the future more effective.

Monitoring and evaluation can take place at different levels (national, local, international, etc.), depending on your level of intervention. Normally, when doing lobby and advocacy, you can see changes happening related to *three different dimensions*:

- A change in policy and / or the implementation of the policy.
- A change in the strength of civil society.
- A change in the space civil society has to influence (the development of) policies.

For each of the three dimensions, indicators of progress in the shorter term (*outcomes*) and indicators of results (*impact*) can be elaborated. This should be done with the most relevant stakeholders to assure that the indicators can indeed be verified in a qualitative or quantitative way. (*See appendix 6*)

Dimension of Change	**Indicators of progress** **OUTCOME**	**Longer term objectives** **IMPACT**
Policy change and implementation	Increased dialogue on a HBC issue at policy level Raised profile of HBC issue Changed opinion of target Change in written publications about the HBC issue Change in rhetoric on HBC (in public/private) Etc.	Changed HBC policy or guidelines Change in legislation Change in resource allocation for HBC HBC Policy/legislation change implemented Etc.
Stronger civil society	Change in individual civil groups' capacity, organizational skills, effectiveness Greater synergy of aims/activities in the HBC Alliance Change in collaboration, trust or unity of civil society groups working on HBC Change in collaboration, trust or unity between the Alliance members working on HBC Claims made by Grassroots / CBOs for enforcing their rights Change in local people's skills, capacity and knowledge to mobilize and advocate on their own behalf Etc.	Increased effectiveness of civil society work Civil groups active in influencing decision makers in ways that will benefit people with chronicle illness Civil groups monitoring implementation of policies/programmes HBC Alliances effective and sustainable Etc.

Enlarging democratic space	Greater freedom of expression Greater acceptance/recognition of civil groups / grassroots /Alliance Existence of fora / space for the alliance /civil groups to input into a wider range of decisions Increased legitimacy of civil society groups / Alliances Greater awareness of individual rights and the power system that withhold rights Etc.	Increased participation of civil society groups / Alliances in influencing decisions Change in accountability and transparency of public institutions Etc.

(source: Cordaid – Netherlands and adapted by Huub Sloot and Simone van Vugt)

M&E systems

Monitoring and Evaluation (M&E) systems should be integrated as much as possible into existing M&E systems. It is not useful to develop parallel systems, but more efficient to integrate indicators for lobby and advocacy into your existing systems. This calls for coordination within your team / organization, and training of staff working on the HBC lobby and advocacy.

Evaluations will normally be carried out by independent, external (groups of) consultants and these also need to be able to have an insight into the lobby and advocacy processes. It is therefore important to document very well the activities you have been carrying out, their results and so on. Also, it is very useful to document well the reasons and arguments you used for the changes made in your strategies.

Developing lobby and advocacy work plans

When developing a lobby and advocacy action plan, the following format can be used:

Outcome: Policy change and implementation	**Indicators**	**Activities**
Outcome 1:		
Outcome 2:		
Outcome: Stronger civil society	**Indicators**	**Activities**
Outcome 1:		
Outcome 2:		
Outcome: Enlarging democratic space	**Indicators**	**Activities**
Outcome 1:		
Outcome 2: ……		

Both groups were asked to elaborate a lobby and advocacy objective and to develop a work plan using the above format. The information of the previous exercises on CoC, MSP and L&A can be used. Specifically the information on the Theory of Change should be used by both alliances to formulate a key lobby and advocacy objective.

To develop a *suitable lobby objective* the following can be helpful:

- A lobby objective aims to *change* the policies, programmes or positions of decision makers (at any level, from village head to prime minister).
- Your lobby objective is: *what* you want to change, *for whom, who* will make the change, by *how much* and by *when*.

The results of the group work on developing lobby and advocacy action plans are presented below:

23.2 ZAMBIA HBC Alliance Lobby & Advocacy plan

Objective:
Adoption and implementation of updated guidelines on referral systems by the GRZ by the end of 2012.

Outcome: Policy change and implementation	**Indicators**	**Activities**
Outcome 1: Improved dialogue on referral systems at policy level.	Number of articles/reports on referral systems in the electronic and print media. Number of meetings held with policy makers	Engage MoH, CHAZ and Communities in discussion on referral systems (one on one or round table or informal discussion) Conduct meetings with the policy makers
Outcome 2: Changed opinion of the MoH, CHAZ & CBOs.	Amount of resources allocated	Conduct resource mobilization
Outcome :Stronger civil society	**Indicators**	**Activities**
Outcome 1: Greater synergy of activities in the HBC Alliance	Number of organizations complementing the work of the Alliance Number of consultative meetings held	Stakeholders mapping Broaden the HBC Alliance with other Civil Society organization and Private sector Conducting meetings with relevant Stakeholders Conducting joint planning meetings with Stakeholders
Outcome 2: Increased representation and involvement of the grass root in the Alliance activities	Number of grass root organization actively involved in the activities of the Alliance. Number of Stakeholders' meetings held	Creating awareness on the existence of the Alliance Capacity building to strengthen grass root organizations. Conducting meetings with relevant Stakeholders

Outcome: Enlarging democratic space	Indicators	Activities
Outcome 1: Increased legitimacy of the HBC Alliances.	MoU with MoH and CHAZ signed Number of meetings the HBC Alliance attends with MoH and CHAZ 30% of the work of Taskforce members will be done in the organization work time	Registration of the HBC Alliance Publicity- Billboards, brochures, Media, Profiles
Outcome 2:		

23.3 MALAWI HBC Alliance Lobby & Advocacy plan

Objective:

To advocate for volunteer recognition (REPRESENTATION, incentives, training, volunteer kits, bicycles, ID Cards, uniforms,) in CHBC sector by the Government of Malawi & other Stakeholders of Malawi by 2013

Outcome Policy change and implementation	Indicators	Activities
Outcome 1: Increased dialogue on CHBC issues	Number of meetings held and attended Minutes Reports	Formal and informal lobby meetings with stakeholders at all levels
Outcome 2:		
Outcome Stronger civil society	**Indicators**	**Activities**
Outcome 1: Collaboration between and among stakeholders in the CHBC sector	Number of common actions planned, implemented and successful Number of collaboration meetings Number of stakeholders participating in such meetings	Facilitating (invitation to meetings & other activities) participation of caregivers and all stakeholders that count in CHBC
Outcome 2:		

Outcome Enlarging democratic space	Indicators	Activities
Outcome 1: Recognition and acceptance of the Alliance at all levels.	Participation in relevant international conferences Registration Certificate # of invites/attendance to decision making meetings Membership to CONGOMA # of supportive Stakeholders	Register the Alliance Awareness meetings at all levels Establish the Secretariat with adequate communication systems MOU with supportive organizations and stakeholders Inviting caregivers to high level meetings to speak for themselves
Outcome 2:		

23.4 Sharing lobby & advocacy work plans

After group work both alliances presented the results and these were discussed in a plenary session. Some of the observations were;

- Why did the alliances construct themselves? Why are they there? This is to contribute / ensure Quality HBC!
- An MOU of the HBC Alliance is very important: common vision, mission statements, principles of collaboration.
- The Target in your lobby objective is very important: who are you targeting? Decision makers or organisations that can influence decision makers.

This was only the beginning of the dialogue around the L&A objectives. The Alliances committed themselves to continue working on this after the workshop.

24 Reflection and Commitments

Participants used their Learning Journals to reflect individually on the learning of the past 4 days and reflect with their buddy. Each participant was eventually to come up with some commitments which could realistically be completed in a year. The following tasks were proposed and shared based on the following question: What will you personally do to build a successful alliance?

The results are:

- I, *Maurice*, will be engaged together with other alliance members to lobby and advocate for HBC activities. I also will attend most of the alliance meetings and contribute to the growth of the alliance.
- I, *Derrick*, will commit 30% of my time to the task force activities and to mobilize the 10 dioceses to participate in the task force activities of Mweemba.
- I, *Isaac*, promise to continue to create time and space for NCHBCA activities as well as to use my links and connections to advance this cause. I also promise to continue using my capacities to advance the cause of the NCHBCA.

- I, *Annie*, will commit some of my time to network with other HBC stakeholders nationally and internationally.
- I, *Veronica*, will report writing to Ministry of Health, follow up issues from this workshop (action plan) and give time and commitment to the task force and to the alliance.
- I, *Daneck*, promise to maintain the level of understanding by my Director of the importance of the Alliance thereby take it to another level through his support. I also commit time so that I am always available for all the Alliance meetings and activities.
- I, *Cephas Musamba*, will be advocating for resources mobilization for the Alliance through friends and funding agencies. As a change agent, I will commit my time to the Alliance, linking organizations to it.
- I, *Daphne*, will commit to ensure that there are grassroots representatives in all decision making and consultations and all levels. I also commit to mobilize, map and identify caregivers at grassroots level.
- I, *Veronica*, will commit myself to mobilize and map the caregivers at grassroots level. I will also advocate and represent caregivers so that our voice is heard and we are recognized by Government and stakeholders.

- I, *Massiye*, I am going to commit my time so as to have quality home based care. I will source information to feed fellow all members.
- I, *Nathalie*, will sign up all Alliance members to become part of CAN, share resources (information) so all are up to date, put task force members in touch with key regional contacts and CAN facilitators and support Derrick and Matilda to publish a debrief of the workshop on the CAN listserve.

– I, *Louis*, will attend all HBC task force meetings and carry out assignments. I will also share HBC task force with implementing partners and will share the workshop content and deliberations with my employer.

25 The way forward

HBC Malawi & Zambia, 2011

Activity	Who	When
Report of the training	Simone & Huub	18th of April
Feedback results into our own organizations	All Task Force members	Within two weeks (25th of April)
Complete work plans: Plan a planning meeting with the taskforces (evaluation of the launch including the caregivers) Share the draft plans and give feedback	Malawi Zambia Feedback M&Z & Simone & Huub	Last weekend of April End of April May
Update of Cordaid on available time and Resources	Nathalie Jasper (Cordaid) Malawi	ASAP
Organise a roundtable in two months with other possible organizations / stakeholders what resources could be available (Follow up of expert meetings, plan etc.)	Malawi	June
Zambia will invite the taskforce of Malawi for the launch and Field visits, review plans etc.	Zambia	2011
Planning the Launch	Zambia	2011
Update regularly each other	Between alliances (Derrick + Matilda) and with Nathalie , Jasper (Cordaid)	Ongoing, every month?
Formal stand of Cordaid on Zambia – support for taskforce and alliance Does this have consequences for the launch? Exit strategy	Jasper (Cordaid) Zambia	ASAP
Share calendars of the taskforces between yourselves and with the facilitators	Zambia(Derrick) Malawi (Matilda) , Jasper and Nathalie, Huub, Simone	ASAP
Regular Skype calls (every 3 months) with Nathalie and CAN	Nathalie Malawi, Zambia CAN	Every three months

26 Evaluation

The evaluation was done in a participatory way. The participants were asked to sticker post- its with comments on a scoring line of 1 till 4 for each of the 5 topics:

1. Applicability of the content;
2. Facilitation;
3. Tools & methods used;
4. Own participation; and
5. Preparation.

Overall the workshop / training was very well appreciated, most scores are written in the column of excellent (=4). Still some elements could have been improved, which can be found in detail in the tale below.

Evaluation subjects	1	2	3	4	Total
Applicability of the content			-We have learnt the content that will help us on how to go about strengthening the work of the alliance. -Reduced training time by a day, because of the planning by the travel agency	-Applicability is good: the whole course put our efforts into prospective. -We need to lobby and advocate much for support and resource mobilization. -Content was well understood. -Just at the right time; the content is very applicable. -Bravo. -Relevant and applicable. -Yes as it is related to the work plan.	2 x 3 **7 x 4**
Facilitation (Simone / Huub)			-We missed on certain objectives, not enough energizers. -They were clear, but we had no hand outs of the presentations. -Facilitation was OK, but a lot of content squeezed in four days. -Time and type of facilitation did not match.	-Very participatory. -Very good. -Was good, issues were clarified. -Facilitation of both facilitators was excellent.	4 x 3 **4 x 4**
Tools / Methods		-We needed energizers in between but the methods and tools were ok!	-The methods of group discussion took too much time. -Restricted by time. -Tools and methods were a bit complex. -This could have been improved, especially in the morning when it was a repetition of the day before.	-I had no problems with this aspect. -Good interaction in group work and lectures.	1 x 2 4 x 3 2 x 4

Own participation		-I missed some of the sessions and some of the topics were very new so I could not be active.	-Participation was fair due to other commitments. -I have been here 90% of the time and contributed as well. Next time is better if people are away of the workplace.	-I feel I was OK with this. -Very much talkative and active listening. -I think I participated well. -Good. -I was available and contributing.	1 x 2 2 x 3 **5 x 4**
Preparation	-On my side none because I did not know about it. -Need for enough photocopies / printouts and writing pads, pens.	-The Malawian team should have been more accommodating; too much absent	-Good. -Preparation was good. -No comment. -Not all expectations were met.	-Well done. -If only the Malawi team was busy with the Launch, but you did good, Bravo!	2 x 1 1 x 2 **4 x 3** 2 x 4
Total	2 x 1 = **2**	1 x 2 + 1 x 2 + 1 x 2= **3**	2 x 3 + 4 x 3 + 2 x 3 + 4 x 3 = **12**	7 x 4 + 2 x 4 + 5 x 4 + 2 x 4 = **17**	

Appendix 1 Programme

DAY 1: Monday 4th of April 2011

Timing	Topic	Objective	Methodology
09.00	Welcome and introduction to each other	Participants feel a sense of being made welcome and introduce themselves	Welcome and introduction to each other: • Opening taskforces, Cordaid • Social ranking exercise (years working with Cordaid; years working as a care taker yourself, rank yourselves by age)
09.45	Personal motivation to work in HBC and in the Alliance	Participants share their personal experiences which shaped the way how they work in HBC	Intro Working in pairs: • Share with neighbour experience • Neighbour explains to the group what touched him/her in the story of the other
10.30	Coffee break		
10.45	Presentation of the Taskforces Q&A	Participants have a shared understanding of each other's taskforces	Presentation of the Taskforces Q&A
12.15	Intro to the programme and check of expectations	Participants relate to the programme	Intro programme & Round of expectations. Note: also include buddy system and reporting on a blog, Learning Journal, Reflexion pairs (Zambia / Malawi), Blogging each day by participants
12.45	Lunch		
14.00	Key challenges of working in / with HBC practice	Participants deepen their own practice : Malawi and Zambia mixed relating to the challenges of their alliance building	Participants are asked to make Rich pictures of their own situation and write down on cards their Key characteristics / challenges in the Alliance.
15.30	Coffee break		
15.45	MSP, Process model	Participants apply the process model on their HBC alliance	Work in own alliance and choose the key steps to work on in the future: • Initiating • adaptive planning • collaborative action • reflective monitoring
17.00	Learning Journal		

DAY 2: Tuesday 5th of April 2011

Timing	Topic	Objective	Methodology
08.30	Reflection	Participants internalize the input they have heard and worked on.	Participants were asked by two colleagues to summarise the issues worked on the day before, Then each table deepened some of the issues with the learnings they had.
09.30	Introduction CoC	Participants improve their shared understanding about the CoC approach of Cordaid. Participants feel the link with their own Alliance	Plenary presentation with PPT: CoC and Cordaid's approach; Time for questions and clarifications and facilitation of dialogue and connecting to MSP approach
10.30	Coffee break		
10.45	MSP Framework	Participants are conscious of the MSP framework	Presentation
11.15	Theory of Change of HBC	Participants are introduced to the concept of theories of change	PPT on theories of change
11.30	Assignment: Theory of Change	Participants develop their own HBC ToC	National groups who build their ToC; then share and discuss the differences / complementary elements etc.
13.00	Lunch		
15.00	Power Ranking	Participants are more conscious of their power base & what this means in their alliance	Participants were given different power bases for three rounds: situational, social, personal rank, while asked to rank themselves from high influence on decision-making over who is becoming the leader of the taskforce till very low influence on decision-making.
16.00	Coffee Break		
16.30	Different meanings of power	Participants know what types of power influence their change agenda	Interactive presentation.
17.00	Learning Journal		

DAY 3: Wednesday 6th of April 2011

Timing	Topic	Objective	Methodology
08.30	Reflection	Participants internalize the input they have heard and worked on.	

Timing	Topic	Objective	Methodology
09.00	Consolidation and wrap up	Participants create an overview of the key lessons of this training and think about the next steps	In national groups discuss key lessons learned and the implications for their involvement in the alliance Key lessons learned + action plan
10.30	Coffee break		
11:00	Link between MSP-CoC / L&A.	Link with the first part of the week (CoC/MSP) and the L&A part.	Dialogue
11.30	Update on lobby and advocacy:	Refresh understanding of participants on key elements of lobby and advocacy : Definitions, Roles, Composition, "Grow model"	Plenary presentation and discussion,
13.00	Lunch		
14:00	International lobby and advocacy initiatives	Up-date on current international lobby and advocacy initiatives	Presentation by Nathalie and others
15:30	Political context – priority policy issues from governments -	Up-date on the political context and current lobby and advocacy initiatives Current lobby and advocacy objectives and activities of stakeholders and the alliance	Group work by participants, using the information from the stakeholder mappings and available reports, Theory of Change, and other info.
17:00	Learning journal		

DAY 4: Thursday 7th of April 2011

Timing	Topic	Objective	Methodology
08.30	Reflection	Participants internalize the input they have heard and worked on.	What have you learned and what would you do different?
09.00	Presentation Key actions MSP-CoC / L&A	Participants share their key actions on MSP-CoC and L&A	Plenary presentation
10.30	Coffee Break		
11:00	Continuation		
12:00	Monitoring and evaluation of lobby and advocacy and the progress in the alliance	Get understanding of how to M&E lobby and advocacy activities looking at the levels of Policy level, Strengthening of Civil Society and Democratic Space	Plenary presentation and discussion, making link with Theories of Change (and dimensions of change in lobby and advocacy as used by Cordaid)

Timing	Topic	Objective	Methodology
13:00	Lunch break		
14:00	Develop working plans including some regional elements	Participants know where to go and what to do on national and regional level	In the spate taskforces develop 1 or 2 lobby objectives and for each outcome develop some indicators and activities.
15.30	Coffee break		
16.30	Personal commitment	Participants commit themselves to take the alliances several steps further	The buddy pairs sit together and exchange about what each personally will do to take the alliance forward.
17.30	Evaluation and conclusion	The training is improved and justified.	Evaluation box with 5 axes to score on and a scoring system of 1-4. Score with stickers on each axe.
19.30	Collective Dinner in the city		

Appendix 2 List of participants & facilitators

Nbr	Name	Organisation	Mail address
	Malawi		
1	Massiye Regina Nyang'wa	Archdiocese of Lilongwe	hbc@malawi.net nmassiye@yahoo.com
2	Daneck Kathumba	Lighthouse	d_kathumba@lighthouse.org.mw
3	Annie Banda	Cowlha	anniefiwa@gmail.com cowlha@gmail.com
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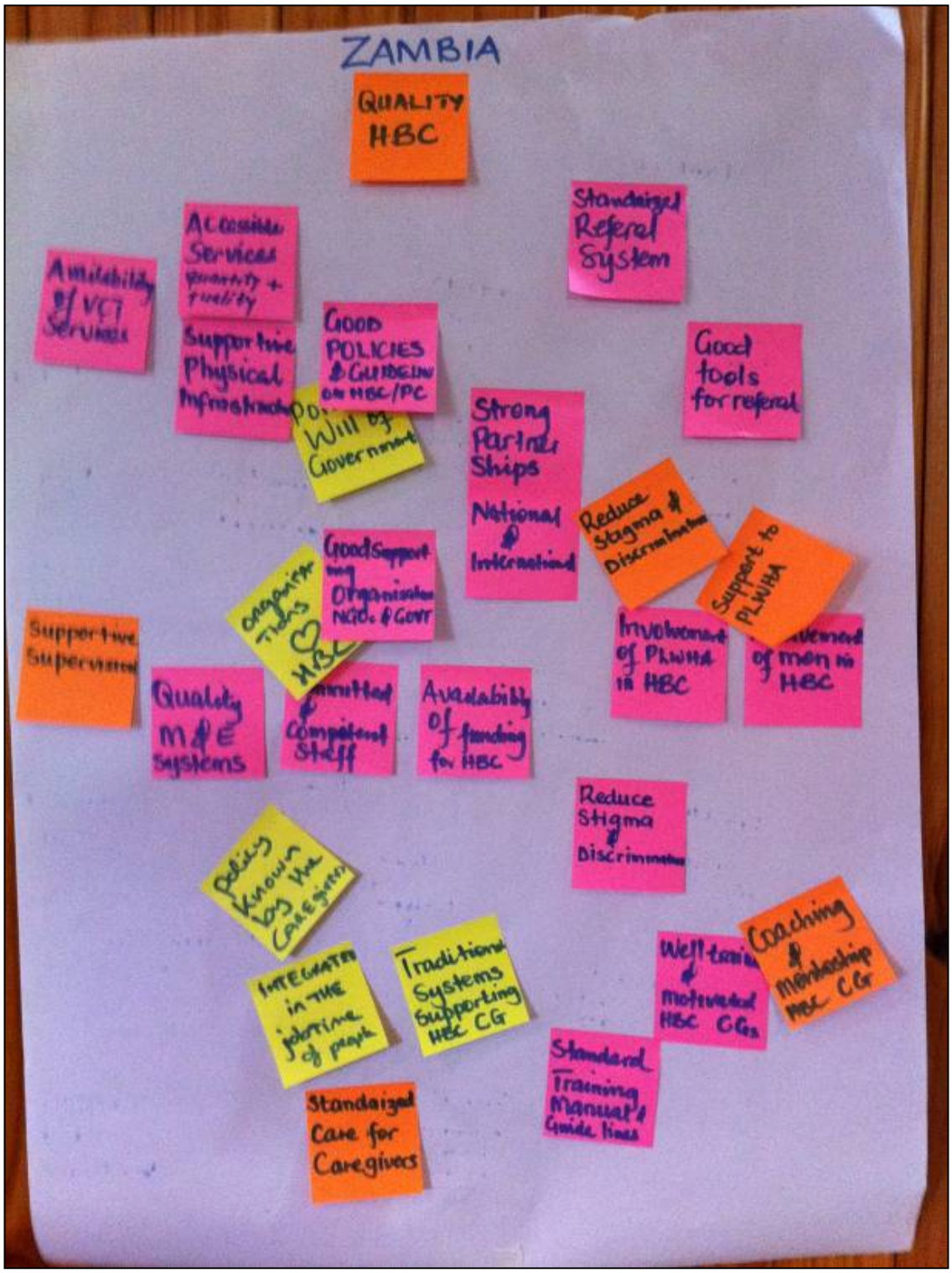
Appendix 3 ToC Malawi & Zambia


ZAMBIA
QUALITY HBC
Standaized Referal System
Accessible Services
Availability of VCT Services
Supportive Physical Infrastructure
GOOD POLICIES & GUIDELINES ON HBC/PC
Will of Government
Strong Partnerships National & International
Good tools for referal
Reduce Stigma & Discrimination
Support to PLWHA
Good Supporting Organisation NGO. & GOVT
Supportive Supervision
Quality M&E Systems
Committed & Competent Staff
Availability of funding for HBC
Involvement of PLWHA in HBC
Involvement of men in HBC
Reduce Stigma & Discrimination
Policy known by the Caregivers
INTEGRATED in the routine of prayer
Traditional Systems Supporting HBC CG
Well trained & Motivated HBC CGs
Coaching & Mentorship HBC CG
Standard Training Manual & Guide lines
Standaized Care for Caregivers

Appendix 4 The roles of a lobbyist

Role as	Tabling the issue	Get political changes	Implementation
Expert	Collecting the data Drafting amendments	Briefing notes to parties On demand information/ strategic Experts talks to the experts in parties / MPs Provide a framework in laws	Every year we need to bring the status report Dialogue with the concerned ministries & Dept Included in training/ orientation and educate the officials/ professionals
Grass root organizer	Explaining the issues Building consensus Pressure through mobilization	Explaining the process Help them to meet MP's Continuing consensus Mobilization for visibility	Share the victory Continuous monitoring gaps Explain the improvements and how to improve them
Lobbyist	Meeting with MPs/parties/communications Influential retired bureaucrats Networking	Convincing the MPs to take up the issue Avoid being co-opted by parties Negotiate the priorities (we have to have our own list ready) Negotiate the cancellation	Regular dialogue with the ministries Obtain certain positions as advisors
Monitoring	Filing adjustments	Expand the experience Bring out conclusions and recommendations	Improved monitoring system

Appendix 5 Action points based on the learning of MSP-CoC and L&A

Malawi

1. Establish a steering committee
2. Generate support for the Alliance at all levels
3. Identify and map all CHBC providers
4. Marketing of the Alliance through media (print and electronic); meetings and audiences; open days in different parts of the country
5. Establish a secretariat and an advisory Board – and constitution, Strategic plan, conditions of service etc.
6. Facilitate the establishment of sub-Alliances at local, district, zonal levels (grassroots organization of the Alliance)
7. Build and maintain stakeholder support through clear & unequivocal scope, mandates and expectations
8. Establish a List-serve for continuous exchange of information – use of Skype could also be useful
9. Formulate a resource mobilization strategy
10. Conduct Research & disseminate results and best practices
11. Develop a data bank
12. Advocate for improved HBC policy
13. Facilitate dissemination of CHBC policy
14. Do a stakeholder analysis and ranking
15. Organize donor round-table conferences/meetings

1. What issues are now on the political agenda of Malawi?

Issue	**International/National/Regional/Local**
Change CHBC policy to JUST guidelines – incorporate the CHBC policy into the HIV policy	National / Regional
CHBC seen as irrelevant due to increased access to ART	National / Regional
Volunteer recognition (Support, incentives, resources etc.)	All levels up to international
Back-Referral system	National / Regional
Directory of service providers	National
Male involvement	All levels up to international

2. What issues are you working on now?

- Operationalization of the Alliance
  - A possible structure has been proposed

3. What should be on the agenda?

- Policy issues
- Resource mobilization
- Volunteer recognition
- Coordination and networking
- Stigma and discrimination
- Capacity building
- Research
- Data Bank

All in all strengthening CHBC should remain in focus. CHBC should be viewed as all-encompassing and relevant to achieving wellbeing and socio-economic development. While the link to HIV and AIDS remains important, long term illnesses go beyond just HIV and AIDS

4. Can we put them on the agenda now? (Capacity, legitimacy, contacts, resources, time etc.)

		Legitimacy	**Capacity**	**Contacts**	**Resources**	**Time**
1	Tackle policy issues	Yes & No	Yes	Yes	No	Limited
2	Mobilize Resources	No	Yes	Yes	Limited	Limited
3	Advocate for volunteer recognition	Somehow	Yes	Yes	Limited to no	Limited
4	Facilitate & entrench Coordination and networking	Feeling is there but practically probably No!	Yes	Yes	No	Limited
5	Fight Stigma and Discrimination	Yes	Yes	Yes	No	Limited
6	Build Capacity at all levels	Limited	Yes	Yes	No	Limited
7	Conduct Research	Yes	Yes	Yes	No	Limited
8	Develop a Data Bank	Yes	Limited	Limited	No	Limited

Note: Generally, all this depends on operationalization of the Alliance. For Malawi, it is crucial to clearly think through the process of fully making the Alliance operational; and establishment of the Secretariat appears crucial in the process so that there can be full time staff working on the Alliance agenda to achieve the change that we seek. Look at the limitations that we have in terms of time in our current status!!!

Zambia

The Zambian team was asked to draw action points from the following topics that were discussed in the workshop:

1. Home Based Care motivation
2. Presentation from the Zambian task force
3. The rich picture and its challenges
4. Multi stakeholders process
5. Reflection
6. CoC of change presentation
7. Theories of change
8. Power ranking

HBC Motivation

Motivation exercise on HBC on the first day of the workshop reviewed that the Zambian team has a lot of experience and passion for HBC. This could be justified through their commitment and involvement in the care for the vulnerable people in the community.

Presentation from the Zambian task force

Action points:

- Roll out the new HBC training manual
- Set aside one day to review HBC minimum standards
- Call for stakeholders meeting
- Launching of HBC Alliance

The rich picture and its challenges

Challenges:

- Weak referral system
- Low commitment of stakeholders
- Inadequate funding

Action points

- Standardize and improve the referral system.
- Invite stakeholders for meetings
- Draw proposals for funding

Multi stakeholders process

Action points:

- Engage all stakeholders involved in HBC care and support in participating in the taskforce

Reflection

No action points were written

CoC of change presentation

Action points:

- Annual retreats for HBC Stakeholders
- Strengthen Alliance to work with HBC, grassroots, national and international levels
- Linking the Alliance to international level
- Engage private sectors

Theories of Change

Action points:

- Call for Multi- Stakeholders together to develop a strategic plan for the Alliance
- Formation of a secretariat

Power ranking

No action points were written

Issues on Political Agenda

- Reduction in Care and Support funding (Nat & Intl.)
- Proposed increase in the number of ART centres (Nat. And Local)
- Standardization of treatment protocols in SADC member countries – HIV, TB and Malaria (Reg.).

Issues being worked on currently.

- Preparing for the launch of the national HBC Alliance.
- Mapping of all HBC stakeholders and bringing them on board.
- Formation of a secretariat (Funds allowing).

Issues for the agenda

- Advocate for more funding.
- Strategic Plan for HBC

Put on the agenda right now

- Task Force has: capacity, contacts and time.
- Task Force lacks: resources and legitimacy

Appendix 6 Examples of M&E indicators for policy influencing

(Source: Cordaid – Netherlands and adapted by Huub Sloot and Simone van Vugt)

For the three dimensions of change at local, national, regional, international level, the following indicators can be used:

Dimension of Change	**Indicators of progress** **OUTCOME**	**Longer term objectives** **IMPACT**
Policy change and implementation	Increased dialogue on a HBC issue at policy level Raised profile of HBC issue Changed opinion of target Change in written publications about the HBC issue Change in rhetoric on HBC (in public/private) Etc.	Changed HBC policy or guidelines Change in legislation Change in resource allocation for HBC HBC Policy/legislation change implemented Etc.
Stronger civil society	Change in individual civil groups' capacity, organizational skills, effectiveness Greater synergy of aims/activities in the HBC Alliance Change in collaboration, trust or unity of civil society groups working on HBC Change in collaboration, trust or unity between the Alliance members working on HBC Claims made by Grassroots / CBOs for enforcing their rights Change in local people's skills, capacity and knowledge to mobilize and advocate on their own behalf Etc.	Increased effectiveness of civil society work Civil groups active in influencing decision makers in ways that will benefit people with chronicle illness Civil groups monitoring implementation of policies/programmes HBC Alliances effective and sustainable Etc.
Enlarging democratic space	Greater freedom of expression Greater acceptance/recognition of civil groups / grassroots /Alliance Existence of fora / space for the alliance /civil groups to input into a wider range of decisions Increased legitimacy of civil society groups / Alliances Greater awareness of individual rights and the power system that withhold rights Etc.	Increased participation of civil society groups / Alliances in influencing decisions Change in accountability and transparency of public institutions Etc.

2011 – 2012

The Outcomes can be elaborated according to the following format and have to be specified for the different levels (Local, National, Regional, International). Look at the plan developed for the MSP-CoC part and the other L&A Elements!

Objective: Example:

The MoH of Malawi implements an improved Referral System in 3 districts before 2011.

To Diminishing Stigma etc.

Outcome Policy change and implementation	**Indicators**	**Activities**
Outcome 1:…..		
Outcome 2: …..		
Outcome Stronger civil society	**Indicators**	**Activities**
Outcome 1: ……		
Outcome 2: ……		
Outcome Enlarging democratic space	**Indicators**	**Activities**
Outcome 1: ……		
Outcome 2: ……		

This training of 4 days focussed on two areas of capacity development of the home-based care (HBC) alliance in Malawi and Zambia:

1. Communities of Change (CoC) concept and practice linked to the Multi Stakeholder Process (MSP) and
2. Lobby & Advocacy (L&A).

Since June 2010 Cordaid started together with the Centre of Development Innovation (CDI) a learning and development process on the Communities of Change concept and practice linked to the Multi Stakeholder Process with around 75 persons of her staff. In order to share and deepen the development of the COC & MSP concepts and practice further with the partners in the field, Cordaid organised this training.
An effective working Alliance/CoC is a condition for effective lobby and advocacy. Therefore the CoC - MSP part of the training was directly linked to the part on lobby and advocacy. The lobby and advocacy trajectory had been started already three years ago with an initial training (also in Malawi) specifically on lobby and advocacy for home based care representatives of eight countries in Africa, amongst other Malawi and Zambia. The current training on lobby and advocacy is therefore also part of the follow up of that process.

More information: www.cdi.wur.nl

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