CEDAW Advocacy
Training Module for Positive Women
## 1 Introduction

1. CEDAW National Training Workshop  

## 2 CEDAW National Training Workshop

2.1 Welcome  

## 3 Facilitators’ Guide

### DAY 1: Know Your Rights

1.1 Introductions  
1.2 Unjust treatment  
1.3 HIV-related discrimination  
1.4 Human rights  
1.5 International treaties  
1.6 CEDAW and women’s rights  
1.7 National laws and policies  
1.8 Case studies  
1.9 Recourse for action  
1.10 Closing  

### DAY 2: Policy Advocacy

2.1 Welcome  
2.2 Meaning of advocacy  
2.3 Forms of advocacy  
2.4 Qualities of an advocate  
2.5 Assertiveness  
2.6 Body language  
2.7 Delivering the message  
2.8 Role plays  
2.9 Closing  

### DAY 3: Developing A Rights-Based Advocacy Campaign

3.1 Welcome  
3.2 Identify the issues  
3.3 Prioritise issues  
3.4 Research the issue  
3.5 Develop objectives  
3.6 Identify major target  
3.7 Identify resources and strategic partners  
3.8 Develop advocacy action plan  
3.9 Monitoring and evaluation  
3.10 Check out  

## Appendix

i. Case Studies  
ii. Advocacy Action Plan Matrix
Persistent gender inequalities and human rights violations continue to drive the HIV epidemic in the ASEAN region. In countries across Asia, men with multiple and concurrent sexual partners are fuelling secondary transmissions to their intimate female partners. In 2008 the Commission on AIDS in Asia estimated that at least 75 million men in Asia buy sex regularly from about 10 million women, and as a result many of these men's wives and intimate partners are exposed to HIV. Married women constitute increasing numbers of new infections in countries with mature epidemic such as Myanmar, Thailand and Cambodia. Women living with HIV are frequently subject to stigma, discrimination and human rights violations, particularly in healthcare settings.

In Asia, women diagnosed as HIV-positive face certain issues specific to them. HIV exacerbates poverty and positive women are more likely than positive men to be widowed, raise their children alone and are less likely to have income-generating capacity. Positive women also face significantly higher levels of HIV-related discrimination than their male peers.

**Why does HIV disproportionately affect women?**
- women are highly vulnerable to infection;
- women are often blamed for spreading HIV;
- women bear the burden of care;
- women face greatest levels of HIV-related discrimination.

**What kinds of discrimination do positive women experience?**
- ostracism from family;
- banishment from public places (shops, places of worship);
- forced to change housing or lose rights to property;
- physical violence because of their HIV status.

Positive women often miss out on crucial health education information and on-going health care and many are refused care or treatment. Some women have difficulty accessing ARVs because government programs are not offered near their homes and they cannot afford transport to get to HIV service providers. To make informed choices about treatment options all positive women need adequate information about ARVs for themselves and their infants, as set out in WHO Guidelines.

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Most positive women are unaware of their right to sexual and reproductive health and are rarely given non-judgmental information around their reproductive health choices. Sexual and reproductive health policies and services tend to focus on the health of the unborn child, while women's rights have largely been ignored. Women often do not know what contraceptive, pregnancy and childbirth options are available. Many positive women are coerced into terminating pregnancies and a significant number of women are sterilised after delivery. In some countries women who want to terminate are refused services because of health care workers’ fear of HIV infection.

The Asia Pacific Network of People Living with HIV (APN+) has consistently found that positive women face significantly higher levels of HIV-related discrimination than men do. They are often deprived of their right to informed choices about their reproductive and sexual health. A recent (not-yet-published) survey by APN+, Improving access to reproductive and maternal health care for women living with HIV, provides further evidence of rights violations against positive women. Among women who had been pregnant in the past 18 months, 18.7% had medical terminations and 66.7% of these were reported to be coerced specifically because of their HIV status; furthermore, 28.8% of the women surveyed were encouraged to consider sterilisation and one in three felt they were not given a choice to decline. These findings have important implications for universal access to prevention, treatment, care and support services across Southeast Asia.

### What is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)?

CEDAW is an international human rights treaty that provides the normative standards for non-discrimination and substantive equality between women and men. All countries in the ASEAN region have signed and ratified CEDAW and therefore are committed to implementing the principles of CEDAW. ASEAN countries have also signed The Declaration on Elimination of Violence against Women. Governments have a responsibility to respect, protect and fulfil the equal rights of all women.

Despite internationally binding declarations and treaties, women's rights and in particular positive women's rights, are often not respected. Positive women require full and accurate information about their rights and the ability to advocate for them. Every woman has the right to choose whether, when and how to become pregnant and be supported in her decisions. Women need to be able to make informed choices in order to prevent unwanted or unintended pregnancies. No positive woman should be coerced into having more or less children than she wishes to and termination of pregnancy or sterilisation must only occur with a woman’s voluntary, confidential, fully-informed consent.

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**HIV/AIDS: Guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained settings.**

Within positive networks, women have generally had less skills training than men and often lack confidence in their ability to advocate. Positive women's networks at both national and regional level remain institutionally weak, under-funded and undervalued and there is an urgent need to strengthen their individual and collective voices to advocate for access to services appropriate to their needs.

Without the full participation of women living with HIV, programs will fail to address the needs of the community, will have limited impact, and HIV infections will continue to increase, particularly among women.
This national workshop aims to build the capacity of HIV-positive women’s national networks with skills and strategic information to enable them to effectively address HIV response gaps and to meet universal access targets. It will enable women to use a human rights framework to advocate for their unique needs in accessing HIV services and to shape policies, guidelines and plans.

The national workshop aims to equip participants with:

- A comprehensive understanding of the relationship between women’s health and human rights and the importance of a rights-based response to HIV;

- An insight into HIV-related discrimination and human rights violations of women living with and affected by HIV and how these can be addressed under the human rights framework;

THE WORKSHOP AIMS TO:

- Enhance the participation of positive women at all levels: local, national and regional.
- Strengthen the capacity of positive women’s networks to advocate for policy and programs consistent with the elimination of discrimination against women and to attain universal access to HIV prevention, treatment, care and support for women.
- Give positive women an understanding of CEDAW and other related human rights documents and treaties.
- Build the capacity of positive women to use international human rights frameworks as tools in policy advocacy.
- Build the capacity of positive women to urge those in power to address their needs and respond to HIV-related discrimination and human rights violations.
- Enhance the participation of positive women at all levels: local, national and regional.
- An understanding of international declarations and guidelines, particularly CEDAW, that should be used to shape national responses to HIV, including women's access to prevention, treatment, care and support services;

- An understanding of national laws and policies that protect and promote the rights of women living with HIV, including any disparities between national legislation and international human rights treaties;

- Guidance on how to use law and policy to promote a human rights based response to HIV in ASEAN Member States that includes protecting the rights of women living with HIV;

- Tools for effective advocacy around the human rights of women living with HIV in the context of national HIV policies and programs.
This workshop is designed to be delivered over three days, with each day divided into four 80-minute segments. Participants are encouraged to deliver warm-up exercises, ice breakers and energisers throughout, each morning and after each break. These exercises may be up to 10 minutes, ensuring that each block of training runs no longer than 90 minutes. The leaders of these exercises should rotate over the three days to enable different women to take on the role of group leader.

**Resources required:**

**Day 1**
- 2 x PowerPoint presentations (available on request), laptop and projector
- Copies of CEDAW handout (available on request)
- Copies of Case Study 1 and Case Study 2, which need to be translated into local languages beforehand (see Appendix)
- A national expert on HIV, gender and law is required to present after lunch on Day 1. This expert should provide guidance on local law as well as CEDAW shadow reporting processes and methods to advocate within country

**Day 2**
- Paper
- Pens
- 1 x large sheet of paper for Exercise 2.3 (Qualities of an advocate); the paper must be large enough to draw a life size body outline and can be made by sticky-taping three large pieces of paper together

**Day 3**
- Copies of the Advocacy Action Plan Matrix (see Appendix)
- Paper
- Pens
- Whiteboard or flipchart
- Sticky tape

**The workshop outline:**

**DAY 1:** KNOW YOUR RIGHTS

- Unjust treatment
- HIV-related discrimination
- Human rights
- International treaties
- CEDAW and women’s rights
- National laws and policies
- Case studies
- Recourse for action
DAY 2:  POLICY ADVOCACY
Meaning of advocacy
Forms of advocacy
Qualities of an advocate
Assertiveness
Body language
Delivering the message
Role plays

DAY 3:  DEVELOPING A RIGHTS-BASED ADVOCACY CAMPAIGN
Identify the issues
Prioritise issues
Research the issue
Develop objectives
Identify major target
Identify resources and strategic partners
Develop advocacy action plan
Monitoring and evaluation

Timing for each exercise may vary from country to country however it is important to keep each day’s agenda self-contained, and not to “spill over” into the next day and run out of time to complete the Advocacy Action Plan. On Day 3 extra time is available after afternoon tea to complete the action plans if necessary.
DAY 1: KNOW YOUR RIGHTS

Objectives

- Understand the relationship between women’s health and human rights and the importance of a rights-based response to HIV;
- Develop insight into discrimination and human rights violations of women living with HIV and how these can be addressed under a human rights framework;
- Examine legislation that protects and promotes the rights of women living with HIV and any disparities between national law and international human rights treaties;
- Understand how CEDAW and national reporting processes can provide positive women’s groups with entry points for policy advocacy.

1.1 Introductions (20 mins)

Welcome participants and introduce yourself and the rationale for the workshop.

ACTIVITY► Choose an interactive way for participants to introduce themselves and share their expectations for the workshop.

It is important to hear each woman's voice and get a feel for her level of experience.

Explain the outline of activities over the next three days.

HANDOUT► Prepare a copy of the agenda outline for distributing to participants.

1.2 Unjust treatment (30 mins)

ACTIVITY► Ask participants to recall the first time they were treated unfairly. Suggest that they think of an incident when they very young, e.g. a parent, sibling or teacher punished them or acted in a way that made them think "that's not fair".

Participants select a partner they feel comfortable with and sit back-to-back on the floor. They should reflect on their story for two minutes and then turn around and face each other to share in turn.

Bring participants back to the large group.

DISCUSSION►

TOPIC: What do everyone’s stories tell us about human rights?

Discussion prompts:

- When we are very young we develop a sense of what is just and unjust;
- We have an innate sense of fairness, justice, equality;
- We know when our rights are violated.
1.3 HIV-related discrimination (30 mins)

**DISCUSSION**

**TOPIC:** Discuss the discrimination faced by women living with HIV throughout the region.

**Discussion prompts:**
- Breaches of confidentiality;
- Refusal of health care;
- Mandatory testing;
- Coerced sterilisation;
- Reproductive health information;
- Inability to access ARVs.

**POWERPOINT PRESENTATION**

*PowerPoint presentation is available for this session: “Discrimination Faced by Women Living with HIV”*

**DISCUSSION**

**TOPIC:** Ask participants to briefly outline discrimination they have faced in their own lives.

*Tea break*

1.4 Human rights (20 mins)

**DISCUSSION**

*Encourage a wide-ranging discussion, accepting all ideas. Urge quieter women to participate. Explain that human rights are universal, inherent, non-negotiable.*

**TOPIC:** Brainstorm the meaning of ‘human rights’.

**Discussion prompts:**
- What do we mean by human rights?
- What are human rights?
- Why do we have these rights?
- How do we have rights?
- Why should we have rights?
- Do some people have more rights than others?
- Where do rights come from?

1.5 International treaties (20 mins)

Provide an overview of the history of human rights treaties ratified by governments to safeguard the rights of all people.

**POWERPOINT PRESENTATION**

*PowerPoint presentation is available for this session: “Positive Women's Rights”*

**LESSON**

The Universal Declaration of Human Rights was the first human rights treaty adopted by UN General Assembly in 1948. It asserts that every person has the right to life, liberty and security of person, and a standard of living adequate for health and well-being. Explain that this is not a legally binding document.

The rights outlined in the Universal Declaration were then reflected in the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the International Covenant on Civil and Political Rights
The right to the highest attainable standard of health (ICESCR, Article 12)
- The right to enjoy the benefits of scientific progress (ICESCR, Article 15)
- The right to privacy (ICCPR, Article 17).

Other declarations relevant to women living with HIV adopted by UN General Assembly:
- Convention for the Elimination of Discrimination against Women (1979)
- Vienna Declaration and Programme of Action (1993)
- Paris AIDS Summit Declaration (1994)

In 2004, ASEAN countries signed two regional declarations that support the UN treaties to protect women’s rights: The Declaration on Elimination of Violence against Women in ASEAN countries, which urges ASEAN member states to fully implement the goals and commitments made related to eliminating violence against women and monitor their progress, and the ASEAN Declaration against Trafficking in Persons, Particularly Women and Children, which intensifies efforts to address transnational trafficking.

1.6 CEDAW and women’s rights (40 mins)

LESSON Explain that the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW) was the first human rights treaty to specifically recognise, outline and affirm the rights of women. All countries in the region have signed CEDAW; not all have ratified it. CEDAW obliges governments to promote gender equality, respect the human rights of women and ensure women’s equal access to health services. The CEDAW Committee also adopted General Recommendations concerning women and HIV.

States are obliged to provide periodic reports every four years, via the national coordinating agency, to monitor efforts to eliminate discrimination against women. NGOs can provide shadow reports at the same time.5

DISCUSSION TOPIC: The rights women have under CEDAW, on an equal basis with men, and how these rights may relate specifically to women living with HIV.

Discussion prompts:
- Right to education (Article 10)
- Right to work (Article 11)
- Right to health (Article 12)
- Right to obtain financial credit (Article 13)

http://www1.umn.edu/humanrts/iwraw/proceduralguide-08.html
Rights of rural women (Article 14)
Right to equal legal capacity and freedom of movement (Article 15)
Right to choose a partner and decide freely and responsibly on the number and spacing of children (Article 16)
Right to own and dispose of property (Article 16)

LESSON
The CEDAW Optional Protocol, 2000, allows individuals and groups who believe their rights have been violated to submit complaints to the CEDAW committee. The Committee can only look at complaints once all legal avenues within the country have been exhausted. It can, by itself, initiate inquiries into grave or systematic rights violations.

HANDOUT
Handout is available for this session: “Major CEDAW Articles relating to positive women”

Lunch

1.7 National laws and policies (80 mins)

DISCUSSION
To be facilitated by a local expert in gender, HIV and the law.

TOPIC: National laws that complement international treaties.

Discussion prompts:
- Cambodia, Philippines and Vietnam have specific laws to protect people living with HIV.

Tea break

1.8 Case studies (30 mins)

ACTIVITY
Divide into four small groups
You will need:
Copies of Case Study 1 and Case Study 2 (see Appendix)
Provide each group with one of two case studies

Two groups will discuss Case Study 1 and the other two groups will discuss Case Study 2. Ask participants to nominate one person to read the case study aloud. Determine what rights were violated. Encourage groups to identify each rights violation including: right to privacy, information, family planning choices, health, housing, security of person.

Bring the group back together.

DISCUSSION
TOPIC: On the previous activity.

Discussion prompts:
- Every woman has the right to privacy of information; to access to confidential health care services; to make fully-informed choices about their sexual and reproductive health; to shelter; to live free of violence or the threat of violence; to livelihood opportunities.
- Violation of the right to privacy can lead to gross violations of many other rights.
- Termination of pregnancy and sterilisation must only occur with a
1.9 Recourse for action (30 mins)

**DISCUSSION**

* Divide into small groups

**TOPIC:** International agreements and national laws.

**Discussion prompts:**
- What are the benefits of having international agreements and national laws?
- Do they protect people living with HIV?
- What happens when rights are violated?
- How can international agreements be used to lobby governments?

Bring the group back together.

**BRAINSTORM**

* Ensure the discussion is far-ranging.

**TOPIC:** Issues that are barriers to utilising the courts, e.g. fear of reprisal, ignorance of rights, cost.
- Why don’t people seek to enforce their rights through the courts or in other ways?
- What can be done to address these violations?
- How can women effectively counter discrimination?
- Discuss how to use human rights instruments as advocacy tools.
  
  * Eg. lobbying for legislative and policy change, depositions to governments to enforce existing laws, media exposure.

Explain what opportunities are available for redress if women's rights are violated.

**LESSON**

* The Positive Women’s Network should document the issue, attempting to corroborate any incidents or events specified in the allegations through written reports and/or eye witness accounts.

The Network needs to mobilise appropriate organisations to collaborate with them as advocates to challenge policy or practice.

The Network should raise the issue with: local HIV and/or women's NGOs that have a human rights agenda; UNAIDS Intercountry Team; international organisations involved in funding services related to the complaint; national, local or provincial HIV committees or technical working groups that have links to health system; any relevant professional medical association.

States that have ratified the CEDAW Optional Protocol, provide an international avenue for complaints (Cambodia, the Philippines and Thailand have done so).

1.10 Closing (20 mins)

Ask participants to reflect on what they learned today.

Give all participants time to clarify any points of misunderstanding from today's session.

**ACTIVITY**

* Ask participants to go round the circle and reflect on how they feel at the end of Day 1.
DAY 2: POLICY ADVOCACY

Objectives
- Understand the meaning and purpose of advocacy;
- Increase confidence and ability to be effective advocates;
- Develop the ability of positive women’s networks to identify receptive individuals in decision-making positions;
- Build confidence to address people in decision-making positions.

2.1 Welcome (10 mins)

ACTIVITY Ask participants to sit in a circle and take turns to share how they feel at the beginning of Day 2.

Ask if there are any on-going concerns from yesterday.

2.2 Meaning of advocacy (40 mins)

DISCUSSION Make sure participants do not confuse advocacy with public education.

TOPIC: What is the meaning of advocacy?

Discussion prompts:
- Ask participants why they might advocate.
- What issues might they want to address? e.g. access to HIV services; coerced sterilisation; confidentiality
- Definition of advocacy: “to voice concerns and take action to change practices, policies or laws”.

Explain that advocates need to be clear about their reason for acting. Always ask: “Why are we doing this?” “What do we want to change?”

BRAINSTORM Encourage examples of advocacy campaigns participants have been involved in.

TOPIC: Examples of advocacy that have happened already in the country to create positive change in the HIV sector.

DISCUSSION

TOPIC: What makes some advocacy campaigns successful and others not? Why?

Explain features of successful advocacy campaigns:
- Issues have high priority and urgency
- Campaign is well planned
- People responsible have ownership
- The desired change is feasible
2.2 Forms of advocacy (30 mins)

**ACTIVITY**

*You will need:*

- Paper
- Pens

In groups, participants come up with different advocacy tactics. Bring the groups back into one large group and work together to arrange all the similar contributions into groups e.g.

- Face-to-face strategic meetings / Delegations to influential people
- Letters / Petitions / Publication of reports / Brochures / Newsletters
- Rallies / Public Gatherings / Public Meetings / Cultural Events
- Press Releases / Public Appearances / Conferences / Media interviews

**Tea break**

2.3 Qualities of an advocate (30 mins)

**ACTIVITY**

*You will need:*

- A large piece of paper

Ask for a volunteer to lie on the floor on top of a large sheet of paper and get participants to draw around the outline of their body. On the body outline, participants write down the qualities needed for effective advocacy.

*Make sure all relevant qualities are included: clear minded; passionate; knowledgeable; commitment; respect others; good listener; clear voice; sound preparation; eye contact; confidence; appropriately dressed; appropriate language; compassion; resourceful; assertive; courageous; non-judgmental; belief in ideas; analysis of issues; initiative; flexibility; strong support base.*

Ask participants if all qualities are listed and whether all are necessary.

*Query any qualities that are not important, e.g. educated, healthy, married.*

Ask participants which of these qualities they already have. Share with everybody.

Ask participants which of these qualities they need to develop further.

2.4 Assertiveness (50 mins)

**BRAINSTORM**

*Encourage everybody to contribute.*

**TOPIC:** Ways that participants respond in difficult situations.

- When and why might we behave submissively or aggressively?
- Why are we unable to express our feelings or speak about our needs in a clear and open way sometimes?
- What are some of the barriers to effective communication?

*Eg. A person in authority demands respect; fear of loss of treatment or support; anger; desire to please or be liked; fear of embarrassment or rejection; fear of conflict; not listening; accusing; no respect.*
Explain that there are a range of reasons why we behave either aggressively or submissively.

**BRAINSTORM**

**Divide participants into groups of three or four**

**TOPIC:** Ask participants to think of a situation in which their rights or needs were not met and talk about how they behaved.
- Submissively?
- Aggressively?
- What language did they use?

Bring group back together.

**BRAINSTORM**

**TOPIC:** What are the results of silence and/or anger? How do we feel afterwards?
- What was the outcome? Were your needs met?

*Encourage responses from everybody: low self-esteem; isolated; depressed; frustrated; impatient.*

Explain that if we do not state our concerns honestly our needs are not addressed. Submissive behaviour gives control to others and indicates a lack of self-belief and respect for our own ideas; it gives the message, "You are more important than me". If we are aggressive, we say, "I have rights and I don't care about your rights. My rights are more important." and often the response is reactive.

**BRAINSTORM**

**Divide into small groups**

**TOPIC:** Ask participants to think about how they might be able to change the way they respond in difficult situations so that they become more assertive.

- How can you claim your rights and still retain the respect of others?
- What language could be changed?

Suggest starting each sentence with “I feel…”

"I feel there is a problem, and I am wondering if we can sort it out"

"This is what we feel and this is how we see the situation. We would like to hear what you think and perhaps we can reach a common understanding."

“We feel that certain public health practice contradicts policy and we feel that you may be able to address this issue”.

Bring the group back together.

**DISCUSSION**

**TOPIC:** What is the meaning of assertiveness?

**Discussion prompts:**
- expressing needs, problems or issues in a clear, honest way;
- standing up for our rights and respecting the rights of others;
- respecting ourselves and other people and their differences;
- listening without judging;
- being able to say how you feel and what you want without fear.
Explain that assertive behaviour is an honest way of relating. Instead of getting angry or keeping quiet, we remain in control and minimise offence to others. We feel more confident about ourselves. By showing mutual respect we are more likely to get our needs met, our rights upheld and more positive outcomes.

Lunch

2.5 Body language (20 mins)

**ACTIVITY**

- Ask participants to move around the room in a random pattern and observe how they are walking, how their head is positioned, how their shoulders feel, how fast they move.
- Ask participants to work alone in this exercise, without interacting with others.
- Ask participants to stop and think about a time when they felt very angry.
- Allow the feeling to enter their body.
- Ask participants to keep walking around the room physically expressing that emotion.
- Tell them to observe what happens to the body. Stop.
- Now ask them to imagine that they are very excited (e.g. just received good news). Participants continue walking.
- Ask them to observe how the body changes with each emotion.
- Repeat the exercise with other emotions of fear, joy, etc.

Ask participants to resume their seats.

**BRAINSTORM**

- Encourage participants to think about weight, pace, tension. Explain that the major change as people move from negative to positive emotions are lightness and openness.
- TOPIC: What differences happen in our body when we are feeling good or bad?

Suggest that advocates need to aspire to have light and open body language.

2.6 Delivering the message (30 mins)

Explain that when a delegation meets influential people it is important, from the outset, to know what outcome you hope for and what you want to achieve.

**DISCUSSION**

- Divide into small groups
- TOPIC: Key steps when delivering an advocacy message in a face-to-face meeting with people who have the power to address issues.
- Bring the group back together.

**ACTIVITY**

- Ask participants to provide feedback from their breakout groups and work together to collate a list of key steps, including:
  - Introduce yourself and your organisation
  - Explain why you are there
Deliver information that addresses the issue only
Explain what is in it for them
Reinforce the message
Leave written material for their reference
Thank them for their time

2.7 Role plays (30 mins)

ACTIVITY Explain to participants that they will each now attempt to role play face-to-face meetings with decision-makers, in order to build their confidence to advocate directly.

Ask for suggestions for advocacy scenarios.

Scenarios can include:
- Lobbying medical officers for improved services
- Meeting government officers re ARV access and supply
- Meeting policy makers re women’s reproductive health choices
- Approaching a small business for material support
- Talking to donors about providing mentoring or skills building

Ask volunteers to do the role plays in turn.
Encourage participants to employ assertive behaviour and language.
Ensure each participant attempts at least one role-play.
After each role play, participants give constructive feedback to each other.
Ask: What helps assertive language and behaviour and what hinders it?

Provide major pointers for participants to improve their advocacy efforts:
- Structure the message clearly and simply
- Explain the reason for the meeting
- Always maintain eye contact with the person to whom you are speaking
- Do not criticise the person or organisation
- Keep control of and steer the discussion
- Do not be apologetic

Tea break

2.7 Role plays (60 mins)

Role plays continue.

2.8 Closing (20 mins)

Ask participants what they found most useful from today’s session.

ACTIVITY Ask participants to go round the circle and reflect on how they feel at the end of Day 2.
DAY 3: DEVELOPING A RIGHTS-BASED ADVOCACY CAMPAIGN

Objectives
- Provide skills to develop an advocacy action plan that is evidence-based and uses a rights-based approach;
- Provide a framework to target message(s) effectively to specific audiences;
- Build confidence to advocate for positive women’s rights by referencing national laws and plans as well as international treaties;
- Facilitate dialogue between participants and strategic partners.

3.1 Welcome (10 mins)

ACTIVITY ► Ask participants to sit in a circle and take turns to share how they feel at the beginning of Day 3.

Explain that today is a very practically focused day and the aim is to have an Advocacy Action Plan developed by the end of today’s session.

3.2 Identify the issues (30 mins)

ACTIVITY ► Divide into small groups

You will need:
- Paper
- Pens
- Whiteboard or flipchart
- Sticky tape

Women identify the major issues related to violations of their and/or other positive women’s rights in the country.

Each issue is written on a piece of A4 paper in felt tip pen.

Draw the outline of a tree on the board.

Ask participants to attach their issues onto the “problem tree”. Where the issue is placed indicates whether it is the root of the problem, the fruit, etc.

Bring the group back together.

DISCUSSION ►

TOPIC: The major issues related to violations of their and/or other positive women’s rights in the country.

Discussion prompts:
- Are all the important issues included?
- What issues are protected under national law?
What may be the most effective way to convince decision makers to address concerns?
What activities are possible?
Omit issues that are too difficult or big to tackle, e.g.: eliminate violence against women.

Make sure that goals are realistic.

DISCUSSION

TOPIC: Discuss in detail the feasibility of advocating around these issues.

3.3 Prioritise issues (40 mins)

ACTIVITY
You will need:
Whiteboard or flipchart
Make a list of all issues raised - on white board or on large paper.
Ask each participant to think of the three most important issues.
Get each participant to come to the list and indicate the three issues by marking them.
The issues with the most ticks become the group's priority issues to be tackled first.
Ask participants to affirm that these are the issues to include in their advocacy plan.

Explain that some issues may be addressed very simply, e.g. going as a delegation to lobby government officers, other issues need several activities and detailed action plans.

Tea break

3.4 Research the issue (10 mins)

Explain why research is vital for any advocacy campaign.
It is important to learn as much as possible about an issue before advocating for change.

ACTIVITY
Divide into small groups
In groups, ask participants to discuss what research they will need to do before they can begin to address the priority issues. How/where can they get the information needed?

3.5 Develop objectives (30 mins)

DISCUSSION

TOPIC: Ask participants: What is the desired outcome?
Discussion Prompts:
Guide participants to refine broad goals and develop SMART objectives (specific, measurable, agreed, realistic and time bound) to describe desired outcomes.

Explain that if clear, detailed objectives are articulated, when the project ends, it is easy to determine whether the desired outcome was achieved.
3.6 Identify major target (20 mins)

**DISCUSSION**

**TOPIC:** Ask participants to identify to whom they are directing their message.

**Discussion Prompts:**
- Identify which people or bodies have power to achieve the advocacy objectives directly; and which people/bodies can influence the major target.
- Discuss the positives and negatives of focusing advocacy to various people/bodies.
- Ask: Which group(s) of people have the greatest power and ability to respond?

Explain how different forms of advocacy might be employed for different targets.

3.7 Identify resources and strategic partners (20 mins)

**DISCUSSION**

**TOPIC:** Participants discuss the financial and human resources needed to meet their objectives.

**Discussion Prompts:**
- Determine any resources available to assist in carrying out the plan.
- Identify potential coalitions and strategic partnerships, e.g. people in National AIDS Council, Ministry of Women's Affairs, Ministry of Health, other government sectors, national women's rights organisations, other NGOs, and media.
- Identify how each partner can help to achieve the desired outcomes.

**Lunch**

3.8 Develop advocacy action plan (80 mins)

**ACTIVITY**

**Divide into small groups**

**You will need:**
*Copies of the Advocacy Action Plan Matrix (see Appendix)*

Each group works on a different objective.

Participants decide what activities to include in their plan to achieve their objectives:
- What action will be most effective, considering resources available?
- How will the activities be carried out? How will they be packaged?
- Who has overall responsibility for ensuring the advocacy plan is on track?

Ask participants to provide as much detail as possible in terms of time and effort.

Ask them to develop timelines of when each activity will happen.

Ask them to develop a proposed budget of all associated costs.
Participants develop an Advocacy Action Plan for each objective. Under each objective, the group determines each activity to be undertaken. For each activity they determine their target audience, strategic partners, resources available, total budget, realistic timelines. Participants complete an Advocacy Action Plan Matrix for each objective. Participants ensure a person is responsible for each step of plan so it moves forward. Performance indicators are determined for each activity.

**Tea break**

### 3.8 Develop advocacy action plan (30 mins)

Development of Advocacy Action Plan continues to completion.

### 3.9 Monitoring and evaluation (20 mins)

**DISCUSSION**

**TOPIC:** How can participants evaluate their Advocacy Action Plans?

**Discussion Prompts:** Participants discuss and develop a system to review whether change has happened.
- Ask: Are these measures a realistic reflection of the objectives?

### 3.10 Check out (30 mins)

**ACTIVITY** Go around the circle and ask each woman how she feels at the end of the workshop. Refer back to the expectations discussed on the Day 1.
- Ask: Did you reach your expectations? Are there any further areas of concern?

Thank all participants for their contributions.

**End**
CASE STUDY 1

Kung had been married to Tan, a migrant labourer, for ten years and had two children. She operated a small but successful sewing business from home.

When Tan returned for his annual holiday he had lost a lot of weight and said he had not been well for the past few months. Kung was worried because Tan had no appetite, even for his favourite delicacies that she lovingly prepared. He began to cough badly and became increasingly weak. After two weeks Kung convinced her husband to go to the hospital to get some medicine.

On arrival at the hospital, Tan was immediately admitted to a ward. A nurse came and took his blood pressure, temperature, and a blood sample for some "routine tests". Tan was given some tablets and told that the doctor would see him first thing in the morning. Kung stayed for an hour or so, trying unsuccessfully to coax Tan into eating a little of his favourite food that she had brought with her.

The following morning Kung came to the hospital to visit her husband and bring him food. As she walked through the hospital grounds, she felt that several of the staff members were pointing her out and staring at her. She attempted to greet an old friend who worked there, but the woman quickly turned and walked away as if she had not noticed Kung.

Kung was told that Tan had been moved to another section of the hospital, the infectious diseases wing. When she arrived she discovered that Tan was in a single room. He said that since the move, no medical staff had attended to him and he had overheard a hospital cleaner arguing with a nurse outside the room, and refusing to enter. Tan said that he thought he must have TB. Before Kung left the hospital she tried to find one of the medical staff to ask about Tan's condition, but she was told the doctors were all busy as they were short staffed and that she would be able to speak to somebody the following morning.

Early that same evening Kung was taken by surprise when a nurse from the hospital visited her at her home. When Kung attempted to greet the nurse she avoided touching Kung's hand. Kung offered her guest some tea but she refused and said she was not staying long. She said she had called to tell Kung that Tan was HIV-positive. She said she was surprised because she thought they were decent people but now she must tell the owner of the house about their HIV status. Kung begged her not to but the nurse was adamant that it was her duty.

The next day the landlord arrived at Kung's house with his son, a policeman. He said he wanted her to leave the house immediately. Kung argued that she had signed a lease that had not expired. The son began shouting that nobody wanted them in the neighbourhood any longer and if they did not leave his father's house, he would bring a gun and kill them all. He picked up Kung's sewing machine and flung it to the floor, breaking it. Kung said she would move as soon as Tan was discharged from hospital.

Tan died the following week. Kung and her children moved back to the village where her parents lived. She was not able to repair the sewing machine.
CASE STUDY 2

Lek thought she was pregnant after missing her period and decided to go to the local hospital for confirmation and a checkup. The hospital close to her home was where she had delivered her two daughters, now aged 5 and 3. When she got there she was told that the hospital had introduced a new policy and that they would give her a blood test to check for HIV. When she went back to the nurse to collect her results she was told that she was pregnant, and she had HIV. The nurse said she should not have the child because of the risk of it having HIV. When Lek met with the doctor, he said she would be referred to a hospital in the city, several hours drive away, because they handled all HIV-positive cases.

When Lek attended her first antenatal visit at the city hospital, the doctor explained to Lek that she needed to start taking medication for the HIV infection immediately so that she could have the best chance of delivering a healthy baby. He also told her that this should be her last pregnancy. The doctor said that she could deliver at the hospital providing she agreed to be sterilised after the delivery. Lek did not feel she had any choice and she agreed. A cousin who lived in the city suggested Lek move in with her for the last couple of weeks of the pregnancy so she would be near the hospital.

Lek went into labour six weeks prematurely and was forced to attend the hospital close to her home. She arrived in advanced labour with her mother accompanying her. When she was admitted, the nurse noted that she was HIV-positive and asked why she had not had an abortion.

Lek was put in a room and left alone with her mother for the next three hours. Her labour progressed, with increasing difficulty. Lek’s mother tried to get one of the mid-wives to come and attend to her daughter and monitor her progress, but nobody came. When Lek delivered, despite calling out for help, she only had her mother to assist. When the baby was born, the umbilical cord was wrapped around its neck and Lek’s mother pulled it over the baby’s head and rushed to get help.

A nurse came and checked on her baby, but it was blue. She picked it up with a piece of plastic and took the infant away before Lek could see or hold her newborn. Soon afterwards another nurse came into the room with a mop and bucket and told Lek’s mother to scrub the floor clean of blood.

Lek was bleeding heavily after the delivery. She was left alone for another hour. A nurse then came in with some sanitary pads. She told Lek that the baby had died and that she should return home with her mother. No follow-up visits were scheduled.

Lek continued to bleed heavily for the following two weeks. Lek’s mother brought her back to the hospital but the doctor did not give her a physical examination, and instead gave her some tablets and told her to return home and the bleeding would stop. Lek continued to haemorrhage and her family were concerned, so they arranged to transport her to the city hospital. Lek was admitted into surgery immediately. When she recovered she was informed that doctors had performed a curette and at the same time they had done a tubal ligation.
## ii. ADVOCACY ACTION PLAN MATRIX

<table>
<thead>
<tr>
<th>Objective:</th>
<th>Activity</th>
<th>Performance indicators</th>
<th>Person(s) responsibilities</th>
<th>Timelines</th>
<th>Cost</th>
<th>Resources</th>
<th>Strategic partners</th>
<th>Target audience</th>
</tr>
</thead>
</table>

24