

Communicating for Advocacy: an agent for social change

Advocacy is not an add-on - a last minute addition to a program to give it currency; rather, it is a campaign - a series of inputs with a common objective. It takes time and need strategic planning. The work is often frustrating, tiring, and thankless; and because it is associated with change, it can take all sorts of unexpected detours. However, the benefits are immense as gains are made, new coalitions are formed, and networks develop. United with others pursuing the same goals, advocacy work can bring positive social change.

- David Curtis, Head of Programs - Asia
Healthlink Worldwide

As the first phase of the Communicating for Advocacy (CFA) project drew to a close, it is important to look back at the gains that have been achieved in the past three years.

For some of the CFA partners, advocacy was a new concept. In Cambodia for example, there is no Khmer word that would closely approximate advocacy. The commonly used word is *tasumateh*, meaning to struggle for idea. For others, it was the first time that advocacy has been incorporated in their work.

But after the birthing pain came the rewards:

- ❖ The key and core partners demonstrated diverse learning experiences in advocacy

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The key and core partners of the Communicating for Advocacy project

Photo by SARPV

About the CFA

The Communicating for Advocacy project started in 2002. It sought to develop the capacity of community groups in South and Southeast Asia to influence policy and practice change in the regions. This was done through constant trainings, networking, and improving the organizational capability of the partners. It also facilitated learning and skills transference among the stakeholders.

Four key partners (KP) implemented the project: Healthlink Worldwide, UK; Health Action Information Network, Philippines; Cambodia Health Education Media Services, Cambodia; and Social Assistance and Rehabilitation for the Physically Vulnerable, Bangladesh. To achieve a multiplier effect, the KPs selected its own core partners from different regions. This expanded the CFA's coverage to India, Laos, Thailand, and Sri Lanka.

The core of the CFA project was its people-centered and rights-based approach to advocacy. This meant that the marginalized themselves were empowered to assert their rights to decent and humane lives. The CFA partners did not only work for them; more importantly, the partners work WITH them.

The CFA has benefitted from the diverse backgrounds of the key and core partners. The partners were involved in issues ranging from education, environment, children's rights, disability, sexual and reproductive health, gay rights, and community health.

- ❖ All of the partners carried out their own advocacy works that resulted in actual changes
- ❖ Facilitation of learning and skills transference among partners. For example, the Cambodia Health Education Media Services now incorporates disability in its advocacy issues.

The success of the CFA may be attributed to its framework – that advocacy must be people-centered and rights-based. This framework reinforces the vital questions in advocacy: who is it for, and what is it for?

Veering away from the traditional norm of advocacy, the CFA put the marginalized at the center of the project. This empowered the people, allowing them to speak for themselves and make a difference. Four young advocates are testament to what an empowered population can do to effect meaningful changes in their communities. Their stories, which you would find in this issue, put a human dimension to the seemingly abstract achievements of CFA.

The inclusive nature of CFA is also evident in the diverse nature of its key and core partners. It covered a broad range of issues, such as disability, environment, children traumatized by wars, and gay rights.

As each partner carried out its own advocacy campaigns, lessons were learned along the way:

- ❖ Advocacy must lead to both policy change and practice change. This is a continuous process and there is a need for constant dialogues between the grassroots and the decision-makers.

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- ❖ Successful and effective advocacy campaigns involve building coalitions and alliances, inclusion of target groups in the process, and building relations with opinion formers.
- ❖ Non-technical communication tools, such as community theater and comics, can be as effective as technical communication tools.
- ❖ Networking, research, and documentation are important aspects of advocacy.
- ❖ Advocacy is a slow process. This may necessitate the need to identify smaller changes leading to the desired results.

“...where the project ends; the real work begins.”

The project also encountered risks, but these have been mitigated. It helped that the possibility of these concerns happening have been raised before the full implementation of the CFA. For example, with regards to the concern that there would be no ownership of capacity-building activities, the partners addressed this through the adaptation and translation of capacity-building materials to local contexts and needs. The CFA guide has already been translated in local languages, and even Braille.

One of the thornier challenges of implementing the CFA was the fact that in some countries, such as Laos and Cambodia, rights issue is a new concept. The Cambodian and Laotian partners of CFA had to adapt to the local situation. When implementing visible forms of advocacy, such as campaigns and demonstrations, they had to assure the government that such activities pose no threat to the status quo.

The project itself may be over, but its relevance remains. The next challenge therefore is to set the direction of advocacy; to put it in its proper context.

To sum up, this is not just about the gains, nor the learning, of the CFA. It is also a testament to the dedication of ordinary individuals doing a seemingly impossible task: to assert and fight for the rights of peoples of the world to a healthy, just, and humane society.

After all, where the project ends; the real work begins.



The vulnerable sectors of the society have now been empowered to speak for themselves. *Top photo: Disabled persons preparing advocacy materials in Bangladesh. Left photo: Gays in colorful costumes parading in Davao, Philippines to assert their right*

Photos by SARPV, Iwag Dabaw

The contents of this article were culled from published and unpublished materials of CFA.

A deeper framework for advocacy

Advocacy is not just about information dissemination, nor is it only about changing policies and practices. It is also about asking why. And finding the answers to this question.

“advocacy demands courage and a commitment to challenge the status quo”

To bring advocacy to a higher level, we must delve deeper into circumstances surrounding an issue. Oftentimes, health problems are mere symptoms of a social malaise. For example, the proliferation of tuberculosis and other communicable diseases in the Philippines points to a larger problem: the government’s abandonment of its duty to the people as can be seen by the low health budget and its unhampered drive to privatize health care. In a global scale, these problems can be traced to the implementation of the International

Monetary Fund and World Bank-prescribed structural adjustment program, which calls for reductions in budget for social services including health. Privatization of health services, meanwhile, is happening due to the unhampered drive of the World Trade Organization to open up all social services to commerce.

There must be a realization, as well as acknowledgement, that discussions of health issues must not solely focus on the absence of diseases. There must also be discussions on the social, economic, and political determinants of health. For example, in developing countries, there is a higher incidence of malnutrition among the food producers themselves. A feeding program would provide a palliative remedy to this bitter irony. But after quite some time, the problem of malnutrition would again resurface. To arrive at a lasting solution, advocates must first raise the question: “Why is it that the food producers themselves have nothing to eat?”

Advocacy is about raising issues that are deliberately ignored by the status quo. David Curtis, Healthlink program head for CFA – Asia, rightfully pointed out that “advocacy demands courage and a commitment to challenge the status quo.”

This raises the issue of neutrality. Does neutrality have a place in advocacy?

The mere fact that advocates have taken the sides of the marginalized, the oppressed, and the voiceless shatters the myth of neutrality. This is what separates an advocate from a spinmeister. Neutrality, per se, is not the antithesis of advocacy. But advocates must not allow themselves to be limited by the concept of neutrality. It must end where compromise begins.

The only way advocates can raise the level of their advocacy is if they start to analyze and understand the root causes of ill health; and compare these with the global reality. Focusing on just one aspect will not bring about a lasting solution.

This will never be an easy task since advocates will be facing an established order. However, the thing with advocacy is that, often, advocates have to tell the people the things that they do not want to know.

The task may be dangerous and oftentimes frustrating, but that is what advocacy is all about; it is never safe and it is never neutral. But the reward of working with the people who can now speak for themselves and demand for their right to a healthy, just, and humane society is worth the effort.

CFA: Giving voice to the voiceless

We, Healthlink Worldwide, UK; Health Action Information Network (HAIN), Philippines; Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV), Bangladesh; Cambodia Health Education Media Services (CHEMS), Cambodia; and our core and community group partners, reiterate our commitment to the ideals and goals of the Communicating for Advocacy (CFA) project.

For the past three years, CFA has been an effective catalyst for significant changes in the southern and south-eastern regions of Asia.

It has empowered the marginalized and the oppressed by giving them the voice to speak for themselves, and the courage to fight for their rights. It has advocated the causes of a broad sector of the marginalized and oppressed, which included gays and lesbians; people with disability; people living with HIV/AIDS; farmers and workers; indigenous peoples; women; and children. It has also advocated on the issue of mining and environmental degradation. It has promoted the broader context of health, including its social, economic, and political determinants. It has fought for justice and respect for human rights. Through CFA, these various sectors are slowly breaking down the walls of biases and ending a culture of silence and subservience. The voiceless are now beginning to be heard.

Equally important, CFA has made significant headways in opening the minds of policymakers, to make them more responsive to the needs of the people. It has emphasized the importance of keeping an open channel with policymakers to make things happen.

In the light of all these, we commit ourselves to always side with the marginalized and the oppressed; to advocate their causes to effect meaningful changes; and to continuously explore new and innovative ways to promote social change.

The CFA project in Asia is gone – but in its place, the CFA network is born.

Bringing CFA to Africa is indeed a welcome development, as the network is starting to spread. We convey our support to our counterparts in Africa. We are confident that they could benefit from the CFA as much as the southern and south-eastern regions of Asia have benefited from it.

Together, let us continue to make CFA a global network that would empower the marginalized and the oppressed until such time that all of our voices would rise in unison as we collectively assert our right to a just, peaceful, and humane society.

Advocacy work can be particularly demanding, but young advocates can infuse much-needed idealism and enthusiasm.

Sam Sitha, Pin Sophana, Sujit Karmakar, and Eddie Batoon, are four advocates who received trainings from the Communicating for Advocacy project. They have humble beginnings, but they rose up to the challenge and earned the trust and respect of their peers and elders.

Here are their stories.

Sitha & Sophana



Sitha and Sophana are members of the Reproductive Health Network organized by the Cambodia Health Education Media Services (CHEMS). Upon joining the network, the two received intensive trainings on sexual and reproductive health (SRH) issues and advocacy skills. The trainings enabled them to gain confidence in discussing important issues in their communities.

The two promote SRH in their communities, especially among the youth. They also encourage those who they suspect might have sexually-transmitted diseases to seek medical assistance in health centres. They also sought to change the negative perceptions of their neighbors with regards to SRH. Sitha noted that many of his peers and elders now recognize the importance of taking care of their reproductive health. "I am very happy because most of my peers and elders have changed their attitude toward reproductive health care," he said.

Sophana, on the other hand, has distinguished herself for helping bridge the age gap between the elders and youth in her community. "In most of the local authority and health center meetings or conferences, I try to insert our agenda for advocacy, reproductive health rights, and sexual reproductive care of peers and elders," she said.

It was not an easy task for Sitha and Sophana, who were forced to drop out of school because of poverty. Fortunately for Sitha, his subsequent training as a Buddhist monk gave him the chance to learn to read and write. Sitha became a health advocate because of the realization that HIV/AIDS is slowly destroying his community. "I was shocked that in my community, some of the people living with HIV/AIDS often wanted to commit suicide because they felt worthless," said Sitha. Today, he makes it a point to encourage them to live a normal life. Together with other members, they sometimes pool their money to provide them with their basic needs.



Young bloods of advocacy

Sophana, meanwhile, has honed her media skills. She was able to write and perform a song, which was aired on *Epecially for You, Young People* radio program. "I try to help peers and elders on reproductive health care and sexual reproductive rights by gathering real stories and communicating it through broadcasts," she said.

Sujit

Sujit is a visually impaired worker at Sanchar, a society for appropriate rehabilitation of the disabled located in Kolkata, India. He became associated with the CFA project in July 2004 through a CFA workshop organized in Kolkata, India by the Association of Women with Disabilities, Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) and Healthlink Worldwide. At the workshop, Sujit learned what advocacy was and how to plan and implement advocacy activities. He was among the group of visually-impaired members of Sanchar that translated the CFA guide into Braille.

To learn more about advocacy, he traveled alone from India to Bangladesh to attend the CFA plenary. He also learned about the process of setting up the Seeing in the Dark project, which he hopes to replicate in India.



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Eddie

Gays are among the most marginalized and maligned members of the society. In the Philippines, gays have relative freedom in the sense that they are visible, but discrimination still runs deep.

Amidst this scenario, Eddie Batoon is doing his share to uplift the conditions of homosexual males in the city of Davao. Prior to joining Iwag Dabaw, a gay rights organization, Batoon worked as a community health outreach worker with PATH Foundation. His job was to provide safe sex education among young gay men, or *batang bayot*.

As a staff of Iwag Dabaw, Batoon is involved in media campaign and advocacy work. After joining the CFA, Batoon said that his skills in advocacy has been enhanced. "I was also able to realized the importance of advocacy especially in our fight for equal treatment of male homosexual," he said. They are currently planning to implement a new project which calls for policy change in favor of male homosexuals in Davao.

Aside from providing gay men various services, he and his group are projecting a positive image of gays. Through their activities, such as radio and TV guestings, and networking with the government and other non-government organizations, they are showing that gays can contribute a lot in the community.



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- 1 Sam Sitha at work
- 2 Pin Sophana
- 3 Sujit Karmakar at the CFA Plenary
- 4 Eddie Batoon, far left, in a radio guesting

Photos by CHEMS, SARPV, and Iwag Dabaw

The contents of this article were culled from published and unpublished materials of CFA.

how to

Another key in mounting a successful advocacy campaign is to get the message across the target stakeholders. The challenge lies in producing effective advocacy tools that are both creative and cost-effective.

In these two how-to's, the Council for Health and Development (CHD) and the Indra Devi Association (IDA) shared their experiences in developing advocacy tools. CHD encouraged the participants of the CFA workshop it conducted to come up with a comic script. IDA, meanwhile, utilized community theater to spread its advocacy messages.

comics

A comic is an effective education material, especially at the community level. It has illustrations, making it entertaining and easy to read.

Here are some suggested steps in making a comic.

1. **Organize your message.** What will be the central plot?
2. **Visualize the story line.** How will the story go? Where is the setting? Who are the characters? For every scene, it is important to describe the setting and what the characters are doing. This will serve as the guide of the illustrator.
3. **Write and edit the script.** Set the number of frames per page. A frame should contain just one idea. For a simple story line, two pages would suffice, with each page containing five to six frames.
4. **Draw the illustrations.** A simple pen-and-ink illustration would suffice for your comic. The narration is boxed, while the dialogues are in balloons.

Here is a sample comic script developed by participants of the CFA Advocacy Workshop conducted by the Council for Health and Development:

Frame 1 In the shanty of Mang Berto and Aling Ding...

Mang Berto: My boil really hurts!

Aling Ding: Why don't you have it removed? Ka Belen said that the Council for Health and Development will hold a medical and surgical mission here.

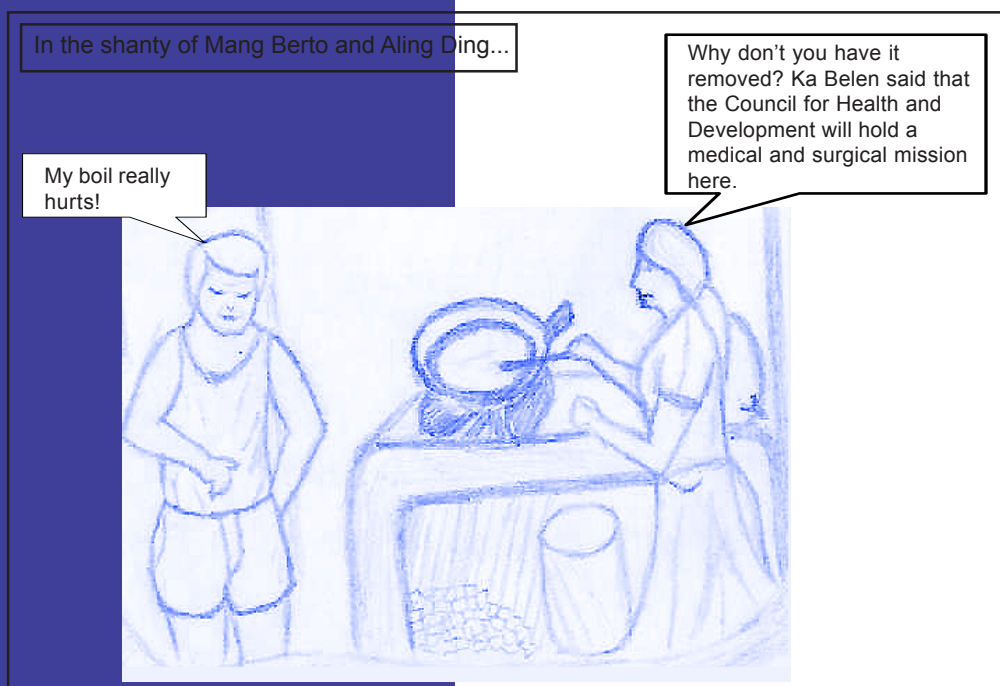
Frame 2

Mang Berto: Is that free? We don't have the money for the operation. And besides, the doctors must be snooty.

Aling Ding: Why don't we try?

Frame 3: While waiting for their turn, they decided to join the health education being conducted by a community health worker (CHW).

Mawi: Welcome to our health education! We are going to discuss



community theater



Community theater is another cost effective advocacy tool. The Indra Devi Association (IDA), a Cambodian organization involved in HIV/AIDS campaign, has been staging community theater for quite some time.

According to IDA, community theater is effective in Cambodia because it is a part of traditional Khmer entertainment. Since many Cambodians still have no access to TV or radio and illiteracy is still a major concern, it is also one of the few available means to educate the people on various health issues.

Initially, IDA hired professional actors because they drew a huge crowd. In one of their performances, IDA estimated that around 600 villagers came to watch.

Later on, CHEMS was asked to train community members in writing scripts that incorporate reproductive health messages, such as non-discrimination against people living with HIV/AIDS. Art teachers were also tapped to train peer educators in drama and traditional theater.

Since the main thrust of the theater is raising awareness on HIV/AIDS, the performances are usually held in areas populated by brothels, drug dens, and other high risk areas. To secure the area, IDA coordinates with the local police and district chiefs to prevent gang wars.

Photo from CHEMS and IDA

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common illnesses like cough and cold...

Frame 4: When their names were called, Mang Berto and Aling Ding approached the doctor...

Doctor: Where is your boil?

Mang Berto: At my buttocks, doctor.

Frame 5: After a few minutes, the doctor has completely removed Mang Berto's boil

Doctor: Here are some antibiotics. Drink this three times a day for one week to prevent infection.

Mang Berto: Thank you so much doctor!

I feel better now.

Aling Ding: It is a good thing that there are people like you. We wanted to have his boil removed but we did not have the money.

Frame 6: Aling Ding told her husband that she wanted to finish the health education. She asked Mang Berto to go ahead.

Mawi: Lagundi is an herbal medicine used for cough. To prepare lagundi, we need dried leaves.....

The more she listened to the lecture, the more Aling Ding is convinced that she

wanted to be a CHW.

Frame 7: When the lecture ended, Ka Belen approached Aling Ding...

Ka Belen: We are going to establish a health committee in our community. Would you like to be a CHW?

Aling Ding: Yes! I want to learn more so I can help our neighbors.

Frame 8: Together with her other neighbors, Aling Ding religiously attended the three-month training to be a CHW. They were given trainings on common illnesses, first-aid, and other basic health skills.

Advocating with the government

Soliciting the support of the government in a particular advocacy can provide an added boost to the campaign. In the Philippines, non-government organizations are often wary of working with the government. Usually, the two sides are often at odds on how to handle a particular issue. There is also the fear that the government might co-opt the NGO. These can be minimized by careful selection of government officials to work with.

Identify progressive government officials

An NGO must carefully select the government officials to work with. There are government officials that are sensitive to the people's needs and they must be tapped to give the advocacy a greater impact.

Kaugmaon, a Davao City-based organization which focuses mainly on children's rights and welfare, used to be wary of dealing with government officials. Fueling its fear and mistrust was the fact that there are frequent cases of human rights abuses in Davao City. The city is also known for its hardline stance in handling streetchildren.

However, after being involved with CFA, Kaugmaon became aware of the necessity of involving all target partners, including the government, in its advocacy work.

When it launched a program on adolescent on sexual and reproductive health in response to the increasing problem of adolescent reproductive health, Kaugmaon felt that the assistance of the local government was needed. It approached the government and highlighted their concerns, as well as its recommendations to solve the issue. The government agreed to work with Kaugmaon to solve the issue together.

Despite its initial hesitation, Kaugmaon was pleased to notice that the program was a success. By working with the government, the program achieved a wider impact in the region. By its own estimate, the impact of the project was ten times greater, which would not be the case had Kaugmaon insisted on working alone.

“There are government officials that are sensitive to the people's needs and they must be tapped to give the advocacy a greater impact.”

Back the advocacy campaign with solid data

The Save the Abra River Movement (STARM) is another CFA core partner that included policymakers in its campaign. STARM is currently advocating for the closure of Lepanto Mining Corporation, which allegedly destroys the Abra River.

To win the support of the local government officials of Abra and Ilocos Sur, STARM presented scientific studies backing their claim that Lepanto's mining operation is adversely affecting the river. It also invited representatives of the two provinces to join the environmental investigatory missions (EIM) it conducted.

Through constant dialogues, the provincial boards of Abra and Ilocos Sur passed resolutions opposing the expansion of Lepanto's operation in the provinces. Officials also hosted STARM when it conducted the EIMs.

STARM's experience in involving policymakers highlighted the importance of dialogues, as well as thorough research to back up an advocacy.

Bangued Mayor Zita Valera, who is also the wife of Abra Governor Vicente Valera, said that when STARM was just starting, she was apprehensive that the group's name might drive away tourists from the province. “Before, I said that STARM should be renamed ‘Save the Mankayan River’ or ‘Save the Ilocos River Movement’ so that tourists will not be scared away,” she said. “Now, I understand that this is one river we must all protect.”

In any advocacy campaign, advocates must never forget that the people must be at the center. They must be active participants and they must be given the chance to speak for themselves. The success of any advocacy campaign is hinge on the full participation of the very people for whom the campaign is being waged.

This has been demonstrated by the Center for Disabled Concerns (CDC), a Bangladeshi organization, when it mobilized an entire community to support a disabled girl who had been sexually abused by a serial rapist.

When CDC heard about the case, it went to the girl's house. Assisted by a lawyer, it talked to the family of the victim and encouraged them to report the incident to the police. CDC, though, was aware that this alone would have little impact since the man has been convicted before. CDC then held a community meeting attended by the police, local leaders, and community members. The meeting sought to discuss the growing incidences of sexual abuse of disabled people. As it turned out, many disabled members of the community had been victimized before.

A series of activities, such as writing letters to the local media, were then held to highlight the issue. The community also formed a human chain to show their solidarity. These activities were picked up by the local and national press, raising the issue at the national level. The national government acted on the issue by convicting the man.

Another Bangladeshi organization that tapped the power of the people to effect meaningful changes was Toitomboor. To raise funds for the educational needs of needy students, Toitomboor asked the people to donate 12 taka, or less than US \$0.20, a year.

With the low amount, even students were able to participate in the fundraising. As of November 2005, Toitomboor has managed to raise 59,039 taka, which could benefit at least 25 students.

Advocates must never doubt the capacity and capability of ordinary people to take the lead. Given the chance, these people can rise to the challenge.

A case in point is the Save the Abra River Movement (STARM). It conducted biological indicators training among fisherfolks and peasants living along the river's tributaries.



Ordinary citizens were at the center of STARM's advocacy campaign.

Since many of these people are barely educated, STARM simplified the scientific training by using simple terms. Its efforts paid off since the people themselves are now in charge of monitoring the river's conditions using the indicators.

When the provincial government of Ilocos Sur allowed them to have a dialogue with the provincial board, the people themselves were the ones who talked to the officials.

What these stories demonstrated is the fact that advocacy is not just about changing policies and practices. More importantly, it is also about empowering the people.



Letting the people take charge

Resource List

Dealing with advocacy: a practical guide [2002?] by VAN KAMPEN, Joke 11 p.

A basic guide on why NGOs need advocacy in the field of reproductive rights (but easily applicable to other contexts). Defines advocacy as a process that leads to broader access to services (increased capacity). Describes the components of a successful advocacy campaign and how to integrate advocacy into your NGO's daily work. **Available** in English; German **from** Reproductive Health in Asia (RHI ComNet), German Foundation for World Population (DSW), Göttinger Chaussee 115, 30459 Hannover, Germany. Email info@dsw-hannover.de or RHI_info@asia-initiative.org. **Full text on the web** http://www.dsw-online.de/english/pdfs/advocacy_guide.pdf

Dealing with media: a practical guide [2002?] by VAN KAMPEN, Joke.

Concise, practical advice for dealing with media. Discusses the benefits of having a media strategy and a relationship with the media. Outlines the steps to developing a media strategy, including defining your message and your target audiences, and building up effective contacts. Advises on how to deal with hostile media/negative media coverage. Available in English and German. Please see address above. **Full text on the web** http://www.dsw-online.de/english/pdfs/media_guide.pdf

Advocacy impact assessment guidelines, 2004 by LLOYD LANEY, Megan

DFID's major advocacy activities focus on influencing agencies and governments to invest in infrastructure. However, it is hard to find concrete evidence of the contributions that advocacy makes towards poverty eradication. These guidelines describe an approach that many NGOs take to assess advocacy impacts.

Available from CABI Publishing, Customer Services, Wallingford, Oxon OX10 8DE, UK. E-mail: orders@cabi.org. **Full text on the web** <http://www.cimrc.info/pdf/news/Impactassess.pdf>

Gender and relationships: a practical action kit for young people, 2001

by ATTAWELL, Kathy; et al. 141 p.

This action kit is for young people and adults who run youth program that focuses on sexual and reproductive health, such as life skills and HIV. It aims to raise awareness of the importance of gender issues in sexual and reproductive health and to provide practical ideas for introducing gender awareness into existing youth programs. **Available from** The Commonwealth Secretariat, Marlborough House, Pall Mall, London SW1Y 5HX, UK. E-mail: info@commonwealth.int. Website: <http://www.thecommonwealth.org>

Monitoring and evaluating advocacy: a scoping study, 2001 by CHAPMAN, Jennifer; WAMEYO,

Amboka, 54 p.

This scoping study has attempted to identify and document how various agencies and institutions have approached the assessment of advocacy. It sets out a number of frameworks that look at similar issues from different perspectives and, instead of promoting one framework as the 'correct' one, allows the reader to pick and choose what elements are most useful to them. **Available from** ActionAid, Hamlyn House, Macdonald Road, Archway, London N19 5PG, UK. E-mail: mail@actionaid.org.uk.

Full text on the web http://www.actionaid.org.uk/wps/content/documents/advocascoping_english.pdf

Quest manual : your guide to developing effective health communications, 2003 by

HEALTHLINK WORLDWIDE 55 p.

Quest is a framework that takes people through the process of planning, researching, developing, disseminating and evaluating communication and information resources, in an interactive way. It has been developed in recognition of the need for practical and comprehensive guidelines on how to produce effective resources. Quest aims to enhance the quality and impact of communication practice and of resources produced. **Available from** Healthlink Worldwide (formerly AHRTAG), 56-64 Leonard Street, London EC2A 4JX UK £27.92 (2nd class UK), £29.38- (Europe airmail), £31.85 - (Rest of world airmail) E-mail: info@healthlink.org.uk

How to facilitate young adult health education sessions: a handbook for facilitators (Module II), 2005 by Mamaradlo, RL

A sequel to the guidebook "How to Facilitate Young Adult Health Education Sessions for the Deaf in the Philippines", this module covers prevailing issues among the deaf who are in the young adult life stage.

Compared to module I, this module has expanded its topics and is more focused to deaf college students and out-of-school-youth and contains more detailed information for facilitators. Available from Catholic Ministry to Deaf People, Mental Health Department, 15 C Salvador St., Unit G, QC, Philippines. Email cmdp89@hotmail.com.

Health Alert Asia Pacific edition Issue 3, 2004

The whole issue is focused on Communicating for Advocacy (CFA). It describes the CFA collaborative project of different NGOs from four countries – Bangladesh, Cambodia, Philippines, and UK. It discusses basic concepts of communication and advocacy from regional perspectives and includes features advocacy stories from partners. Available from HAIN and may be downloaded from the website www.hain.org

Managing Resource Centers for NGOs: A Practical Handbook, 2005

This handbook is intended for relative beginners and provides basic guidelines on how to set up and manage a resource center with limited resources. It targets NGOs that do not have formal training and experience in resource management. It was published in response to the need for more organized and effective resource development and management practices among NGOs. The handbook covers topics such as: identifying a resource center, setting up a resource center, organizing, and managing a resource center. Price

HEALTH ALERT ASIA-PACIFIC is a quarterly newsletter on health and development issues published by Health Action Information Network (Philippines) in collaboration with Healthlink Worldwide (UK).

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