HIV/AIDS and HUMAN RIGHTS

a training manual for NGOs, community groups and people living with HIV/AIDS

CONTENTS

INTRODUCTION 1

PRE-WORKSHOP STRATEGIES 3

MODULE 1: HUMAN RIGHTS AND HIV/AIDS 6

INTRODUCTION 6
SESSION 1: WHAT ARE HUMAN RIGHTS? 7
SESSION 2: THE LEGAL BASES OF HUMAN RIGHTS 9
SESSION 3: KINDS OF HUMAN RIGHTS 10
SESSION 4: THE STATE AND HUMAN RIGHTS 12
SESSION 5: BASIC INFORMATION ON HIV/AIDS 13
SESSION 6: SETTING THE SCENE ñ AN OVERVIEW OF THE EPIDEMIC 16
SESSION 7: STIGMA AND HIV/AIDS 17
SESSION 8: HUMAN RIGHTS AND HIV/AIDS 19
SESSION 9: IDENTIFYING STRENGTHS AND WEAKNESSES IN THE NATIONAL RESPONSE TO HIV/AIDS 22
SESSION 10: PLAN OF ACTION 24

MODULE 2: MONITORING & DOCUMENTATION OF HIV/AIDS AND HUMAN RIGHTS 25

RATIONALE 25
SESSION 1: HIV/AIDS AND HUMAN RIGHTS VIOLATIONS 26
SESSION 2: HUMAN RIGHTS VIOLATIONS 27
SESSION 3: FACT-FINDING TECHNIQUES-COLLECTING INFORMATION 29
SESSION 4: COMMON PROBLEMS IN MONITORING/FACT-FINDING 30
SESSION 5: INFORMANT INTERVIEWS 31
SESSION 6: DOCUMENTING VIOLATIONS OF HUMAN RIGHTS 32
SESSION 7: HIV/AIDS AND HUMAN RIGHTS SITUATIONAL ASSESSMENT 34

Handout 1: The Modern Parable **36**
Handout 2: Miriam's Story **37**
Handout 3: HIV/AIDS & Human Rights Information Sheets **38**

MODULE 3: ADVOCACY 40

RATIONALE 40
SESSION 1: WHAT IS ADVOCACY? 41
SESSION 2: BASIC STEPS IN THE CONDUCT OF ADVOCACY WORK 43
SESSION 3: ADVOCACY PLANNING IN PRACTICE 47

References & Resources **48**
International Council of AIDS Service Organisations Regional Secretariats **49**

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APCASO Secretariat
October 2002

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INTRODUCTION

This series of training modules has been designed to introduce a human rights approach to HIV/AIDS care and prevention. The modules are based on the experience of the Asia Pacific Council of AIDS Service organisations (APCASO) and other NGOs and community-based organisations working in the area of HIV/AIDS and human rights. The modules are designed to be run in a workshop format.

This manual contains three modules
1. HIV/AIDS and Human Rights
2. Documentation and Monitoring
3. Advocacy

The overall aims of the modules are to:

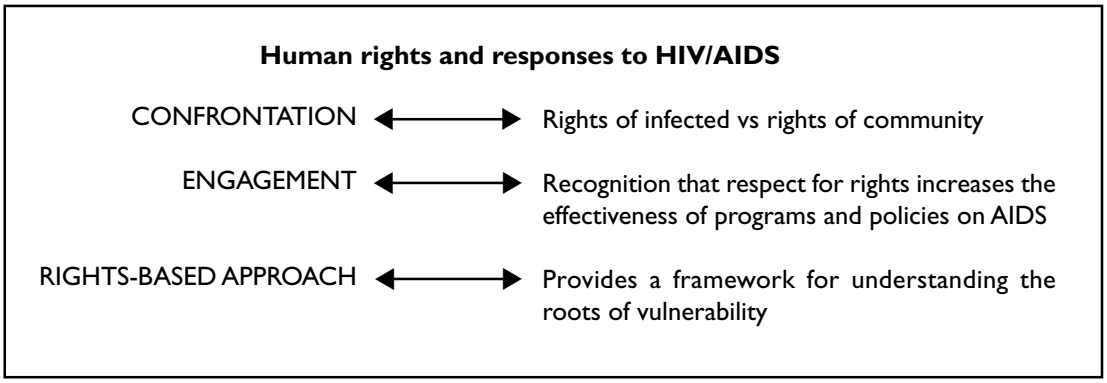
- Raise awareness and promote shared understanding of a rights-based approach to HIV/AIDS;
- Build capacity to apply a rights-based approach; and
- Forge strategic alliances to promote mutual learning and further common objectives.

Why HIV/AIDS and Human Rights?

The HIV/AIDS pandemic is a global emergency threatening human development and welfare throughout large parts of the developing world. Poverty, unemployment, lack of access to quality and affordable social and health services, a lack of political will and gender inequality all conspire to increase vulnerability to HIV/AIDS. The rapid spread of HIV is an indicator of the worsening state of human rights violations.

HIV/AIDS and human rights are interrelated and interdependent. While the problem of HIV/AIDS is indicative of the existence of human rights violations, it is only through the protection, promotion and respect of human rights that the prevention and control of HIV/AIDS will be successful. It is also through human rights that those infected and affected by the disease can live a life of dignity and worth in society. Human rights addresses the needs of AIDS care (by protecting the human rights of those infected and affected by HIV/AIDS) and HIV prevention (by working on the factors that lead towards HIV transmission).

Early human rights responses to HIV/AIDS emerged to provide a remedy and a reply to the stigma and discrimination which accompanied the epidemic. Later, the development of human rights began to take shape in the form of a human rights-public health nexus exemplified by the work of Jonathan Mann and promoted as a model of public health and human rights. This model unified the goals of public health and the protection of human rights. The public health-human rights nexus offers a framework in which measures aimed at preventing the spread of infection can in practice be rights affirming rather than rights denying. The latest stage of the relationship between HIV/AIDS and human rights is concerned with analysing the structural causes of HIV/AIDS. This later development shifts the analysis closer towards the economic, social and cultural domain of human rights. AIDS has become emblematic of the interdependency of international human rights. Thus systemic violations of economic and social rights (for example, the right to education about the disease) and political and civil rights (as in the right to privacy and more broadly political rights which protect participation in democratic processes), are relevant and interdependent in a human rights analysis of AIDS. The broadening of human rights to all aspects of the disease and its prevention and care has accompanied a growing awareness of the scope of the epidemic and the political, social and economic conditions which promote transmission of the virus.



The human rights framework recognises the multifaceted and multidimensional nature of the epidemic. It acknowledges that the epidemic of HIV/AIDS is fuelled by a complex relationship between individual behaviour and the wider structural conditions that shape and regulate the choices a person makes. A human rights approach points out that HIV/AIDS needs to be approached beyond the individual and the family, and that the epidemic cannot be treated separately or independently from existing socio-economic structures.

Why are Human Rights Relevant?

- **IMPACT – to reduce the stigma and discrimination** associated with HIV/AIDS.
- **VULNERABILITY – to address the underlying social, cultural and economic conditions** that make people vulnerable to HIV infection.
- **RESPONSE – to create a more supportive environment and encourage participation** in the development and implementation of national responses to HIV/AIDS.

Governments are obligated to protect, promote, respect and fulfil the human rights of their people, particularly to ensure a positive and effective response to HIV/AIDS. Governments are principally responsible for creating the conditions and providing the necessary resources and services that will ensure the realisation of human rights. Civil society also plays a crucial role in supporting and defending the rights of individuals and communities and holding governments responsible to their human rights obligations. The development and promotion of a human rights consciousness and culture on the part of everyone in response to the epidemic is a necessary step toward the protection of human rights and achieving HIV/AIDS-related public health goals. In 1998, UNAIDS and the Office of the United Nations High Commissioner for Human Rights released the International Guidelines on HIV/AIDS and Human Rights which comprise a series of recommendations for government action over the human rights dimensions of HIV/AIDS. In June 2001, the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) reaffirmed the importance of human rights in responses to HIV/AIDS.

How to Use these Modules

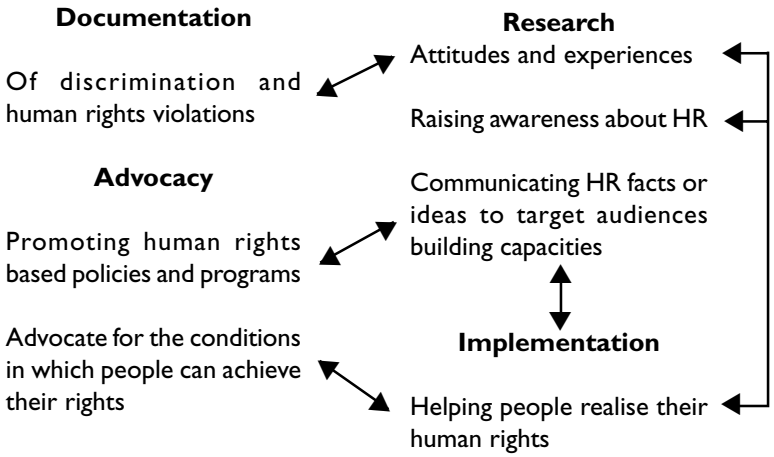
These modules have been designed for a target audience of HIV/AIDS NGOs, people living with HIV/AIDS, and human rights activists and workers. The modules aim to provide the basic knowledge and skills needed to implement a human rights-based approach in the conduct of HIV/AIDS work in the community and society. The modules incorporate a range of training techniques from plenary lectures, games and participatory activities. The emphasis is on participation, while formal lecture style presentations are kept to a minimum.

Depending on what you want the workshop to achieve you may choose to use all or just some of the modules or sessions. For example, the modules can be used as a consciousness-raising exercise on the relationship between human rights and HIV/AIDS. Modules 2 and 3 offer practical ideas on human rights monitoring and advocacy and can be used to develop activities and projects. An estimation of the time it will take to run each session is included. If the workshop incorporates all the modules and sessions, you will need to allow at least seven days to complete the training. Each session outline also contains a list of resources needed to run that session. Generally, you will need to have plenty of butcher's paper, a whiteboard and an overhead projector on hand. The modules have been designed to include the use of local resources and materials in order to make the concept of a rights-based approach as relevant as possible to local conditions and issues.

The modules are geared towards a human rights approach that can be practically applied by NGOs. As such, the human rights orientation is broad and emphasises a range of practical steps and measures that can be incorporated into the work of NGOs. HIV/AIDS NGOs and communities affected by the disease have been at the forefront of identifying and responding to the human rights dimensions of the epidemic. This work covers a spectrum of approaches from monitoring individual human rights violations to working with governments and international agencies to develop human rights and HIV/AIDS law and policy.

While some understanding and knowledge of human rights principles and structures is necessary, workshop facilitators do not need to be human rights specialists.

From the Abstract to the Concrete: Different Types of Human Rights Work in HIV/AIDS



PRE-WORKSHOP STRATEGIES

There are a number of strategies and activities that can be initiated prior to the workshop to encourage participation and generate useful information about the HIV/AIDS and human rights situation in the target country/area. Activities can be informal, for example including information about the workshop in regular HIV/AIDS information sessions. More structured activities that aim to build support and inform the content of the workshop may also be carried out, for example a questionnaire sent to all participants prior to the beginning of the training and the formation of a Local Project Advisory Group (LPAG).

Questionnaire

Prior to the workshop, letters of invitation and an outline of the workshop should be sent to all participants. Once confirmed, participants can then be asked to respond to a questionnaire. The questionnaire is designed to provide initial information regarding organisational activities, major human rights and HIV/AIDS issues and desired workshop outcomes (see below). The questionnaire design is simple. It may need to be translated and collected from the participants via e-mail. Results can then be compiled, analysed and factored into the workshop aims and outcomes.

HIV/AIDS AND HUMAN RIGHTS PROJECT: PRE-WORKSHOP QUESTIONNAIRE

Please take some time to answer the questions below. This questionnaire is designed to help you get the most benefit from the workshop. This questionnaire will be used to find out what the major HIV/AIDS and human rights issues are for your organisation. Your responses to these questions will help the workshop facilitators design and structure the workshop so that it addresses the issues that are important to you and to your organisation. Please attach extra pages and materials if you need to.

Name:
Organisation:
Phone:
Fax:
Email:

Please describe your role in the organisation.
Please describe the current HIV/AIDS or human rights activities of your organisation (for example, AIDS prevention education/human rights education/ which communities or groups you work with).
Please describe the major HIV/AIDS and human rights issues you and your organisation encounter.
How do you think the workshop, training and action plan could be developed to assist you and your organisation (for example, what outcomes would you like to see?)

Case Study

Please write or attach a case study based on the work you do which illustrates and describes the major HIV/AIDS and human rights issue for you and your organisation. The case study does not have to be a long story. It should describe a situation based on your work which you feel concerns HIV/AIDS and human rights.

Local Project Advisory Group (LPAG)

The formation of a Local Project Advisory Group (LPAG) is another method to promote interest and enthusiasm in the workshop. The LPAG can be selected from the list of participating organisations. In the pilot test for these modules, the members of the LPAG were self-nominated from the list of workshop participants. The LPAG is an informal core group of interested stakeholders who provide advice and act as a resource for the workshop organisers. The LPAG can also act as a facilitating group for any post-workshop activities.

The main task of this group is to act as an in-country focal point for the workshops. This includes providing advice and assistance to the workshop organisers and facilitators. The members of LPAG can be appointed by the organisations participating in the training. The role of the LPAG is one of advice and guidance. The LPAG should meet or communicate periodically prior

to the first training session or workshop and provide advice to the organisers, and provide an informal, rather than formal framework of local resources. The LPAG can also provide a valuable resource of interested and experienced people for any activities that follow the training.

Evaluation

Evaluation is an important component of the training process. It is recommended that evaluation is an integral part of the training. This can occur informally at the end of each session by inviting the participants to tell the facilitators if there was anything they did not understand or were unclear about. Because some people may not feel comfortable with this method, a brief evaluation form should be handed out to participants at the conclusion of each day and a more in-depth evaluation should be carried out at the conclusion of the workshop. Facilitators and workshop organisers should take time each day to study the daily evaluation, discuss the training and offer suggestions for improvement.

MODULE 1: HUMAN RIGHTS AND HIV/AIDS

INTRODUCTION

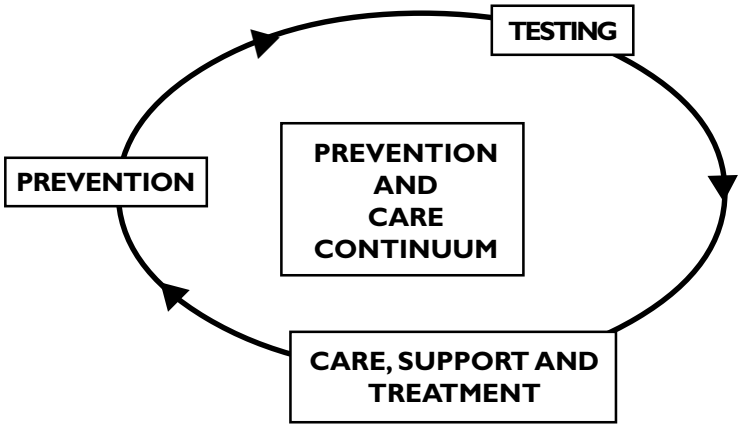
Introduce the facilitators and outline the aims of the workshop. Allow participants to introduce themselves and ask them to write down their expectations of the workshop. If a questionnaire has been used and analysed, present the findings to the participants. Keep the expectations for review at the conclusion of the workshop.

Before the beginning of Session 1, you may want to introduce the framework of HIV/AIDS and human rights to participants in its conceptual form.

- Lack of information and education increases vulnerability to infection.
- Harassment and stigmatisation of marginalised and vulnerable communities creates a greater risk of infection and limits harm reduction interventions.
- Non-observance of the rights of women and children increases vulnerability to HIV infection.

HOW HUMAN RIGHTS VIOLATIONS IMPACT ON HIV/AIDS PREVENTION AND CARE

- Reluctance to have a test because of fear of discrimination and of being found out.
- Prevention interventions are limited because of fear of association with the disease.



- Inadequate/inappropriate or no post-test counseling denies access to health services.
- Reluctance to ask for health care because of fear of discrimination or harassment.
- Compulsory testing and lack of confidentiality leads to discrimination.
- Unwillingness to disclose HIV status hides the disease and reinforces the view that only certain groups get HIV.

- Lack of information and education increases vulnerability to infection.
- Harassment and stigmatisation of marginalised and vulnerable communities create a greater risk of infection and limits harm reduction interventions.
- Non-observance of the rights of women and children increases vulnerability to HIV infection.

SESSION 1: WHAT ARE HUMAN RIGHTS?

General Objective:
To raise the level of awareness and understanding of human rights and HIV/AIDS workers and advocates and people with HIV/AIDS, on basic human rights (HR) concepts, principles and issues, and their relevance to and application in, development work, in general and HIV/AIDS work, in particular.

Specific Objectives:
- To define the nature of being human;
- To establish the link between being human and human rights;
- To define human rights; and
- To identify the principles of human rights.

Group Discussion

Suggested Time: 90 minutes

Strategies/Activities: Word Association
Divide the participants into groups of 6 to 7. Provide each group with butcher's paper and markers and ask them to write down all words/answers to the question: **What is it to be "human"?** Opposite each answer/word, write down the requirements needed to be able to realise or satisfy our humanity. Allow each group 10 minutes for presentation to the plenary.

Discussion Points/Synthesis:
Process the group outputs by identifying and consolidating the common responses presented by the different groups. Highlight the following points/concepts in the discussion/synthesis:

To be human means:
- To be able to engage in production or work which enables one to satisfy or meet his/her basic human needs like food, clothing, shelter and at the same time grow and develop;
- To think and decide for oneself in a condition that is free from coercion. Humans need to acquire knowledge, process and retain ideas and concepts, reason out and make choices; and
- To develop one's talents and potentialities in an environment that is free from alienation.

The essence of being human is anchored on three basic principles, namely: life, dignity and development. It is not enough that individuals survive in society. They must live as human beings should in an environment where they are able to satisfy their basic human needs, are able to live with dignity and respect; and are able to develop and maximise their full human potential, and this applies to people with HIV/AIDS and others affected by the disease.

Suggested Time: 30 minutes

Being human entails living with others. Individuals realise their humanity in the context of living collectively with others or as members of society. Becoming human is closely integrated with the pursuit of collective goals, and the promotion of societal interests. Concomitantly, the advancement of society is closely linked with the process of individuals realising their humanity.

Group Activity, Group Discussion

Strategies/Activities: "The Baby in the Picture"
Paste a picture of a baby on a board/wall. Divide the participants into groups of 6–7 members per group and provide each group with strips of butcher's paper and markers. Instruct the members of each group to write down their answers on the strips of paper to the question: **What does the baby need to have a full life and live as a human being?** Every answer is to be posted on the board/wall around the picture of the baby.

Group Processing and Discussion:

Ask the following questions to process the answers given:

- Why do you think the baby needs all those in the strips of paper? What good will these do to the baby?
- Does the baby deserve all these? Why or why not?
- How about you? Do you deserve to have what the group thinks the baby should enjoy? Why or why not?
- Are there other things adults must have to have a full life? What concept/idea do you think can be used to refer to all the things babies and adults need to have in order to lead a full life or to live as human beings?
- What do you think might happen if babies and adults are deprived of all these? Is such a situation acceptable to you? Why or why not? What is the acceptable situation for you? What role do human rights play in one's life? (IMPORTANT: By this time, the group must have already identified the concept of human rights.)

Suggested Time: 90 minutes

Discussion Points/Synthesis:

- Human rights are what make men/women human. They represent individual and group demands for the shaping and sharing of power, wealth, enlightenment and other cherished values in community processes.
- Human rights are a set of guarantees for a person not only to exist but also to live with all the necessary conditions which befits a rational being. They are protective devices designed to shield individuals from random violence and neglect. They are expressive of both the "is" and the""ought" in human affairs.
- Human rights are entitlements or legal claims that individuals—by virtue of being human—have against the State. They deal with the relationship between the State and the individual.
- Human rights are deemed as state obligations.
- Human rights are universal, inalienable, interrelated and interdependent.

Universal because all individuals have human rights as they are human beings: male, female, rich, poor, black and white, young and old, etc.

Inalienable because everyone is born with the same human rights. They cannot be taken away, lost or surrendered whatever the person does, whoever and wherever the person is.

Interrelated and Interdependent because the different types of human rights are co-equal and important. They are due to every individual regardless of race, colour, sex, language, religion, political belief, social origin and birth status. They ensure dignified existence of all human beings.

IMPORTANT: The concepts of universality, inalienability, interrelation and interdependence are important and need careful facilitation. Participants may have not encountered these terms before and may have difficulty understanding their meanings and the relationship between needs and entitlements. One way to simplify this and establish the connection between life, dignity and development and the legal basis of human rights is to summarise the discussion points.

- Human rights are what make us human—human rights encompass individual and social needs.
- Human rights are a set of guarantees—human rights constitute a contract between people and governments and this gives a social character to human rights.
- Human rights are entitlements—that is, the legal development of the social contract of human rights.

Suggested Time: 30 minutes

SESSION 2: THE LEGAL BASES OF HUMAN RIGHTS

Objectives:

- To understand the contents of the Universal Declaration of Human Rights (UDHR); and
- To identify domestic laws which promote and protect human rights.

Group Activity, Discussion, Synthesis

Strategies/Activities: "A Personalised UDHR"

Divide the participants into groups of 6–7 members per group. Provide each group with a copy of the Universal Declaration of Human Rights. Assign each group with 4–5 articles and instruct them to reformulate each article based on their personal understanding and using their own words. Remind the groups to avoid repeating the words used in the original version. What local/domestic laws, regulations promote and protect these rights. Provide each group 15 minutes for presentation of the group outputs.

Suggested Time: 120 minutes

Discussion Points/Synthesis:

The UDHR was formulated to prevent the recurrence of the atrocities committed during World War II. It took a little over 3 years to complete the document which was adopted by the United Nations General Assembly in Paris on December 10, 1948.

The UDHR contains 30 articles. Article 1 is a recognition that all human beings are born equal and have human rights; Article 2 is an article of general application and is true to all the succeeding articles; Articles 2–28 enumerate and describe the rights and freedoms accorded to all men and women; and Articles 29–30 deal with duties and limitations, as well as abuse.

The human rights of individuals are likewise promoted and protected in existing domestic/local laws like the Constitution, labor laws, penal codes, laws against sex trafficking, child labour, violence against women, discrimination, etc. (NOTE: Elaborate contents of these laws and relate to particular cases.)

Suggested Time: 30 minutes

SESSION 3: KINDS OF HUMAN RIGHTS

Objectives:

- To identify the different kinds of human rights; and
- To determine the dynamics and interrelationship of the categories of human rights.

Group Discussion

Strategies/Activities: "Newspaper Stories" Activity

Collect at least 7 articles from leading local newspapers containing stories reflecting issues related to different human rights contained in the UDHR. Divide the participants into groups of 6–7 members per group and give each group an article for discussion.

Ask each group to answer the following guide questions:

- What rights are tackled in the article? What kinds of rights are these?
- Who are the victims? Who are the violators? Is the state accountable? In what way is the state accountable?
- How can these rights be protected?

Convene the groups for the plenary and give each group a 10–15 minute presentation of their outputs. It is advisable that the presentation of the outputs be in tabular form as shown below.

Specific Rights	Classification of HR	Victims	Violators	State Accountability	Ways of Protecting

Suggested Time:
120 minutes

Discussion Points/Synthesis:

Highlight the following important points:

Civil and political rights are:

- Embodied in the UDHR (Articles 2–18 are Civil rights, Articles 19–21 are Political Rights) and the International Covenant on Civil & Political Rights (ICCPR);
- Also referred to as first generation of rights, classic rights, individual rights;
- Intended to entail an obligation from the government to refrain from certain actions; and
- Geared mainly to restricting the powers of the State in respect of the individual.

Examples of civil rights are right to life, liberty, freedom from torture, to access to relevant information, to defend and be heard in person, to freedom of residence, to marry, to enter and leave a country, etc.

Examples of political rights are right to freedom of expression, freedom of assembly, freedom of association, to vote, to political participation, to free and periodic elections, etc.

Economic, social and cultural rights:

- Are embodied in the UDHR and the International Covenant on Economic, Social & Cultural Rights (ICESCR). UDHR articles 22–26 refer to economic rights; articles 27 & 28 to cultural rights;
- Are also called second generation of rights; collective rights; demands; and
- Oblige the government to provide certain guarantees. These rights often require the government to intervene actively in order to create the conditions necessary for human development.

Examples of economic rights are the right to work, to choice of employment, to own property.

Examples of social rights are rights to access to education, to adequate standards of living, to social and medical assistance, to social welfare benefits, to adequate nutrition, to social security.

Examples of cultural rights are rights to enjoyment of scientific advancements, to protection of morals.

Solidarity rights are:

- Best expressed in the Universal Declaration on the Rights of Peoples;
- Also called third generation of rights; and
- The product of peoples' longing and struggle for peace, development, self-determination and growing concern for the environment, women, children, etc.

IMPORTANT: The different kinds of rights, i.e. civil, political, economic, social and cultural, are co-equal. We cannot enjoy civil and political rights unless we enjoy economic, cultural and social rights, any more than we can ensure our economic, social and cultural rights, unless we can exercise our civil and political rights.

Suggested Time: 30 minutes

SESSION 4: THE STATE AND HUMAN RIGHTS

Objectives:

- To identify the obligations and duties of government in the protection and/or promotion of human rights; and
- To discuss the forms and types of human rights violations committed by the State.

Group Discussion, Synthesis

Strategies/Activities: Matching Type

Divide the participants into groups of 6–7 members per group. Distribute strips of paper containing different kinds of rights. Ask the participants to recall what kinds of rights are these and to classify these rights according to the level of the State's obligation or duty using the chart below:

STATE'S OBLIGATION/DUTY

RESPECT	PROTECT	FULFILL

Suggested Time: 45 minutes

Discussion Points/Synthesis:

Human rights are deemed as State obligations. The freedoms of the individuals and groups are intimately linked to the obligation of the State to respect and protect such freedoms, while their demands obligate the State to fulfil such.

State obligations can be divided into three (3) categories:
Respect – the State is required to abstain from doing anything violating the integrity of the individual or his/her freedom of action.
Protect – the State should prevent other individuals or groups from violating the integrity, freedom of action, or other human rights of the individual.
Fulfil – the State is required to secure possibilities for everyone within their jurisdiction to cover their needs, such as their right to work, to an adequate standard of living, to education, and other social goods and services.

Human rights violations committed by the State fall under three (3) types:
Omission – the non-enactment of laws to protect human rights; for example the absence of laws against child labour, sex trafficking, involuntary disappearance, discrimination against people with HIV/AIDS.
Breach – violations of laws enacted; for example, allowing extra-judicial and summary executions, arbitrary arrests and detention.
Arbitrary Derogation – violations due to the arbitrary suspension of liberty (for example emergency rule, martial law, authoritarian regime/state)

Suggested Time: 60 minutes

SESSION 5: BASIC INFORMATION ON HIV/AIDS

Objectives:

- To explain the basic facts about HIV/AIDS; and
- To identify the factors responsible for the spread of the virus.

Group Discussion

Strategies/Activities: Facts & Myths on HIV/AIDS, Wild Fire Game, Condom Relay Game, Discussion

Divide the participants into groups of 6–7 members per group. Provide each group with butcher's paper and markers, and instruct them to discuss what they know about HIV/AIDS with respect to the following areas: modes of transmission, factors contributing to the vulnerability of people or risk of infection, ways of preventing and/or controlling the infection. Advise the groups to present their outputs in tabular form as shown below.

Modes of Transmission	Risk Factors	Prevention/Control Measures

Suggested Time: 60 minutes

After all groups have presented their respective outputs in each item, proceed with the processing of the results by asking the participants to determine the facts from the myths, and the acceptability of the interventions presented vis-à-vis internationally accepted human rights standards.

Wild Fire Game

Before assembling all participants in the meeting room, select around 3–5 participants and put inside their pockets a strip of paper indicating HIV+ or any mark that will make you remember who the HIV+ persons are among the participants. Instruct all the participants including the "HIV+" to move around the room and to shake the hands of or embrace as many people inside the room. After 10 minutes, instruct them to go back to their seats. Process the activity. Request the "HIV+" participants to stand up. Then ask all the participants who shook the hands or were embraced by these individuals to also stand up. Then all those whose hands were shook by the second batch of participants standing up to likewise stand up and so on. Tell the participants to imagine that the 3–5 persons to be HIV+ and all those who had contact (to mean sex contact) became infected and the subsequent sex partners of those infected also becoming infected. The main objective of the activity is to put across one of the main modes of transmission of HIV/AIDS and to make them aware that one cannot identify who is HIV+ by mere physical appearance or looks.

Suggested Time: 45 minutes

Condom Relay Game

Requirements: Condoms, eggplants or dildos to serve as improvised penises.

Divide the participants into groups of 6–7 members per group. Instruct them to fall in line. Give each group member a condom. The objective of the game is to be able to put the condom properly on and to remove it correctly from an improvised penis or dildo. Each group member has to put the condom properly on the eggplant or dildo, then remove it correctly. After doing this, she/he walks fast to his/her group and taps the next member who will then do the same thing. Each group will have a judge who will determine the correctness of what the group is doing. The group which finishes first, assuming the procedure of putting on and removing the condom was properly done, will be declared winner.

Suggested Time: 30 minutes

Discussion Points/Synthesis:

Basic Information on HIV and AIDS

Differentiate HIV and AIDS

- HIV means Human Immunodeficiency Virus. This is the germ or micro-organism which causes HIV infection when it successfully enters the human body.
- HIV attacks and destroys the immune system of the body. This is a vital system which protects the body from harmful germs that cause diseases and illness. HIV infection means that an individual may be more vulnerable to other infections (opportunistic infections). The body of a person with HIV cannot fight these diseases because of a defective and weakened immune system.
- AIDS means Acquired Immune Deficiency Syndrome. This is the last stage of HIV infection and also referred to as the symptomatic stage of the infection. A person with HIV will eventually progress to having AIDS. A person with AIDS starts to be afflicted with different kinds of diseases/ infections like tuberculosis, diarrhoea, pneumonia, meningitis, skin and mouth infections, etc., all at the same time.

Modes of transmission of HIV

- Unprotected sexual intercourse with a person with HIV/AIDS — heterosexual, homosexual.
- Transfer of blood or blood products of an infected person to another person through blood transfusion, organ transplant.
- Sharing needles and syringes with infected persons without sterilising or cleaning them.
- An infected mother passing on the virus to her unborn child during delivery, after delivery to her baby through breastfeeding.

Means of finding out if a person has HIV

- A person will know if he/she has HIV by having his/her blood tested for the presence of HIV antibodies.
- The timing of the blood test is crucial in getting an accurate test result. This means a person cannot just go to an authorised testing site any time he/she desires to have his/her blood tested. A person who suspects he/ she might have HIV should have his/her blood tested at least 3 months after the last activity which might have placed him/her at risk of getting the infection. This would include unprotected sexual intercourse, receiving blood from an unknown or unsafe source, sharing needles or syringes. If the blood test is done less than 3 months after the last or most recent risky activity/behaviour (window period of the virus), the test result might not be correct or true.
- Undergoing counselling before and after testing is an important component of blood testing for HIV.
- A person's physical appearance or looks will not tell us if a person has HIV or not.

Cure for HIV/AIDS

- There is no cure for HIV/AIDS.
- There is a combination of several drugs or medicines which when taken on a continuous basis can slow down the increase of the virus inside the body and delay the progression of HIV into AIDS. However, many of the people with HIV/AIDS particularly in developing countries, do not have access to these drugs because they are so expensive.

Ways of preventing HIV/AIDS

- HIV/AIDS education
- Engaging in safer sex practices, for example using condoms
- Avoiding unprotected sex with multiple sex partners
- Safe injecting/sterile needles and syringes
- Empowering women
- Skills in decision-making

Common misconceptions/wrong notions about HIV/AIDS

HIV/AIDS **cannot** be acquired from:

- Hugging/embracing an infected person
- Shaking hands of an infected person
- Using the same toilets used by infected persons
- Coughing
- Using the same utensils used by an infected individual
- Sleeping together with an infected individual
- Mosquito bites

Suggested Time:
60 minutes

SESSION 6: SETTING THE SCENE - AN OVERVIEW OF THE EPIDEMIC

Objective:

- To provide a basic overview of the epidemic in the country in which the workshop takes place.

Strategies/Activities: Lecture and Plenary Discussion

This should include:

- an overview of the current epidemiology;
- an overview of the government response (including national planning);
- an overview of the NGO/civil society response; and
- major treatment, care and prevention issues.

Global estimates of HIV/AIDS epidemic as of end 2001

Total number of adults and children living with HIV/AIDS: 40 million

People newly infected with HIV in 2001	**Total**	**5 million**
	Adults	4.2 million
	Women	*2 million*
	Children <15 years	800 000
Number of people living with HIV/AIDS	**Total**	**40 million**
	Adults	37.1 million
	Women	*18.5 million*
	Children <15 years	3 million
AIDS deaths in 2001	**Total**	**3 million**
	Adults	2.4 million
	Women	*1.1 million*
	Children <15 years	580 000
Total number of children orphaned by AIDS, and living, end 2001**		**14 million**

**Defined as children aged 0ñ14, as of end 2001, who h ve lost one or both parents to AIDS.

Source: UNAIDS website, www.unaids.org, 23 October 2003

[Note: Please provide an updated map and/or figures whenever possible.]

SESSION 7: STIGMA AND HIV/AIDS

Objective:

- To discuss stigmatisation and HIV/AIDS (the social dimension of the epidemic).

What is Stigma?

In a plenary session, ask the participants to identify behaviours, attitudes, beliefs, etc. that they think carry stigma. Write these down on a whiteboard.

Discussion points:

Stigma is associated with attributes and behaviours which are seen by many people to be contrary to prevailing norms or accepted ways of behaving in society (for example in many countries, sex work is a stigmatised activity). AIDS was first associated with individuals and groups who already carried the burden of stigmatised practices and behaviours. Views and responses to the disease evolved from a complex matrix of existing views on homosexuality, illegal drug use, and fears and beliefs about the disease, in particular the fatal nature of AIDS. AIDS gave renewed life to the concept of disease as punishment, historically a widespread belief and explanation as to why some people get sick and others remain well. With the advent of AIDS, metaphors of plague, contagion, pollution and otherness became significant moral readings on the meaning of the disease.

Ask participants to think about and discuss the effects of stigma.

Discussion points:

- Stigma creates **BLAME** by others of these people for the issue that stigmatises them
- Stigma leads to **SHAME**, on the part of the person or people stigmatised
- Stigma leads to the perception that stigmatised people are **DIFFERENT** and not as worthy as others

Ask participants to think about why AIDS is a stigmatised disease. Write suggestions on the whiteboard.

Discussion points:

- HIV/AIDS is the most stigmatised modern disease. HIV/AIDS carries multiple stigmas because of the way it is transmitted and the people who are perceived to be infected and affected by it.
- HIV/AIDS is associated with **SEX and SEXUALITY**. These are often difficult subjects to talk about because they touch on intimate and personal behaviour. AIDS has become associated with homosexuality in some countries and also with sex work both of which are the objects of stigma.
- HIV/AIDS raises deep-seated fears in many people of **DEATH**.
- HIV/AIDS is also transmitted through the sharing of needles which may involve injecting illegal or illicit **DRUGS**.

What is the Impact of Stigma on People Living with HIV/AIDS (PLWHA)?

Now ask participants to discuss the impact of stigma on people affected by the disease, and on prevention and care activities.

Discussion points:

- PLWHA and their families and partners are **ISOLATED** and shunned because of the stigma of the disease.
- PLWHA also experience **DISCRIMINATION AND HUMAN RIGHTS VIOLATIONS** because the stigma of the disease leads other people to think about them and act towards them as though they have lost the qualities that make them worthy of respect and dignity.

- Stigma creates **BARRIERS TO HIV/AIDS PREVENTION AND CARE** by creating an environment in which it is difficult to talk openly about the ways in which HIV is transmitted and how to stop it being transmitted (for example, talking about condoms and sexual behaviours). Stigma also creates the false impression that only some people (those stigmatised, eg., sex workers, injecting drug users or homosexual men) are at risk of being infected.

SESSION 8: HUMAN RIGHTS AND HIV/AIDS

Objectives:

- To explain the relationship between HR and HIV/AIDS; and
- To identify the human rights associated with HIV/AIDS

Group Discussion, Brainstorming

Strategies/Activities: Case Study Workshop

Divide the participants into groups of 6–7 members per group. Provide each group with a case study of a person with HIV/AIDS, the circumstances of how he/she acquired the disease and experiences in the community in relation to his/her HIV status. You can use the case studies submitted by the participants prior to the workshop or construct your own. The cases could include the following: (1) a woman involved in the sex industry; (2) a mother in a rural community infected by her HIV-positive husband and discriminated against by the community; (3) military personnel or soldier dismissed from the service because of his HIV status; (4) a widow shunned by her relatives and neighbours because of being HIV-positive; (5) a female school teacher whose test result was revealed by the physician to the school authorities; and (6) an out-of-school youth infected with HIV through injecting drug use with his peers. (IMPORTANT: It is best that the case studies for this workshop be derived from local experiences).

Ask participants to discuss the case assigned to the group by answering the following guide questions:

- What human rights violations (HRVs) are committed against the person/individual(s)?
- Where has the State failed in its obligation/duty resulting in the HRV?
- Who else, besides the State is failing in their human rights obligations?
- What articles of the UDHR and domestic laws are being violated by these acts?
- What concrete actions can be taken to remedy and protect the rights of the concerned individuals?

Once participants have completed this activity, this session can be extended into a plenary dealing with the different levels of human rights response and its application to HIV/AIDS. The following key areas should be stressed:

- The individual level-stigma/discrimination.
- The social and community level, including how human rights violations create barriers to HIV/AIDS prevention as well as care.
- The larger structural human rights violations (for example, gender, poverty) which create the context of vulnerability.

Suggested Time: 120 minutes

Discussion Points/Synthesis:

The promotion and protection of human rights constitute an essential component in preventing transmission of HIV and reducing the impact of HIV/AIDS. Adopting a human rights approach ensures people who are most vulnerable to the infection and at the same time, disadvantaged, to have access to the necessary information and services to protect themselves. This includes securing correct information, affordable health care, appropriate social support, and protection against violence and discrimination.

The protection and promotion of human rights are necessary both to the protection of the inherent dignity of persons affected by HIV/AIDS and the achievement of the public health goals of reducing vulnerability to HIV infection, lessening the adverse impact of HIV/AIDS on those affected and empowering individuals and communities to respond to HIV/AIDS (UNAIDS, 1998). Adopting a human rights approach helps to create the supportive atmosphere that is necessary to encourage people to come forward, to help them benefit from HIV/AIDS education and services, and to enable them to change their behaviour.

The HIV/AIDS problem extends beyond the physical health of the individual and finds its sustenance and impact in the social, economic, and political conditions in which individuals live. Adopting a human rights approach enables states, communities, groups and organisations to address the problem in a comprehensive and multi-sectoral manner. The human rights framework emphasises that the effective response to the HIV/AIDS pandemic should be viewed in the context of the realisation and promotion of people's civil and political rights, as well as their economic, social and cultural rights.

The 2nd International Consultation on HIV/AIDS and Human Rights in September 1996, identified 17 key human rights principles underlying a positive response to the pandemic. These include the following:

1. The right to non-discrimination, equal protection and equality before the law
2. The human rights of women
3. The human rights of children
4. The right to marry and found a family
5. The right to privacy
6. The right to enjoy the benefits of scientific progress and its applications
7. The right to liberty of movement
8. The right to seek and enjoy asylum
9. The right to liberty and security of the person
10. The right to education
11. The right of freedom of expression and information
12. The right of freedom of assembly and association
13. The right to participation in political and cultural life
14. The right to the highest attainable standard of physical and mental health
15. The right to an adequate standard of living and social security services
16. The right to work
17. The right to freedom from cruel, inhuman or degrading treatment or punishment.

Documentation by the Asia Pacific Network of People Living with HIV (APN+) has reported that among the prevalent forms of human rights violations committed against people with HIV/AIDS are the following:

Health Institutions/Workers

- Little or no access to quality treatment/health care.
- Antibody testing of people without their knowledge and/or consent.
- People whose HIV status is known are turned away from health centres and denied the necessary services.
- Hospital wards are overcrowded, unventilated and dirty.
- People with HIV/AIDS and people with tuberculosis are sometimes mixed in the same ward.
- Diet of HIV+ people is largely neglected by hospital personnel.
- Health workers breach the confidentiality of people with HIV/AIDS.
- Health workers inform media of details of people diagnosed with HIV.
- Bodies of positive people routinely cremated within hours of their death.

Women

- Women forcibly sterilised because of their HIV status.
- HIV+ women are separated from their children or loose custody of their children.
- Women who are critical and who exposed the injustices they experienced as a consequence of their HIV status have been sent to mental institutions.
- Women are being thrown out of their homes and/or abandoned by their husbands/partners because of their HIV status.

Family/Community

- People diagnosed with HIV are shunned by family and/or neighbours.
- Relatives burn all the personal things of a person whose death is AIDS-related.
- HIV+ persons and family members are banned from places of worship like temples, churches.
- Children whose parents are known to have HIV/AIDS in the community suffer discrimination in school.
- Many people with the disease have lost their jobs because of their HIV status.

SESSION 9: IDENTIFYING STRENGTHS AND WEAKNESSES IN THE NATIONAL RESPONSE TO HIV/AIDS

Objectives:

- To identify specific State obligations and duties in the protection and promotion of human rights in the field of HIV/AIDS; and
- To identify the gaps and weaknesses in the national response to AIDS.

Group Discussion, Brainstorming

Strategies/Activities: Workshop

Divide the participants into groups of 6–7 members per group. Assign each group one area to work on. Provide each group with butcher's paper and markers and instruct them to list down the concrete actions, programs which the State and its agencies are currently undertaking and directed at prevention and control of HIV/AIDS. Beside each activity/program of the government, identify the strengths and weaknesses/gaps, and suggestions of how to improve the government or national response to the pandemic. Below are some areas where the government may have concrete actions:

- Public health care/services/treatment including counselling and testing
- Education/Information/Training
- Employment/livelihood
- Discrimination
- Women and children
- Monitoring and documentation of human rights violations
- Community-organising
- Capability-building of local government units

Program/Activity	Strengths & Weaknesses	Suggested Ways of Improving Program/Activity
Example: HIV/AIDS education or information programmes among out-of-school youth in urban poor communities.		

Suggested Time: 90 minutes

Discussion Points/Synthesis:

States have the primary responsibility of implementing strategies that protect human rights and public health. A rights-based response to the HIV/AIDS epidemic involves establishing appropriate governmental institutional responsibilities, implementing law reform and support services and promoting a supportive environment for groups vulnerable to HIV/AIDS and for those living with HIV/AIDS.

There are many steps that States can take to protect HIV-related human rights and to achieve public health goals. The 12 International Guidelines adopted at the 2nd International Consultation on HIV/AIDS and Human Rights, held in Geneva, Switzerland, in 1996, is one such document. It is intended to assist States in creating a positive, rights-based response to HIV/AIDS that is effective in reducing the transmission and impact of HIV/AIDS and consistent with human rights and fundamental freedoms.

The **12 International Guidelines** are the following:

- States should establish an effective national framework for their response to HIV/AIDS which ensures a coordinated, participatory, transparent and

accountable approach, integrating HIV/AIDS policy and program responsibilities across all branches of government.

- States should ensure, through political and financial support, that community consultation occurs in all phases of HIV/AIDS policy design, program implementation and evaluation and that community organisations are enabled to carry out their activities, including in the field of ethics, law and human rights, effectively.
- States should review and reform public health laws to ensure that they adequately address public health issues raised by HIV/AIDS, that their provisions applicable to casually transmitted diseases are not inappropriately applied to HIV/AIDS and that they are consistent with international human rights obligations.
- States should review and reform criminal laws and correctional systems to ensure that they are consistent with international human rights obligations and are not misused in the context of HIV/AIDS or targeted against vulnerable groups.
- States should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV/AIDS and people with disabilities from discrimination in both the public and private sectors, ensure privacy and confidentiality and ethics in research involving human subjects, emphasise education and conciliation, and provide for speedy and effective administrative and civil remedies.
- States should enact legislation to provide for the regulation of HIV-related goods, services and information, so as to ensure widespread availability of qualitative prevention measures and services, adequate HIV prevention and care information, and safe and effective medication at an affordable price.
- States should implement and bolster legal support services that will educate people affected by HIV/AIDS about their rights, provide free legal services to enforce those rights, develop expertise on HIV-related legal issues and utilise means of protection in addition to the courts, such as offices of ministries of justice, ombudspersons, health complaint units and human rights commissions.
- States, in collaboration with and through the community, should promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed social and health services and support to community groups.
- State should promote the wide and ongoing distribution of creative education, training and media programs explicitly designed to change attitudes of discrimination and stigmatisation associated with HIV/AIDS to understanding and acceptance.
- States should ensure that government and the private sector develop codes of conduct regarding HIV/AIDS issues that translate human rights principles into codes of professional responsibility and practice, with accompanying mechanisms to implement and enforce these codes.
- States should ensure monitoring and enforcement mechanisms to guarantee the protection of HIV-related human rights, including those of people living with HIV/AIDS, their families and communities.
- States should cooperate through all relevant programs and agencies of the United Nations system, including UNAIDS, to share knowledge and experience concerning HIV-related human rights issues and should ensure effective mechanisms to protect human rights in the context of HIV/AIDS at the international level.

Suggested Time:
60 minutes

SESSION 10: PLAN OF ACTION

[Note: This session can be combined with Module 3 on Advocacy]

Objectives:

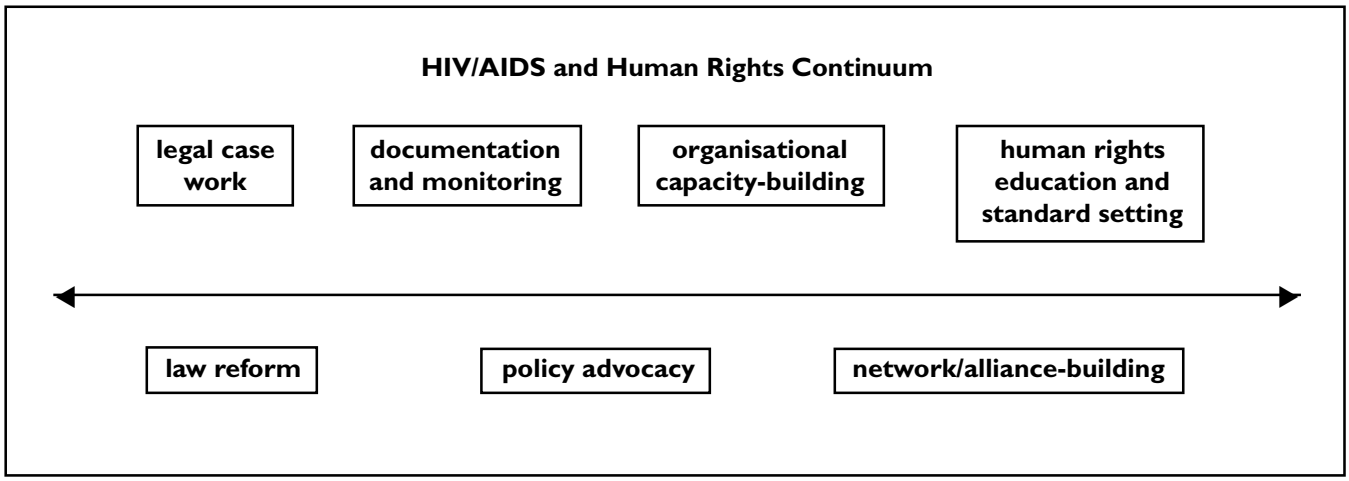
- To formulate concrete plans on how to popularise the human rights approach in HIV/AIDS work; and
- To form a steering committee or human rights and HIV/AIDS network.

Group Discussion, Brainstorming

Strategies/Activities: Workshop

Divide the participants into groups of 6–7 members per group or by their organisational affiliations. Assign each group to design a simple and realistic plan of action on the popularisation of human rights and HIV/AIDS which their organisation can adopt and implement. Instruct the participants to indicate the specific target audience(s) and requirements of their plan.

Remind the participants that the framework of HIV/AIDS and human rights is broad and encompasses a range of activities that includes educational and capacity-building activities, as well as responses to human rights violations.



Process the proposed plans in the plenary with the aim of arriving at a consolidated and achievable educational plan of action which the group/ organisation(s) can implement, if possible.

Topics	Activities/Strategies	Timeline	Requirements/Needs

Network Formation

After the plan of action has been finalised, ask the participants what are the requirements to ensure the implementation of the plan. In order to implement and monitor the plan of action, the participants may wish to form a network which will co-ordinate activities.

In a plenary session, participants should discuss and agree on the following issues:

- Network mandate, that is, what the network will do, how often it will meet etc.
- Identifying roles and responsibilities, for example a chairperson and secretary.
- Identifying and committing organisational resources.

Suggested Time: 120 minutes

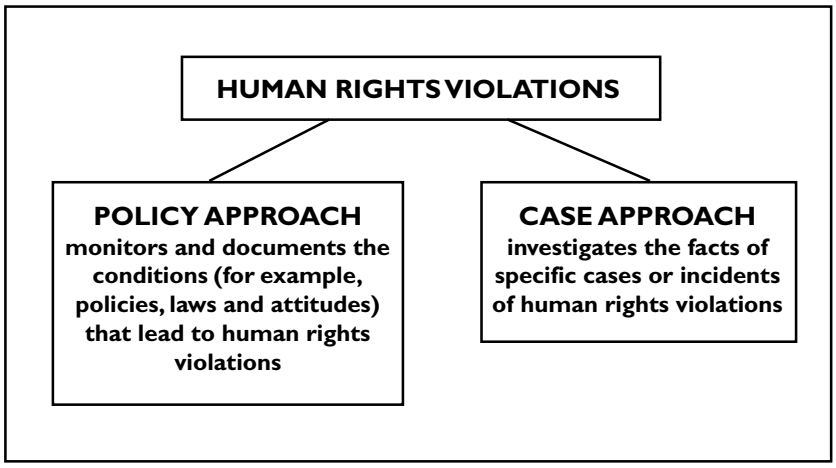
MODULE 2: MONITORING & DOCUMENTATION OF HIV/AIDS AND HUMAN RIGHTS

RATIONALE

Human rights violations happen to people with HIV/AIDS and those closely associated with the epidemic. They are events that severely disrupt the lives of those they affect. People can lose their jobs, be refused medical treatment and be evicted from their homes. Sometimes the form a human rights violation takes involves violence and a threat to personal safety. While these kind of events represent the impact of a human rights violation, the cause and genesis is often a complex mixture of attitudes towards AIDS, ignorance about the disease, and a misdirected or ill informed policy. This module contains strategies designed to address both the cause and effect of HIV/AIDS human rights violations.

The module outlines a number of complementary strategies to monitoring and documenting the human rights violations experienced by people with HIV/AIDS and others affected by the epidemic. An individual violations approach is outlined. This approach provides participants with the basic requisites for monitoring and documentation of human rights violations on a case by case basis. However, not all HIV/AIDS NGOs and CBOs have the capacity or are able to initiate a structured monitoring and documentation system based on a violations approach to human rights. In order to address the various needs of HIV/AIDS organisations, the module also contains some suggested approaches to developing a situational assessment of the HIV/AIDS and human rights. This approach is broad and can be used to develop strategies for issues relating to HIV/AIDS law, policy and education. The methods for either the violations or situational assessment approach may be used in combination or separately according to the needs of the participants. In essence, both of these ways of thinking and acting on human rights and AIDS focus on the same thing (human rights violations) from different perspectives and both involve research.

The information gathered from monitoring and documentation can be used in a number of ways. For example, documentation and monitoring of a specific human rights violations can provide immediate assistance to the person who experienced the violation. Equally, monitoring policies and programs for their human rights significance and impact can help NGOs and CBOs prevent human rights violations and advocate for better polices and responses to the epidemic.



SESSION 1: HIV/AIDS AND HUMAN RIGHTS VIOLATIONS

Objectives:

- To review basic human rights concepts; and
- To illustrate the link between HIV/AIDS infection and human rights and HIV/AIDS-related issues.

Plenary, Facilitated Discussions

Strategies/Activities: Workshop

Divide the participants into groups with 6–7 members. Assign a group leader and a rapporteur. Distribute to everybody the story of *The Modern Parable* (Handout 1). Give the following guide questions:

- What is the story of *The Modern Parable* about?
- What in your opinion, is the message the story is trying to convey?
- What similarities can you draw between *The Modern Parable* and violations of the rights of people living with HIV/AIDS?

Call for a plenary after 30 minutes.

Allow each rapporteur 10 minutes to report the discussions. The plenary facilitator should note down similarities as well as differences in the reports. A matrix should be used.

Discussion Points/Synthesis:

Process the outputs by pointing out the similarities and variations in the perceptions of the various groups. As this session reviews the module on human rights, be sure to highlight the following points:

- Review the different types of human rights and the State's obligation to protect them (Use *Module I: Human Rights & HIV/AIDS*).
- Discuss the relationships between human rights protection and the prevention of the spread of HIV/AIDS.
- Describe the prevalent forms of human rights violations committed against PLWHA.

Suggested Time: 90 minutes

SESSION 2: HUMAN RIGHTS VIOLATIONS

Objectives:

- To identify areas or concerns that manifest human rights violations against people with HIV/AIDS; and
- To use these cases as starting points in discussing preliminarily monitoring and documentation of rights violations.

Group Discussion, Facilitated Discussion

Strategies /Activities: Group Work

Divide the participants into groups with 6–7 members each. Assign a discussion leader and a rapporteur. Using the snow-balling technique, the discussion should solicit from the members' manifestations of human rights violations against PLWHA in the following areas: employment, government policies, health care and treatment, media and public affairs, legislation, cultural practices and education. The leader must see to it that a participant is able to adequately explain his/her examples and when necessary, must ask guide questions to broaden the participants understanding of the issues.

Suggested Time: 60 minutes

As a variation, participants could use case studies to help them identify the link between HIV/AIDS and human rights and to reinforce the public health benefits of a human rights approach.

Discussion Points/Synthesis:

To help with this exercise use the APCASO Compact on HIV/AIDS and Human Rights as a guide to identifying human rights violations in the context of HIV/AIDS. The facilitator should highlight the following points to exemplify violations of human rights of PLWHA. As he/she proceeds, ask the participants to present more examples.

Some migrants, contract workers or tourists are required to submit health certificates including HIV status prior to entry to a country. Some are barred from entering the country while others are deported once their sero-status is revealed. Some employers require that blood tests be conducted with prospective employees prior to hiring. These results are used to exclude those found to be positive. People are therefore refused employment based on their reported examinations.

In relation to housing, some tenants are required to disclose their HIV status before leases to apartments can be signed. Some are denied access to housing facilities or are summarily evicted by landlords. There have also been examples where misinformed groups of local people demand that HIV positive individuals leave the community altogether.

Journalists and reporters ignore people's feelings and often their right to confidentiality and sensationalise PLWHA stories or write articles which are out of context.

Insurance companies require antibody testing prior to granting of insurance coverage and require very high premiums or grant very limited benefits to identified PLWHA.

Many governments implement mandatory testing especially for "high-risk groups" such as sex workers, homosexuals and injecting drug use (IDU) users. Surveillance projects usually target these individuals. If they are found to be HIV positive, they can be detained, quarantined and their mobility restricted.

Some PLWHA continue to deny their status with their lovers or partners because of the stigma. Also, some are denied their reproductive rights and their right to be buried with dignity. In some areas, children of PLWHA are

quarantined and isolated.

Pre and post-test counselling sessions are often not given before or after testing especially for those people who sell or donate blood. These individuals are often told of their infection without any form of psychosocial support.

In some countries, drug trials on new HIV treatments are conducted with little or minimal concern for the welfare and well-being of the people who participate, for example, continued access to the trial treatment once the trial has been completed.

Note: At the end of the session, participants should realise many human rights violations in the context of HIV/AIDS take place because of ignorance about the disease and the people most affected by it. The participants should be encouraged to translate these kind of examples of human rights violation into a set of standards which will guide future endeavours at monitoring and documenting human rights violations (for examples of standards, see the *APCASO Human Rights Compact*, 1995 and the *UNAIDS International Guidelines on HIV/AIDS and Human Rights*, which can be found at the UNAIDS website, http://www.unaids.org/humanrights/index.html).

Suggested Time: 60 minutes

SESSION 3: FACT-FINDING TECHNIQUES– COLLECTING INFORMATION

Objective:

- To facilitate discussion on the meaning, purposes and forms of fact-finding.

Facilitated Discussion

Strategies/Activities: Meaning, purposes and forms of fact-finding

In a plenary session, ask participants what is a fact? Prompt the discussion by asking how do you know it is a fact? Ask what they understand by the term 'fact-finding' and what value this activity might have for HIV/AIDS NGOs/CBOs? It is important that fact-finding or the process of collecting information in order to determine the truth as accurately and completely as possible concerning violations of human rights of PLWHA be clearly understood and recognised as an important activity of ASOs, AIDS NGOs and CBOs.

Fact-finding can be used to serve any of the following:

- Provide immediate assistance to victims;
- Relief and rehabilitation of victims;
- Legal action/intervention;
- Monitoring government's compliance with its obligation to respect and protect the rights of PLWHA;
- Advocacy/campaign activities; and
- Establishing historical records.

Fact-finding activities can take several forms. What you intend to do with the results of the fact-finding should influence the methods you use. It is therefore important that an outline of intended result areas is determined even before embarking on a fact-finding mission.

There are **six elements of fact-finding** which should include the following:

- A developed perspective on fact-finding;
- A defined policy or motive;
- Application of acceptable standards;
- A mechanism for determining the reliability of evidence or data collected;
- Social, economic and political factors that may condition evidence; and
- Development of local networks.

It is important that an investigator or researcher in his/her attempt to reconstruct the truth of an event is clear about what evidence they have collected and why. While pragmatism may be a comfortable basis for determining the reliability of evidence, there can never be any substitute to a well-defined and systematic approach to research.

It is imperative that fact-finding personnel are able to look for documentary/written or other evidence that will aid in the reconstruction of an event or help to determine more clearly the nature of the violation. Moreover, the reliability of evidence from different sources should be established so that it supports the conclusions. The fact-finder as well as having a keen eye for details must have a clear idea of the relevant information needed to tell a story. Otherwise, fact-finding can become a never-ending process. It is important that a decision is made on the level of proof of evidence you or your organisation desires to establish. This is important as this will have a bearing on the quality and quantity of information that you need to unearth and the level of certainty of proof you want to establish.

Suggested Time: 45 minutes

SESSION 4: COMMON PROBLEMS IN MONITORING/ FACT-FINDING

Objectives:

- To discuss specific problems in monitoring/fact-finding; and
- To assess how these identified problems may be resolved.

Lecture, Discussion

Strategies/Activities:

Through a facilitated lecture using slides and an overhead projector, the resource person will discuss the most common problems of fact-finding. Using the methodology of site visits or missions or interviews of key informants are all useful in reaching research goals. These methods will enable the researcher to take a close look at his/her subject or object. At the same time, these methodologies provide for an ample amount of flexibility in terms of operationalising a theory or a concept. In the field, fact-finders sometimes face conditions that limit their investigation. Other common problems can be introduced to the participants by using the phrase ASSURE ART which means:

A - access
S - safety and security of fact-finder
S - safety and security of witnesses (including their confidentiality)
U - unreliable information
Re - reluctance of witnesses

A - lack of awareness of rights
R - lack of resources by fact-finder or organisations
T - lack of training by fact-finders or organisations

Suggested Time: 45 minutes

Without explaining these problems any further, divide the participants into three groups. Ask each group to discuss what they think is a common problem that fact-finders face in relation to HIV/AIDS. Then ask them to think of a situation that illustrates the problems and develop this into a role play. It is not important that everybody gets a playing part as they can be assigned to do other production activities or in a more creative vein to be the props, sound or design of the presentation. After forty-five minutes, convene the group as a plenary and give each group 15–20 minutes to present their role-playing.

Suggested Time: 120 minutes

Discussion Points/Synthesis:

The resource person should be able to process the role-plays. The following points should be emphasised:

- One of the factors that can hinder the gathering of information on human rights violations against PLWHA may be lack of free access to areas where the violation has occurred, for example a hospital or medical clinic. This may also happen when the police and other investigating bodies have not wrapped up their own conduct of investigation and disallow access to the site or limit the site visits for the purpose of fact-finding. This can also happen when the State views the situation as important to the security and safety of its citizens.
- Sometimes the safety of both the fact-finder and the victim may be placed in jeopardy, particularly if their identities become known. Media hype or sensationalism may trivialise the event. Some PLWHA have been unnecessarily exposed to danger because of irresponsible reporting. When this happens, even the safety of the investigators may become problematic and because of this, there may be a reluctance on the part of witnesses and PLWHA to tell their stories.

Suggested Time: 60 minutes

SESSION 5: INFORMANT INTERVIEWS

Objectives:

- To identify the elements of a good interview; and
- To learn how to conduct an interview

Strategies/Activities:

An interview is conducted either with witnesses or the person who experienced the violation. Using this simple definition of an interview, present to the plenary a 15-minute presentation of a television interview which has recently been conducted by a popular television station. You can use this as an example of interview style and technique. If there are people with HIV/AIDS among the participants who are open about their HIV status and willing to share their stories with the group, ask them if they will volunteer to be interviewed. Make sure that they freely volunteer and do not feel coerced. Also, make sure that the group is very clear that the content of the interview and the identity of the person interviewed remains confidential and should on no account be discussed outside the workshop. **Stress the need for confidentiality very clearly.** You can use this as a real life example to demonstrate the importance of confidentiality and privacy in HIV/AIDS fact-finding. Alternatively, ask for 3 pairs of volunteers who will do a mock interview on a topic on the violation of rights of a PLWHA. Ask the pairs to write their questions and rehearse possible replies.

Suggested Time: 90 minutes

After 15–20 minutes of preparation, request the groups to present their interviews. While the interviews are taking place, the larger group can act as critics of the presentations. After the interviews, the members of the audience will be asked to critic the presentations.

Discussion Points/Synthesis:

The facilitator should highlight the following points:

- The manner by which the interview is conducted will vary on the basis of the case being investigated. Nevertheless, it is important to appreciate some universal guidelines in the conduct of interviews. When the subject of the interview is sensitive, the interviewer's behaviour should always be pleasant. The interviewer must be able to communicate a genuine concern and interest without appearing to be too gossipy. Good interviewers are able to determine very quickly what kind of environment will put respondents at ease. An important aspect of creating a comfortable environment is to remain non-judgmental.
- The interviewer must be familiar with the case and with his/her own questions about it. Being unprepared for the interview passes the burden on to the interviewee and creates confusion. The interview also ends up taking more time than is necessary. The questionnaire must be reviewed thoroughly so that the interview is conducted as naturally as possible. The interviewer must know how to paraphrase questions if the respondent does not understand and be able to ask follow-up questions. The interviewer must be able to record responses exactly as said and must be able to probe for clarity whenever necessary.

SESSION 6: DOCUMENTING VIOLATIONS OF HUMAN RIGHTS

Objectives:

- To discuss the relationship between monitoring and documentation; and
- To understand the principles of data documentation and the categories/ types of human rights violations.

Strategies/Activities: Workshop, Facilitated Lecture

In explaining the relationship between fact-finding/monitoring and documentation, divide the participants into groups of 6 or 7 members. Provide each member with a copy of Miriam's Story (Handout 2). Assign a discussion leader and a rapporteur. Ask each group to read the story.

Ask 2 or 3 members of the group to recount Miriam's story. Distribute a form matrix to record the sharing of the group. After each presentation, allow the members of the group to fill in important facts that have been missed. The rapporteur summarises the session by indicating certain lapses in the story that has just been recounted.

Suggested Time: 90 minutes

In the plenary, divide the group into 3 big groups. Provide each group with strips of paper which give the details of Miriam's story. The facilitator should check the chronology of each group.

Discussion Points/Synthesis:

Using the two group exercises, the facilitator should be able to highlight the following points:

- The process of monitoring (i.e. investigation, data collection or fact-finding) is followed by the process of documentation. Documentation refers to a systematic recording of the information gathered during the fact-finding for easy retrieval and dissemination.
- The facilitator discusses some principles of data and documentation handling and communication system which are summarised as follows:

Input refers to the information gathered by the interviewer from several sources which can be categorised into:

- Primary which refers to the information gathered directly from the source such as hotline, researches, and investigators;
- Secondary which refers to the information which had gone through a certain process such as reading or looking through published documents; and
- Tertiary which refers to the information received from secondary sources such as bibliographies.

If the initial information is not primary, the investigators usually conduct fact-finding missions or do further research. Documentation begins during the actual fact-finding activity. Information gathered is then recorded using either the free text method which is usually used for publications; or the standard format method which divides the information into different definite pieces. These documents can be either

- textual or
- non-textual such as videos, pictures, sound recording and fingerprints.

Tools for recording information cannot be effectively used if the scope of the information to be collected is not defined in advance. In the field of human rights, which types of violations to document should be clearly defined for effective use of recording tools. The scope of alleged violations to be documented would depend on the situation prevailing in an area or country. For example, discrimination in the workplace is a violation particular in some countries, and it is regularly documented by local human rights organisations. It is evident that the recording tools used in some countries cannot be used in the same manner by organisations in other countries where discrimination in employment and its elements are non-existent. Therefore, it is important for an organisation, based on the local situation and its mandate, to identify which cases it wants to monitor and plan accordingly its fact-finding and documentation activities.

Suggested Time:
90 minutes

A general fact-finding interview sheet (developed for Cambodia) is provided as Handout 3, you may wish to adapt this to your own requirements.

SESSION 7: HIV/AIDS AND HUMAN RIGHTS SITUATIONAL ASSESSMENT

Objective:

- To familiarise participants with the basic tools to conduct a situational assessment.

In the preceding sessions, participants should have gained a good grasp of the framework of HIV/AIDS and human rights and its relevance to prevention and care. Begin this session by asking participants to recap the basic outlines of the framework including the relevance of specific rights, for example the right to privacy as it relates to HIV testing. Once participants have discussed the general contours of the framework and given some specific examples, ask them to discuss how they think their national laws, policies and situation relate to this 'ideal' version.

Write the answers on a whiteboard, use the following questions as prompts to help people be as specific as possible in their answers.

- Has the government endorsed any international statements or documents on HIV/AIDS and human rights, such as the International HIV/AIDS and Human Rights Guidelines, or the UNGASS Declaration of Commitment?
- Are the rights of people living with AIDS and others affected by the epidemic, respected in the country's constitution, written laws and government policies and statements?
- Conversely are some rights limited by legislation or policy and practice?
- Can people with HIV/AIDS and others rely on the protection of their rights by the State when these rights are violated either by the State or others?
- Are there means of redress, such as complaints tribunals, which are open and accessible to all?
- What kinds of protection exist for people living with HIV/AIDS involved with transnational or non-state actors, for example those on experimental HIV drug trials?

You will probably find that participants know some of the answers to these questions but that there will be, not surprisingly, large gaps in knowledge.
You should then ask participants to break into three groups and ask them to think about how they can find out the information they need to make an HIV/AIDS and human rights assessment. For example, what sources of existing information will they access and what kinds of new research will they need to instigate? Allow 20–25 minutes for discussion and 5 minutes for each group to report back.

Discussion Points/Synthesis:
The information to answer these questions can be found from sources both inside and outside the country concerned, the following list is intended as a guide only.

At a general level, awareness of the steps a government has taken to accept and abide by the international human rights system and the major international instruments will provide important background information. Also worth considering are the international commitments entered into by governments at major international conferences and events, for example the Declaration of Commitment on HIV/AIDS signed by over 100 governments in June 2001.

Information on national laws and the legislative framework is usually available from the government, sources to consider include:

- Statutory or constitutional Bill of Rights
- National Human Rights Institutions
- Employment legislation

- Health legislation, particularly regarding HIV testing and treatment provisions
- Anti-discrimination legislation
- Legislation concerning the status of women and children

Policies and programs

- It is often harder to access information relating to policy on HIV/AIDS, although most governments now have National AIDS Plans which are important national frameworks for the HIV/AIDS response.
- Other NGOs may have valuable information concerning policy across a range of areas including health, education, family life and housing.
- HIV/AIDS NGOs and CBOs often have records of their activities and clients/constituencies which can provide valuable information about client experiences and discrimination.

Statistical information is important in providing baseline data which is vital in assessing progress on human rights, the sources to consider include:

- Population and census data
- Health, illness and morbidity data
- Any HIV/AIDS statistics on testing, counselling etc.

Making an HIV/AIDS and human rights situational assessment does not have to be a daunting prospect. The situational analysis should take the form of a participatory activity involving a range of organisations and agencies with expertise and interest in the areas outlined above. The exercise can be developed to create important baseline findings that can be used to evaluate progress in the long term. Shorter term activities can be focused around specific issues or rights. For example, once you have developed an HIV/AIDS and human rights framework applicable to your country, issues can be prioritised and the most urgent areas can form the basis of intensive research and analysis.

A human rights assessment is also a useful exercise for HIV/AIDS organisations and can help NGOs and CBOs remain aware of their own obligations. The following questions asked of each organisational program or activity can be helpful in assessing its human rights impact.

- What is the impact by the program on the human rights of target populations?
- Does the program increase the risk and/or vulnerability of a population to HIV/AIDS?
- Will the program be periodically reviewed to assess its impact on human rights and its impact on HIV/AIDS?

Suggested Time:
120 minutes

HANDOUT 1

The Modern Parable

There was once a factory, which employed thousands of people. Its production line was a miracle of modern engineering, turning out thousands of machines every day. The factory had a high accident rate. The complicated machinery of the production line took little account of human error, forgetfulness, or ignorance. Day after day, men and women came out of it with squashed fingers, cuts, bruises. Sometimes a man would lose an arm or leg. Occasionally, someone was electrocuted or crushed to death.

Enlightened people began to see that something needed to be done. First on the scene were the churches. An enterprising minister organised a small first aid tent outside the factory gate. Soon, with the backing of the Council of Churches, it grew into a properly built clinic, able to give first aid to quite serious cases, and to treat minor injuries. The town council became interested together with local bodies like the Chamber of Trade and the Rotary Club. The clinic grew into a small hospital, with modern equipment, an operating theatre, and a full-time staff of doctors and nurses. Several lives were saved. Finally the factory management, seeing the good that was being done, and wishing to prove itself enlightened, gave the hospital its official backing, with unrestricted access to the factory, a small annual grant, and an ambulance to speed serious cases from workshop to hospital ward.

But year by year, as production increased, the accident rate continued to rise. More and more men and women were hurt or maimed. And, in spite of everything the hospital could do, more and more people died from the injuries they received.

Only then did some people begin to ask if it was enough to treat people's injuries, while leaving untouched the machinery that caused them.
(From '*It's not fair*' written and compiled by Anne Wilkinson, Christian Aid, London 1985, p. 72)

- What in your opinion, is the message the story is trying to convey?
- What parallels can you draw between *The Modern Parable* and present day society's approach to the health problems of the population?

HANDOUT 2

MIRIAM'S STORY: Exploring the linkages between gender, human rights and other determinants of health

Miriam is 36 years old and the mother of six children. She grew up in a village 400 kilometres away from the capital city of her country. She stopped schooling after her second grade. Her parents were poor, and the school was 3 kilometres away from the village. Her father believed that educating a girl was like 'watering the neighbour's garden'.

When she was 12, Miriam was circumcised, as was the custom in her tribe. At 16, she was married to a man three times her age. Her father received a substantial *labola*. The very next year, she gave birth at home, to a baby boy. The baby was stillborn. The health centre was 10 kilometres away, and did not attend to deliveries anyway. Miriam believed that the baby was born dead because of repeated beatings and kicks she had received all through her pregnancy. But instead, she was blamed for not being able to bear a healthy baby.

Miriam's husband considered it his right to have sex with her, and regularly forced himself on her. Miriam did not want to get pregnant again and again, but had little choice in the matter. She had no time to go to the health clinic, and when she went sometimes because her children were sick, she was hesitant to broach the subject of contraception with the nurses.

Her life with her husband was a long saga of violence. Miriam struggled to keep body and soul together through her several pregnancies and raising of her children. She had to farm her small plot of land to feed the children, because her husband never gave her enough money. She approached the parish priest several times for help. He always advised her to have faith in God and keep her sacraments.

One day her husband accused Miriam of 'carrying on' with a man in the village for she had become infected with a sexually transmitted disease (STD). He had seen Miriam laughing and chatting with the man, he claimed. When she answered back, he hit her with firewood repeatedly on her knees saying 'you whore! I will break your legs'. Miriam was badly injured, she thought she had a fracture. For weeks she could not move out of the house. But she did not have any money to hire transport to go to the health centre. Unable to go to the market to trade, she had no income and literally starved.

Miriam was terrified of further violence. She had had enough. As soon as she could walk, she took her two youngest children and left the village. She now lives in a strange village, a refugee in her own country, living in fear of being found by her husband and brought back home.

HANDOUT 3

HIV/AIDS and Human Rights Information Sheet

This is to certify that the interviewer has: identified himself/herself to the respondent, including his/her organisation, and the purposes of the interview and how and where the data shared will be used.

Informed the respondent of his/her rights: to refuse to be interviewed; to refuse to answer any questions; to stop the interview at any point and for whatever reason; to refuse to be taped or photographed; to retain the list of questions that the interviewer may have used; and, to retain a copy of this interview sheet.

After being appraised of the above, the respondent has voluntarily agreed to give his/her consent to the interview and to the documentation of the information he/she has shared.

CONSENT of the Respondent ☐

RESPONDENT'S PERSONAL PROFILE

Name/code: _____ Age_____ Sex_____

Marital Status_____ Number of Children_____

Occupation_____ Nationality/Ethnicity_____

Religion_____ Education_____

Contact details_____

If the respondent for this interview is not the person whose rights are involved or have been violated please complete this section:

Name of Informant: _____ Age_____ Sex_____

Relationship to the person who is the subject of this Fact Sheet:

_____

_____

When the interview is finished complete the following section

Action Taken/Recommended
Identify the actions/interventions done or proposed and the name of the organisation or person responsible. Indicate the current status of any actions taken.

_____
_____
_____
_____
_____
_____

Documentation details
Fact Sheet Prepared by:
Name: _____
Organisation: _____
Signature: _____
Date: _____

Noted by:
Supervising Officer: _____
Organisation: _____
Date Noted: _____
Signature: _____

INCIDENT REPORT

Incident Details:
Indicate in detail the answers of the respondent to the following questions: What happened? How? When? Where? Who was involved? Possible reasons why the incident happened. Did the respondent talk to anyone else about this incident? If so who? What does the respondent want to do about this incident?

Identify the rights involved or violated making use of the Cambodian Charter of the Rights of Persons with HIV/AIDS, The relevant Cambodian Constitutional provision or such other existing laws. Also make use of the Universal Declaration of Human Rights, and the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights.

MODULE 3: ADVOCACY

[Note: This module can be combined with *Session 10: Plan of Action* in Module 1]

RATIONALE

Advocacy is an important component of human rights and HIV/AIDS work. It is a potent instrument which AIDS Service Organisations (ASOs), NGOs and community-based organisations (CBOs) can utilise in the attainment of organisational goals.

Advocacy work involves a combination of several interrelated and complementary activities including education and information, organising, mobilising, alliance-building and networking. It is a collective endeavour that requires systematic planning, division of work, flexibility, creativity and foresight on the part of the leaders and members of an organisation, alliance or coalition. Advocacy activities are often seen as confrontational, but more often the most effective use of advocacy involves a cooperative approach with a range of organisations and individuals.

This module should be used in conjunction with local and international resources. For example, at the international level the International Guidelines on HIV/AIDS and human rights provide an important framework for human rights advocacy on HIV/AIDS. Equally important is the commitment governments have made to increase the level and capacity of their responses to the epidemic. In June 2001, the United Nations Special Assembly on HIV/AIDS popularly known as UNGASS made The Declaration of Commitment on HIV/AIDS which was adopted unanimously by the member states of the United Nations. The Declaration of Commitment on HIV/AIDS is an important document. It sets real targets for prevention, funding and accessing essential medicines, among other things. UNGASS represents a collective statement and a blueprint that civil society can use to promote further action on AIDS as well as hold governments accountable.

The general objective of this module is to raise the level of knowledge and skills of NGO, ASO and CBO workers and people living with HIV/AIDS in relation to human rights-based HIV/AIDS advocacy.

SESSION 1: WHAT IS ADVOCACY?

Specific Objectives:

- To define advocacy; and
- To establish the importance of advocacy in a human rights-based HIV/AIDS work.

Group Discussion

Strategies/Activities: Word Association

Provide the participants with strips of butcher's paper and paper markers. Instruct each one to write down a word or phrase which they associate to the word ADVOCACY. (**What comes to your mind when you hear the word advocacy?** or **What is your understanding of the word advocacy?**) Ask the participants to paste the strips of paper on the board. Once this is done, process the responses by putting together the words/phrases closely related or similar with the trainees participating in the sorting process.

Suggested Time: 45 minutes

Discussion Points/Synthesis

Advocacy is an organised or planned effort to influence decision/policy-making and program implementation. People who act to inform decision/policy makers and to influence their decisions/policies, as well as those who exert efforts to direct the implementation of programs are called advocates. Advocacy is very much related to policy formulation and development, and program implementation at various levels. Advocacy efforts may be directed at the decision/policy-making body and/or executive arm of a corporation or organisation or politicians and government officials.

The goal of advocacy is to convince decision/policy makers and program implementers to act in favour of the issue or cause being supported and/or promoted by an NGO, CBO, alliance or coalition. The advocacy message is a brief, clear statement of the problem and a recommendation for its solution.

In particular, advocacy work is commonly undertaken by NGOs, CBOs for any one or more of the following reasons:

- To alert decision/policy makers to the problems and concerns of the people they represent;
- To provide potential solutions or options to those problems;
- To alert decision/policy makers for the need to review, improve and update existing policies and programs; and/or
- To provide support to decision/policy makers on issues of mutual concern.

Advocacy is crucial in the conduct of a human rights-based response to HIV/AIDS. It is valuable primarily for the following reasons:

- To heighten awareness of HIV/AIDS as a national and human rights issue among decision/policy makers and the general public;
- To contribute to a favourable and supportive environment for HIV/AIDS prevention, care and support through the formulation and implementation of relevant policies and programs;
- To mobilise the community and relevant social organisations and institutions for prevention care and support;
- To popularise technical information about prevention, care and support; and
- To deal with specific community problems/issues through appropriate messages and media directed at identified target audiences.

In human rights and HIV/AIDS work, NGOs, ASOs and CBOs face numerous problems and concerns that require the need to engage in advocacy. Lessons from successful advocacy initiatives in HIV/AIDS underline the importance of several key factors:

- **Work in partnerships** with other organisations and individuals that can

strengthen the resources of the advocacy campaign, for example the media, academics and sympathetic public figures.

- **Be well prepared**. When dealing with the targets of the advocacy it is very important to be well-informed about the issue which is your focus of your advocacy.
- **Think strategically**. Use the most appropriate strategies and opportunities to get your message across.

SESSION 2: BASIC STEPS IN THE CONDUCT OF ADVOCACY WORK

Objective:

- To identify the basic steps in the conduct of advocacy work.

Group Discussion

Strategies/Activities: Workshop

Divide the participants into groups of 6–7 members per group. Provide each group with butcher's paper and markers and ask them to answer the following questions?

- What do you think are the basic steps in the conduct of advocacy work?
- What are the requirements/needs for each of the steps to be realised or accomplished?
- What are the common problems/difficulties encountered in each of the steps listed?

Suggest to the groups to present their outputs in a tabular form.

Basic Steps in Advocacy Work	Requirements	Problems/Difficulties
1.		
2.		
3.		
4.		
5.		

Suggested Time: 120 minutes

Provide each group 15 minutes for the presentation of their outputs.

Discussion Points/Synthesis:

There are several basic steps in the conduct of advocacy work that can be translated into an advocacy plan. These are the following:

Identifying the Problem/Prioritising/Research

Identification/statement of the problem. Advocacy work is necessary because there are problems or issues in the community or area which need to be solved or addressed primarily by the formulation, revision or improvement of relevant policies and/or programs.

Examples of problems/issues related to HIV/AIDS are:

- Mandatory testing as a requirement for employment.
- The persistence of misconceptions about HIV/AIDS in the community.
- The demotion, forced transfer or practice of any form of harassment and unfair labour practices against a worker/employee because of his/her HIV status.
- Patients being refused admission in health facilities/hospitals because of being HIV+.
- Children of HIV+ persons being denied admission in schools.
- Individuals being tested without their knowledge or consent.

HIV/AIDS NGOs, ASOs and CBOs are in a position to identify the prevalent problems faced by people infected and affected by the epidemic in different communities. While there may be numerous problems and issues facing people with HIV/AIDS and the organisations that work with them, there is also a need to prioritise which of the problems or issues will be the object of advocacy work at a particular period.

Some of the criteria which can be used by NGOs, ASOs and CBOs to help them prioritise and select the main problem/issue to be the focus of advocacy work at a particular point in time are the following:

- Is the solution of the problem a concern of the organisation or relevant to the organisation's goals and objectives?
- Will a solution to this problem result in a real improvement in people's lives?
- Is the solution to this problem realistically achievable?
- Do we have the organisational capability and resources to solve the problem?
- Are there other groups/organisations interested in the solution of this problem?

Conduct research to gather and analyse data relevant to the chosen problem/issue. Research is an integral component of advocacy work. Gathering the necessary data and information that will establish the importance of the problem and support the recommended solution is crucial. The research need not be complex or sophisticated. The purpose of the data is primarily to: (1) demonstrate the problem or issue; and (2) support the recommended solution or course of action.

What kinds of data/information are needed? Ordinarily, some of the data commonly needed would be in response to the following questions:
- What is it about the situation that is unacceptable or wrong?
- Who is affected by the problem?
- In what ways are the groups/sectors affected by the problem?
- What factors in the community (for example, values, attitudes, and economic difficulties) influence the problem?
- What actions/efforts have been taken to try to resolve the problem?
- What should be done to resolve the problem?

It is important to find out if the information you need is already available. In many instances, NGOs, ASOs and CBOs because of their extensive grassroots work and experiences may have the necessary information. It is just a matter of identifying what is relevant, collating, organising and analysing any data so that it is useful for the purpose of advocacy work. Possible sources of information may be:
- Past and present records of the NGOs, ASOs, CBOs, as well as other organisations involved in the same or similar line of work;
- Written reports of programs/committees, assessment or evaluation reports, year-end reports, etc.;
- Publications, newsletters;
- Government records, documents/materials; and
- Private and public offices and institutions. For example, government departments like the Ministry of Health, Labour and Education.

However, if data is not available, then there is the need to systematically gather and collate it. In both instances, research is a MUST (see *Module 2: Monitoring & Documentation of HIV/AIDS and Human Rights*).

Core group formation. Once the research has been completed, the next step is identifying and reaching out to other key and potential partners, groups and organisations. This involves networking with potential partners who also have an interest in the issue. Selecting potential partners may be based on the background and experience of the NGO, ASO or CBO and the viability of establishing good working relationships.

In human rights and HIV/AIDS-related problems, networking and coalition-building is necessary because of: (1) the magnitude of the problems that exist; and (2) the presence of many organisations interested and/or committed to solving such problems.

After conducting one or two meetings or brainstorming sessions, a core group of perhaps 8 to 10 committed individuals from a number of the organisations

can be formed. The core group is the body responsible for developing the advocacy plan, mobilising resources and mapping the strategies to be used. This will also be the body providing day-to-day leadership/direction. It is important that this group reaches agreement on its mandate or overall aims and on the various roles and responsibilities of its members. Members of the core group should be people who are willing and able to commit the necessary time and resources required to achieve the aims the group has set.

Developing the advocacy campaign plan. One of the first tasks of the core group is the development of the advocacy plan. This can be achieved through a series of meetings/brainstorming sessions of the core group and consultations with individuals who are in a position to provide support and input into the design and conduct of the advocacy campaign. For example, academics, health professionals, legislators, religious leaders and media people may be useful resources in this respect.

Among the key elements in the development of an advocacy plan are:
Objectives/Targets/Allies
Statement of objectives. It is advisable and useful particularly for evaluation purposes to state the objectives in SMART form, i.e. specific, measurable, attainable, reasonable and time-bound.

Examples of specific, measurable and time-bound objectives related to HIV/AIDS are:

- Incorporate the teaching of HIV/AIDS and human rights into the high school curriculum of at least 20% of the leading public schools in the region by the end of 2002.
- Put-up a functional sexually transmissible infection (STI) clinic in at least 10% of the districts in the province by the end of 2002.
- Raise the level of knowledge on and understanding of HIV/AIDS by 25% of the police force in the province by June 2002.

Identify the principal targets of the advocacy campaign. An advocacy campaign may have many targets. Targets are those who have the capacity to respond and bring about the desired changes the organisation or coalition is seeking. However, the targets may have varying degrees of influence, and more often, because organisational resources that can be devoted to advocacy work are limited, it is important to focus the advocacy efforts to key targets. These would mean those with the greatest influence and power to bring about the desired changes like policy and/or decision-makers.

Example 1: If the problem has something to do with the incorporation of HIV/AIDS and human rights into the high school curriculum, the key targets may be the officers of the Department or Ministry of Education headed by the Secretary or Minister.
Example 2: If the problem is related to establishing STI clinics in the districts of a province, the key targets may be the officers of the Department or Ministry of Health or the officers of the province, depending on what government office has primary jurisdiction over this matter.
Example 3: If the problem is raising the level of awareness of the police force in a province, the key targets may be the head of the local government unit if the local police forces are directly under the control and supervision of the local government officials.

Identify potential allies/supporters who may be interested in the issue and may be mobilised in the advocacy campaign activities. This involves engaging in networking with other organisations, individuals, both locally and internationally. Such groups and individuals may include:

- Other NGOs, ASOs, CBOs, including human rights and health organisations,
- Sectoral groups for example organisations of women, workers, residents,

youth and student groups.

- Opinion makers in the community, for example media personalities, academics, lawyers, religious and community leaders, etc.
- Sympathetic government officials and legislators.
- International allies and sympathisers for example country and regional-based NGOs, ASOs and CBOs.

Formulate the specific plan of action to include:
List of Activities

- Forums, discussion meetings
- Production and distribution of IEC materials to key targets
- Opinion makers like the mass media
- Media campaigns like holding of press conferences, writing press statements and letters to the editor, guesting in radio and TV programs to discuss the issue
- Petition-signing
- Holding of mass actions like pickets, rallies, strikes
- Organising cultural shows/activities like concerts, plays on the issue, etc.
- Lobbying the National Assembly, government office(s)

Timetable of each activity, i.e. target dates

Resources needed for each activity, i.e. human, material and financial requirements

People responsible for each activity

Implement, monitor and evaluate the plan of action. Once the plan of action is implemented, monitoring becomes necessary. This involves keeping track of how the various activities are being carried out, the problems/difficulties encountered, adjustments in the plan that need to be made, and what results are being achieved. For example, has there been a change of policy as a result of the advocacy? Data acquired from monitoring will be valuable in evaluating the plan of action implemented and in developing future initiatives. Bear in mind that change may be slow and that in many cases advocacy requires an ongoing engagement.

Suggested Time:
120 minutes

SESSION 3: ADVOCACY PLANNING IN PRACTICE

Objectives:

- To engage participants in advocacy planning.

Group Discussion

Strategies/Activities: Workshop

Divide the participants into groups of 6–7 members. Provide the groups with butcher's paper and markers, and tell them to identify what they consider to be the 5 most important or key human rights HIV/AIDS-related problems/issues in the community. Instruct them to list down the 5 problems/issues and opposite each problem, the reason(s)/justification(s) for considering these as important or key issues.

Suggested Time: 60 minutes

Provide each group 10 minutes each for presentation. After which, process the different group outputs and list down the 5 most common problems identified and agreed upon by the participants.

Suggested Time: 120 minutes

Reconvene the workshop groups. Assign one of the 5 problems identified to each of the groups and instruct them to develop a simple, realistic and attainable advocacy plan following the basic steps and containing the main elements of an advocacy plan.

During the plenary, provide each group 15 minutes for presentation.

Suggested Time: 60 minutes

After the plenary, discuss with the participants which among the 5 advocacy campaign plans presented can be adopted and implemented by the body. Once an advocacy campaign plan has been agreed upon by the body, the initial members of the core group can be selected from among the participants and other aspects of the plan fleshed out.

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Internet Resources

The Canadian HIV/AIDS legal Network, <www.aidslaw.ca/home.htm>
This site holds many documents on human rights, the law and HIV/AIDS and has links to many other relevant websites

Office of United Nations High Commissioner for Human Rights, <www.unhchr.ch/html/intlinst.htm>
You can download copies of the all the major human rights instruments including the Universal Declaration of Human Rights from this web site

François-Xavier Bagnoud Center for Health and Human Rights Harvard School of Public Health, <www.hsph.harvard.edu/fxbcenter/index.htm>.
This is a useful site that contains information about the work of the Center on health and human rights as well as useful links to other sites.

UNAIDS <www.unaids.org>.
You can download the International Guidelines on HIV/AIDS and Human rights as well as many other documents relating to HIV/AIDS and Human Rights.

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