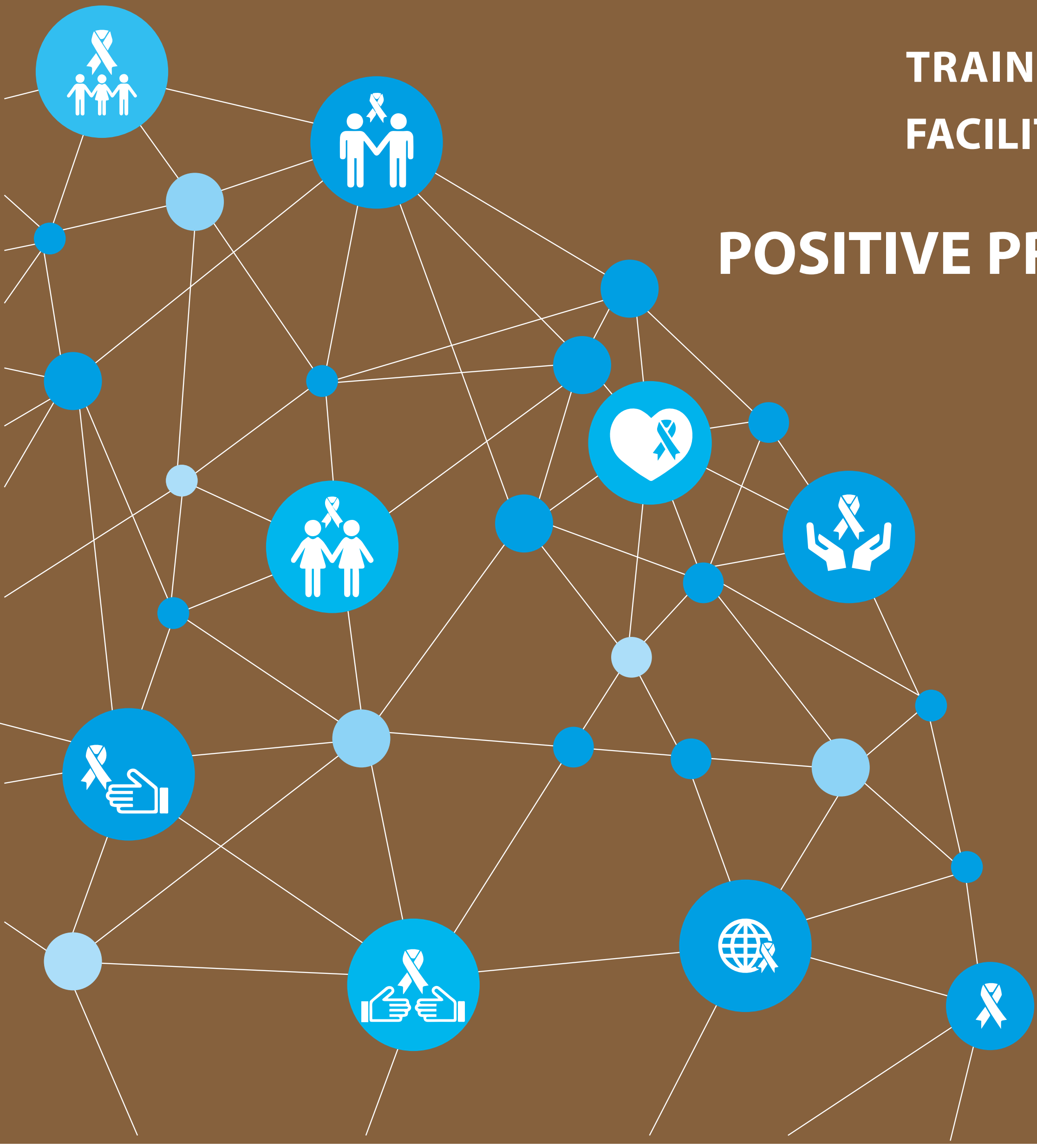
Empowering People Affected by HIV to Protect their Rights at Health Care Settings

TRAINING MANUAL – FACILITATOR'S GUIDE

POSITIVE PROTECTION



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The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

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FOREWORD

HIV prevalence among adults aged 15-49 in Cambodia is estimated to be 0.6 percent in 2015, steadily declining from almost 2 percent in 1998. Currently there are an estimated 72,607 people living with HIV in the country. The epidemic is characterized by a concentration among key populations, including female entertainment workers (FEWs), men who have sex with men, transgender people and people who inject drugs, with HIV prevalence at 13.9% (for FEWs who had more than 7 partners per week), 2.3%, 5.9% and 24.8% respectively.

The Royal Government of Cambodia (RGC) has committed to achieving the elimination of new HIV infections by 2025 through a joint effort with civil society organizations and development partners as part of the UNAIDS-led Fast Track response. This effort is guided by the National Strategic Plan for HIV/AIDS and STD Prevention and Control in the health sector 2016-2020, the first National Strategic Plan on Reduction of Harm Related to Drug Use 2016-2020, and the National Strategic Plan for the Comprehensive and Multi-sectoral response to HIV/AIDS 2015-2020.

Stigma and discrimination towards key populations and people living with HIV remain challenges for Cambodia's HIV response. Prejudice, negative attitudes, violence and abuse directed at marginalized populations can lead to poor health seeking behaviours, lack of access to health care, employment, housing and other social services. This affects not only individuals, families, communities and the HIV response, but also more broadly, Cambodia's ability to meet its obligations under international law and the vision for development that leaves no one behind, as embodied in the Sustainable Development Goals. For Cambodia to end AIDS by 2025, there must be a simultaneous eradication of stigma and discrimination in society. One among other places where discrimination still occurs is healthcare settings; where individuals who come seeking healthcare services experience discrimination and barriers to realizing the highest attainable standard of health including involuntary HIV testing, involuntary disclosure of status, segregation, arbitrary additional expenses, forced, coerced or withheld treatment, and medical advice against pregnancy and for sterilization on the sole basis of HIV status.

The People Living with HIV Stigma Index conducted by the Cambodian Network of People living with HIV (2010) and a study conducted by the Asia Pacific Network of People Living with HIV (2012) revealed that people living with and affected by HIV experience discrimination in their daily lives, including denial of access to health services such as sexual and reproductive health services and dental care, and breach of confidentiality by health care providers. A recent study supported by Asia Catalyst has confirmed these practices continue even today.

This training manual, titled Positive Protection: Empowering People Affected by HIV to Protect their Rights at Health Care Settings, will contribute to meeting the SDGs by empowering people affected by HIV in Cambodia with the information, skills and strategies they need, in order to ensure that their rights are respected when they seek health care services and to have access to legal redress in the event of rights violations and to work collectively to identify and propose solutions to systemic issues.

This manual was jointly developed by the United Nations Development Programme (UNDP), the Joint United Nations Programme on AIDS (UNAIDS), the Cambodian People living with HIV Network (CPN+), and the Asia Pacific Network of People living with HIV (APN+). The partners gratefully acknowledge the contributions of the expert partners, consultants and community representatives in the conceptualisation and development of the manual.

We hope that this manual will support people living with and affected by HIV to understand their human and legal rights as they seek health care. It will also help to inform ongoing discussion and advocacy with key stakeholders on concrete steps and programmes to ensure that discrimination-free health care services for all become a reality in Cambodia.

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ACKNOWLEDGMENTS

Positive Protection is a toolkit to empower individuals and civil society organizations to protect the rights of people living with and affected by HIV at health care settings in Cambodia. It was developed based on consultations with a wide range of national civil society groups, including members of networks representing people living with and affected by HIV in Cambodia.

Development of the toolkit was informed by an internet-based questionnaire undertaken in February 2016 which identified the main areas to be included in the toolkit, and a two-day meeting held in June 2016 to validate the final draft of the toolkit and provide further refinements. The draft was peer reviewed by experts in human rights, HIV and community mobilization.

We would like to thank the organizations in Cambodia for their contributions in providing inputs and participating in validation workshop: Cambodian People Living with HIV Network (CPN+), human rights NGOs, NGOs working with people living with HIV and key populations, key populations community networks, representatives of municipal/provincial health departments and the Office of High Commission for Human Rights.

We acknowledge Andrea Irvin, international consultant, who authored the toolkit with the assistance of Chun Bora, local consultant. Expert legal advice on Cambodia was provided by Vong Ton of the Office of the High Commissioner for Human Rights.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
APN+	The Asia Pacific Network of People Living with HIV/AIDS
CHRC	Cambodian Human Rights Committee
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
HIV	Human Immunodeficiency Virus
ICCPR	International Convention on Civil and Political Rights
ICESCR	International Convention on Economic, Social and Cultural Rights
UDHR	Universal Declaration of Human Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UPR	Universal Periodic Review

INTRODUCTION

This toolkit aims to empower people affected by HIV in Cambodia with the information, attitudes and skills they need to demand that their rights are respected when they seek health care services and to seek justice if their rights are violated.

WHO IS THIS TOOLKIT FOR?

This toolkit is intended for networks, community-based organizations, non-governmental organizations and international organizations working with people affected by HIV to provide training to people affected by HIV.

Goals of the Toolkit

By the end of this training, people affected by HIV will understand their human and legal rights when they seek health care. They will be able to:

- Recognize when a rights violation has occurred at a health care setting.
- Document human rights violations.
- Understand their options for seeking justice if their rights have been violated.
- Make an informed decision about what to do if their rights have been violated and implement that decision.
- Explain how an organization can participate in monitoring and reporting on the human rights treaties that Cambodia has signed.
- Develop a plan of action with their organization to address human rights violations in health care services.
- Have concrete ideas about how the organizations working on HIV they belong to can engage with the health sector to reduce rights violations.

People affected by HIV Cambodia include:

- People living with HIV
- Female, male and transgender sex workers
- People who use drugs
- Men who have sex with men
- Transgender people
- Mobile and migrant people
- Female partners of men with high-risk behaviours, such as buying sex, migrating or travelling for work, using drugs and/or having sex with men.
- People in sero-discordant relationships
- Depending on circumstance, it may also include people with disabilities.

USING THIS TOOLKIT

This toolkit is composed of the following:

- Facilitator’s Guide
- Participant's Handbook
- Facilitator’s Background Information.

The booklet of background materials for facilitators also includes some record-keeping, monitoring and evaluation tools for organizations to use when implementing the training.

The training is divided into three modules:

1. **Know the Epidemic! Know Our Rights!** This module provides an overview of the HIV epidemic in Cambodia and introduces the human rights of people affected by HIV at health care settings. Participants identify rights violations and learn ways to prevent or stop abuses of their rights. The estimated time needed to deliver this module is 8 hours and 45 minutes.

2. **Seeking Justice** provides information on how people affected by HIV can seek justice if their rights are violated in Cambodia. Participants learn about the options available to them and how to document rights violations. Sessions cover the specifics of how to make a complaint, use mediation, file a complaint with the Cambodian Human Rights Committee, take a case to court and access legal aid. Participants discuss the pros and cons of each option and learn to make decisions about what a person can do in specific cases. It also provides information about how human rights treaties are monitored and how they can participate in monitoring and reporting on specific treaties and in the Universal Periodic Review. The estimated time needed to deliver this module is 9 hours and 15 minutes.

3. **Doing It for Ourselves! Community Mobilization and Engagement with Health Service Providers:** This module leads participants through a community mobilization process at the end of which they develop an action plan to address the problems that lead to the violation of the rights of people affected by HIV in health care settings. The estimated time needed to deliver this module is 6 hours and 45 minutes.

In addition, there is a set of introductory sessions to be done on the first day of the training, which requires 2 hours.

The total time needed for the training is 26 hours and 45 minutes, including the introductory sessions. If delivered as one workshop, it will take four days. It can also be delivered as three consecutive modules in separate workshops. Please note that the time required for each session is an estimate and will vary depending on the participants; some groups may work more slowly than others.

The sessions in each module consist of the following components:

- **Introduction** — provides a brief overview of the session.
- **Objectives** — specifies the learning outcomes for the session.
- **Time** — provides an estimate of how much time it will take to conduct the session.
- **Materials** — lists all of the materials that are needed to conduct the session.
- **Preparation** — lists the things the facilitator needs to do in advance to prepare to deliver the session.
- **Steps** — provides a step-by-step procedure for conducting the session using an interactive process that honours participants' knowledge and experiences.

The location of additional materials needed to conduct the sessions is:

- **Answer keys** and other resources are in the Facilitator's Guide
- Participant worksheets and handouts are in the Participant's Handbook
- **Background information for the facilitator** is in the Facilitator's Background Information.

While modules are designed to build on each other, an organization or facilitator can select the modules that are of most use or interest to their group or participants. For example, a facilitator or group could decide to do just the first module or just the first two modules and so on. However, facilitators need to be aware that later modules assume that participants have the knowledge and skills imparted in previous modules. A few modules, such as the one on the HIV epidemic, which includes data, may need to be updated, depending on the time between when this toolkit was prepared and the training is given.

THE FACILITATORS

The session plans have been written so that they can be easily understood and used by a facilitator with limited experience. However, those using them should have some facilitator or participatory teaching training, so that they know how to manage a group, use the activities effectively, and deliver a high-quality interactive training. In addition, while they needn't be experts, those delivering the training need to be reasonably familiar with the substantive content of the training to effectively guide participants and answer their questions. It is important that facilitators read the session plans very carefully before conducting them so that they do not miss key details in the facilitation process.

THE PARTICIPANTS

This training is intended for people affected by HIV in Cambodia. It has been designed as a participatory training for adult learners with some literacy skills. Generally, it assumes that most participants will have completed primary school, but it offers options and suggestions for using the sessions with lower-literacy participants. The ideal number of participants is between 20 and 25.

LITERACY LEVELS

The training sessions are designed to be adaptable for use with low-literacy participants. It is generally assumed that the majority of the participants will have finished primary school and hence will be able to read and write. Those who can read and write can help those who cannot during group work, for example, by reading the case studies aloud to the whole group.

If less than half of the participants have completed primary school, use the lower-literacy options. If more than half have completed primary school, you can use the higher-literacy option. If you find that they have trouble understanding the texts, you can switch to the lower-literacy options thereafter.

INTRODUCTORY SESSIONS

INTRODUCTION

Introductory sessions are those that you do at the beginning of the training to provide participants with an overview of what will happen and to set the mood of the training.

There are four proposed introductory sessions. The total time required to deliver the first three sessions is 1 hour and 30 minutes. The time needed for the fourth session will depend on which icebreaker you decide to use, but it will most likely take 30 to 45 minutes. Therefore, the total time needed for the introductory sessions will be between 2 hours and 2 hours and 15 minutes.

The sessions are:

- **Welcome & Training Overview** welcomes the participants, introduces the facilitator(s) to the participants, and goes over the training programme and goals.
- **Participant Introductions** allows participants to start to get to know each other and begins to create a friendly, open environment for the training. If all of your participants already know each other, for example, because they are all members of the same organization, skip this session.
- **Developing Ground Rules** asks the participants to develop and agree to their own ground rules for the training.
- **Icebreakers and Energizers** are activities that are used to help participants who do not know each other to start to bond with each other, to create a comfortable, open atmosphere, and to re-energize participants when they seem to be tired.

WELCOME & TRAINING OVERVIEW

Introduction: This session starts off the training. The purpose is to welcome the participants and introduce the facilitator(s) to the participants, as well as to go over the training programme and goals.

Objectives: By the end of the session, participants will be able to:

- Have confidence in the facilitator
- Explain the goal of the training.

Time: 15 minutes.

Materials: Flipchart paper, markers, Blu-Tack or tape and scissors, A4 Paper, a stapler and staples, and name tags.

Preparation:

- Develop the training programme and make a copy of the programme for each participant.
- Identify the goals of the training goals for this training. You can use those listed on pages 7-8. Make a copy of the training goals for each participant.

STEPS

1. Welcome the participants to the training.
2. Give participants a name tag and ask them to write their names on it or hand out A4 paper to each participant and ask them to create a name tag to put on the table in front of them, by folding the paper into a triangle that stands up and writing their name on it. First names only are fine.
3. Tell participants that you will introduce yourself first so that they know about your professional background. Share any relevant information about your personal and professional background. This may include:
    - Where you are from.
    - Your educational background.
    - Additional relevant training.
    - Facilitation experience and background.
    - Work experience – for example, where you have worked, the type of organization, your position, the type of work you did and for how long. Highlight aspects relevant to the training.
    - Any other personal information that you wish to share.

    Note that the point of your introduction is to develop confidence among participants in your expertise, so do not be overly modest, but be truthful.
4. Hand out the training programme and ask participants to look at it. Provide a brief overview of the training. For example, briefly discuss each module that you will conduct and what it is about. Explain when there will be breaks and any other information you think they need to know about the schedule.
5. Hand out the copies of the training goals. Ask a participant to read the first goal. Then have another participant read the second goal and so on. If your participants are not strong readers, you can read the goals out loud yourself.
6. Ask the participants if they have any questions about the programme, the schedule or the goals of the training.
7. If you like, you can mention the following: “The training methods I will use are all participatory. No lecturing will be used in this training! This means we will talk and share, discuss, agree, disagree, and so on. I expect that you will all participate actively and be active learners.”
8. Finally, express your excitement and enthusiasm about the training.

PARTICIPANT INTRODUCTIONS

Introduction: This session allows participants to start to get to know each other and begins to create a friendly, open environment for the training. If all of your participants already know each other, for example, because they are all members of the same organization, skip this session.

Objectives: By the end of the session, participants will:

- Have begun to get to know each other.
- Have started to feel more comfortable with each other.

Time: 60 minutes, but will depend on the size of the group.

Materials: None.

Preparation: None.

STEPS

1. Pair participants by numbering half of the participants first and then starting the numbering again for the second half. For example, if there are 20 participants, give the first half of the participants the numbers from 1 to 10; then number the other half, starting with 1 again. Tell participants to pair up with the person who has the same number as they do. Have the participants sit next to each other so that they can talk for a few minutes.

   Alternative: *If some of the participants already know each other well, you can ask them to pair up on their own with a person that they do not know already.*

2. Tell the pairs to decide who is A and who is B. Once they have done that, tell them that they should get to know their partner. They need to find out enough about their partner to be able to introduce them properly to the whole group. Ask them to find out something about their work, their personal life, and their interests. Person A will ask questions and listen first. Say, "After three minutes, I will call time and you will switch roles and person B will ask questions. Do not take notes, but focus on your partner and listen attentively."

   Note to facilitator: *If you have an odd number of participants, you should pair up with one of the participants and introduce them.*

3. After three minutes, call time and make sure they switch roles. After another three minutes, call time again.

4. Have the group sit in one large circle and have each pair take turns introducing each other. Limit the introduction to one minute for each person.

5. As introductions take place, listen to each pair as they give information about each other, making good eye contact, supporting them non-verbally by nodding and showing understanding. On occasion you may want to ask clarifying questions if you think more information would be interesting.

6. After all the pairs have introduced each other, ask the group what they noticed about the group during the introductions.

7. Thank the participants. Encourage them to continue to get to know each other, especially those people they have not met before.

DEVELOPING GROUND RULES

Introduction: The purpose of this activity is to have the participants develop and agree to their own ground rules for the training.

Objectives: By the end of the session participants will be able to:

- List at least five of the ground rules agreed on for the training.
- Explain why these ground rules are necessary.
- Remind other participants to follow the ground rules when they are not being followed.

Time required: 15 minutes.

Materials: Flipchart paper, markers, Blu-Tack or tape and scissors.

Preparation: None.

STEPS

1. Explain to the group that establishing a group contract creates an environment where the most learning and participation can take place. Therefore, we need to think about and develop a set of rules that will guide the way we behave during the training.

2. Put up a piece of flipchart paper and write 'Training Ground Rules' at the top. Then ask the group to generate ideas or suggestions for ground rules that will encourage the most learning during the training.

   Write their ideas on the flipchart paper. Examples of common ground rules are:

   - No mini-meetings or side talks. One person talks at a time and everyone listens.✪
   - Respect differences of opinion or respect each other.✪
   - Listen to each other.✪
   - Do not dominate conversations.
   - No use of mobile phones during training time or turn them off during sessions.✪
   - Keep all personal information discussed during the training confidential or "What is said in this room, stays in this room!"✪
   - Be on time. ✪
   - State our own opinions and feelings, not those of others.
   - Express ourselves honestly.
   - We have a right to pass; no one has to talk or respond to a question.

   Note to facilitator: *The starred rules above are very important. If the participants do not come up with them, suggest them to the group and ask if they agree.*

3. Ask them:

    - "Do you all agree to follow these ground rules?"
    - "What is the meaning of confidentiality? Why is it important?"

    Note to facilitator: *To be very clear about confidentiality, you may want to discuss: 1) Whether or not participants can discuss personal information that came up in the training with each other; 2) Whether or not they can bring it up with the person whose story or information it is.*

    - "Are there any issues we still need to talk about?"

    Discuss any rules or issues that seem to not be agreed on by all group members.

4. Post the Training Ground Rules on the wall where they are easily visible to all but not in the way.

5. Tell the participants that everyone is responsible for ensuring that they follow the ground rules, not just the trainer. If someone is breaking a ground rule, they should feel free to say, "Ground rules!" Note that you will do this as well. Also let them know that additional ground rules can be added to the list if issues arise during the workshop.

6. You can create a 'Parking Lot' sheet for issues that arise that you want to discuss at a later time (rather than at the time when they come up) or you can create one when such an issue arises. At the end of the workshop, make sure you go back to the parking lot to discuss anything that has not already been addressed.

ICEBREAKERS AND ENERGIZERS

Icebreakers and energizers are very useful activities for facilitators to know. Icebreakers are used in groups where people do not yet know each other well. They allow participants to start bonding with each other and help establish the group spirit of the participants. They create a comfortable atmosphere where people can talk more freely and establish a tone for the type of learning that will take place during the training. They prepare participants to share their knowledge and experiences with others in the group. Energizers should be used after lunch or any time you notice that the group's energy is low.

It is strongly recommended to include a 30-minute icebreaker, such as Find Someone Who, during the first morning of the training, especially if your participants do not know each other. Although it takes some time, it will make a big difference in the atmosphere of the training.

Examples of Icebreakers and Energizers:

Find Someone Who:

Print and distribute the worksheet (see below) to each participant. Tell the participants that the activity is for them to find someone who fits the statements in the squares by asking each other questions. When they find someone who fits one of the statements, the person should describe how they fit the statement/or answer the question and then write their name in the box. Each person can only sign one box on your sheet. Emphasize that: they need to ask the questions of each other and discuss when some one answers yes; that it is not a competition to get the most signatures - the purpose is for them to get to know each other better. Note that they do not need to get the signatures in order. Call time after 15 minutes and ask them some or all of the following questions: What did you learn about others? Find interesting? Which questions were most difficult to find a yes answer to? Were there any that no one answered yes to? Which did you feel embarrassed asking? Why? Was it easier to ask some people certain questions than others? Why?

Animal Sounds:

Write the names of animals onto small pieces of paper. Write each animal on the same number of papers (i.e. 2 to 4). Give each participant one and tell them that they need to find all other animals of their own kind **only by making the sound of the animal**. Animals to use include: wolf, cat, pig, lion, cow, donkey, horse, crow, bird, duck, monkey, frog, elephant, bear, large dog, small dog. ***Note to facilitator:*** *Don't use animals that are sacred or offensive. Do try to use animals that participants will be familiar with.*

Have You Ever?:

Have a volunteer stand in the centre and have the other participants form a circle around them with no gaps, or they can sit in chairs. The person in the centre asks a question starting with "Have you ever…?" Everyone in the circle whose answer is "yes" must change their place in the circle. The person left standing in the middle asks the next question. Stepping sideways to find a new spot is not allowed.

Two Truths and a Lie:

In groups of 6 to 8, each person tells the others two things that are true about themselves and one thing that is a lie. The others discuss and decide which one they think is a lie.

Human Spring:

Ask group members to stand facing each other in pairs. Their elbows should be bent, with their palms facing toward each other. Instruct them to touch their palms together, and gradually start leaning toward each other, so that they eventually hold each other up. Then tell them to move their feet further and further back so that they have to depend solely upon their partners to remain standing.

Mute Line Up:

Tell the participants that they are not allowed to speak or make any noises at all during the activity. Then tell them that they must line up in a particular order, for example, from oldest to youngest, by their month and day of birth; alphabetically by name; or by shoe size.

Human Knot:

Divide the participants into groups of 8 to 12. Have them stand in circles. Tell them to put their right hand up and then grab the hand of someone across the circle from them. Then tell them to grab the hand of a different person with their left hand. Make sure everyone is holding the hands of two different people across the circle. Tell them they must now untangle themselves to make a circle without breaking the chain of hands. If they break the chain, they must start over.

Blind Count Off:

Tell participants to stand in a circle and then ask them to turn around or to close their eyes. Then tell them to count to 20 with only one person saying a number at a time. Each person can say only one number and they cannot plan. If two people say the same number at the same time or a number is said twice, the group must start over again.

Worksheet: FIND SOMEONE WHO….

1. Has five children.	2. Believes that they are NOT influenced by peer pressure.	3. Has experience facilitating training.
4. Has read an interesting book lately.	5. Became a parent before they were 19 years old.	6. Feels good about a decision they made recently.
7. Can name four human rights.	8. Talks very openly with their children about sexuality.	9. Has a very close friend of a different race.
10. Has participated in reporting on a human rights treaty.	11. Has the same first initial as you.	12. Can name three ways that HIV is transmitted.
13. Believes that abortions are a woman's choice.	14. Has travelled abroad.	15. Has had contact with the Cambodian Human Rights Committee
16. Has never been tested for HIV.	17. Has the same first name as someone else in their family.	18. Has stood up for their human rights.

MODULE 1: KNOW THE EPIDEMIC! KNOW OUR RIGHTS!

INTRODUCTION

This module has six sessions. The total time required to deliver the sessions in this module is 8 hours and 45 minutes, not including breaks and energizers.

The sessions are:

- **Session 1.1: Know the Epidemic in Cambodia** gives participants general information about the HIV epidemic in Cambodia, for example, how many people are living with HIV, how many of those are from different groups, and what puts people at risk of acquiring HIV. Discussion questions allow participants to share their reactions and feelings about that information. 1 hour and 15 minutes.
- **Session 1.2: Our Rights** reviews what rights are and provides in-depth information on rights related to health care for people affected by HIV. Participants discuss what each right means, what it means to them as people affected by HIV, and what it means when they go to access health care. Responsibilities that go with rights, where rights come from, and who must respect them are also discussed. 2 hours.
- **Session 1.3: Were Their Rights Violated?** asks participants to apply what they learned about their rights to cases of people affected by HIV accessing health care. They decide whether or not the person's rights have been violated and discuss why. 1 hour and 30 minutes.
- **Session 1.4: Telling Our Stories, Telling Our Truths** aims to personalize the information presented on rights and rights violations in health care settings. After going on a 'memory journey', participants share what they choose about their experiences with the whole group, giving them a deeper understanding of each other as well as the extent of their common experiences related to the content of the training. Finally, they generate a list of common rights violations that will be used again later in the workshop. 1 hour and 30 minutes.
- **Session 1.5: What to Do? Protecting Ourselves from Rights Violations** has participants brainstorm and then discuss what they can do to prevent or stop specific types of common rights abuses in health care settings. 1 hour.
- **Session 1.6: Standing Up for Our Rights!** asks participants to select one of the situations in which their rights were violated in a health care setting from session 1.4. and develop and perform role plays to show how they could stand up for their rights in these situations. 1 hour and 30 minutes.

SESSION 1.1: KNOW THE EPIDEMIC IN CAMBODIA

Introduction: This session gives participants some basic information about the HIV epidemic in Cambodia, such as how many people are living with HIV, how many of those are from different groups and what puts people at risk of acquiring HIV. Discussion questions allow participants to share their reactions to that information.

Objectives: By the end of this session participants will be able to:

- State basic information about the epidemic in Cambodia.
- Explain who is most affected by HIV in Cambodia.
- Explain what puts these populations at risk of acquiring HIV in Cambodia and what puts women in general at risk.

Time: 1 hour, 15 minutes (75 minutes).

Materials: Flipchart paper, markers, and Blu-Tack or tape and scissors. Optional: a small prize, like a bag of sweets.

Preparation:

- Review "Background Information for Session 1.1: Know the Epidemic" in the Facilitator's Background Information.
- Make sure you have the latest data and update the information provided. You can find out if there are new data about HIV in Cambodia by contacting the UNAIDS Office or by checking on the Internet. If you have access to the Internet, visit the UNAIDS Data Hub website at http://www.aidsdatahub.org/Country-Profiles/Cambodia for the latest information and change the answers accordingly in "Facilitator's Resource: Know the Epidemic Questions and Answers" below.
- Take about 15–16 sheets of paper and cut each into four pieces.

STEPS

Part 1: Introduction (3 minutes)

1. Introduce the module and activity by telling participants that in the first module of the training they will learn about HIV in Cambodia and about their rights related to health care.
2. Tell them that this activity is called 'Know Your Epidemic'. In the session, they will see how much they know and learn some new facts about HIV in Cambodia.

Part 2: How Much Do You Know? (62 minutes)

3. Tell them that in this activity they will be on teams and will compete with each other to see who knows the most. If you have a prize, you can tell them that the winning team will get a small prize.

4. Explain the game. You will ask them some questions about HIV in Cambodia and they will be given two minutes to discuss the answers in their groups. They should write their answers on a small piece of paper that you will give them. After you call time, each team will give you their slip of paper. You will then reveal the correct answer. Teams with the correct answer will get one point. Ask if they have any questions about what to do.

   Note to facilitator: *If the participants are not literate, each group can give their answer verbally and you can write it down.*

5. Divide the participants into teams of 4–5 people. Tell them pick a name for their team. As they tell you their team's name, prepare a score sheet by writing the team names in a column on a piece of flipchart paper. Give each team at least 10 of the small pieces of paper that you prepared and ask them to write their team name on it.

6. Read the first question on the 'Facilitator's Resource: Know Your Epidemic in Cambodia Questions and Answers'.

7. Call time after two minutes. Collect the papers with their answers on them. Make sure their team names are on the paper. Starting with one team, ask each team to give their answer or read it yourself. You can write it on flipchart paper if you like. After you have an answer from each team, reveal the correct answer provided below. Ask which teams got the right answer or which team was the closest to the correct answer. Give one point to each team that got the correct answer. For the first question, if their answer is within the range (47,000 - 140,000), give them a point. If there is any confusion during the first question, use it as an example, and don't give a point to any team.

8. Follow the same process for each question on the Facilitator's Resource.

9. After you have gone through all the questions, count up the points and name a winning team. If you have a prize, give it them.

10. Recap the main data points from the game.

11. Then ask the whole group the following questions and allow them to discuss them:

    ➢ "What was your reaction to the information in this activity?"

    Probing questions:

    ❍ "Did anything surprise you? Why?"

    ❍ "Did anything make you angry? Why?"

Part 3: Conclusion (10 minutes)

12. Ask the participants the following questions and encourage them to discuss them. In particular, try to get them to identify and discuss inequalities based on gender (i.e. how women and transgender people are treated differently just because they are women or transgender) and the different social roles and responsibilities assigned to men and women.

    ➢ "Which facts are related to the status of women in Cambodia?"

    ➢ "What makes women vulnerable to HIV in Cambodia?"

Probing questions: If not already discussed in step 11, ask:

- ❍ "How do you feel about the fact that most women who are living with HIV in Cambodia acquired it from their husbands? Why do you feel that way?"
- ❍ "Why do you think this happens?"

- ➢ "Which facts are related to men's roles and ideas about what is masculine in Cambodia?"
- ➢ "Which facts are related to the status of transgender people in Cambodia?"
- ➢ "What other information would you like to know about HIV in Cambodia?"

Note to facilitator: *Answer their questions if you know the answers. If you do not know the answers, write down their questions and tell them you will try to find the answers and report back to them during tomorrow's sessions. Make sure that you do this.*

REFERENCES:

HIV and AIDS Data Hub for Asia-Pacific (2014). Cambodia: Review in Slides. Available from http://www.aidsdatahub.org/Overview-in-Slides [accessed 15 January 2016].

UNAIDS (2009). HIV Transmission in Intimate Partner Relationships In Asia, Geneva: UNAIDS.

UNDP (2015). Preventing HIV Transmission in Intimate Partner Relationships: Evidence, strategies and approaches for addressing concentrated HIV epidemics in Asia, Bangkok: UNDP.

FACILITATOR'S RESOURCE: KNOW THE EPIDEMIC QUESTIONS AND ANSWERS

Note to facilitator: *If you have access to the Internet, visit the UNAIDS Data Hub website at http://www.aidsdatahub.org/Country-Profiles/Cambodia for the latest information, and change the answers accordingly before the session.*

1. **Question:** How many people are estimated to have HIV in Cambodia?
   Answer: Between 47,000 – 140,000.[1]

2. **Question:** If you have 10 people living with HIV in Cambodia, how many are women?
   Answer: Five or half.[2]

3. **Question:** If you have 100 people who inject drugs, how many will have HIV?
   Answer: Twenty-five.[3]

4. **Question:** Of 100 men who have sex with men, how many will have HIV?
   Answer: Two.[4]

5. **Question:** Of 100 female sex workers, how many will have HIV?
   Answer: Four.[5]

6. **Question:** Which four groups of people are most affected by HIV in Cambodia?
   Answer:
   - Entertainment and sex workers (female, male and transgender)
   - Men who have sex with men
   - Transgender people
   - People who inject drugs

7. **Question:** How do most women in Cambodia get HIV?
   Answer: From unprotected sex with their husbands (or long-term partners) – if their husbands or long-term partners have high-risk behaviours, for example, if they are migrant workers, clients of sex workers, men who have sex with men, and/or men who inject drugs.[6]

8. **Question:** If you have 10 female and transgender sex workers, how many of them were forced to have sex in the last year?
   Answer: 9. [7]

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[1] HIV and AIDS Data Hub for Asia-Pacific (2016). Cambodia: Review in Slides, Slide 5.

[2] HIV and AIDS Data Hub for Asia-Pacific (2016). Cambodia: Review in Slides, Slide 6.

[3] HIV and AIDS Data Hub for Asia-Pacific (2016). Cambodia: Review in Slides, Slide 8.

[4] Ibid.

[5] Ibid.

[6] UNDP (2015). Preventing HIV Transmission in Intimate Partner Relationships: Evidence, strategies and approaches for addressing concentrated HIV epidemics in Asia, Bangkok: UNDP; UNAIDS (2009). HIV Transmission in Intimate Partner Relationships in Asia, Geneva: UNAIDS; and Sopheab H, et al. (2009). Distribution of HIV in Cambodia: findings from the first national population survey. AIDS 2009;23:1389–95.

[7] Jenkins, C. Cambodian Prostitutes' Union (CPU), et al. (2008). Violence and exposure to HIV among sex workers in Phnom Penh, Cambodia. Washington, POLICY Project USAID, page 5.

9. **Question:** If you have 10 people living with HIV, how many of them are getting ART (treatment for HIV)?
   Answer: Seven.[8]

10. **Question:** If you have 10 pregnant women living with HIV, how many of them are getting ART?
    Answer: Seven.[9]

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[8] HIV and AIDS Data Hub for Asia-Pacific (2016). Cambodia: Review in Slides, Slide 58-59.

[9] HIV and AIDS Data Hub for Asia-Pacific (2016). Cambodia: Review in Slides, Slide 60.

SESSION 1.2: OUR RIGHTS

Introduction: In this session, participants review what 'rights' are and learn what their rights are specifically related to health. They discuss what these rights mean in general; what they mean to them as people affected by HIV, and what they mean when they access health care. Additional discussion questions focus on issues such as the responsibilities that go with their rights, where rights come from, and who must respect them.

Objectives: By the end of this session participants will be able to:

- List at least five rights that they have related to their health and to health care.
- Give specific examples of what those five rights mean to them personally as people affected by HIV.

Time: 2 hours (120 minutes).

Materials: A4 paper, flipchart paper, markers and Blu-Tack or tape and scissors.

Preparation:

- Review "Your Human Rights When Accessing Health Care Services" in the Participant's Handbook and "Background Information for Session 1.2: Human Rights and Health Care Services: in the Facilitator's Background Information.
- Make one copy of the Rights Cards and cut them up so that you can give each group one card.
- Make a copy for each participant of 'Handout 1: Your Human Rights and Your Health' in the Participant's Handbook.

STEPS

Part 1: Introduction (10 minutes)

1. Introduce the topic by telling participants that this session is about human rights and responsibilities, especially those that are related to health care for people affected by HIV.
2. Ask the participants:
    - What does the term 'human right' mean?

    Give positive feedback and use their responses to come up with a definition similar to the following:

    Human rights are the basic freedoms and protections that all people are entitled to just because they are human beings.

    Note to facilitator: *If a participant comes up with a definition close to this one, use it. You do not need to insist on this exact definition.*

    - "What is an example of a human right?"

Get a couple of examples. Then explain that human rights apply to all human beings equally, without discrimination based on sex, gender, ethnicity, religion, sexuality, age, ability, social class or any other characteristic. Human rights are described in and protected by national and international laws.

- "What does the term 'gender equality' mean?"

Give positive feedback and use their responses to come up with a definition similar to the following:

Gender equality is when women, men and transgender people enjoy the same rights and opportunities in all parts of society and when they are all treated and valued equally.

- "Is discrimination based on sex prohibited in the Constitution of Cambodia?" (Yes.)

3. Now ask the participants: "What rights do you have as people affected by HIV?"

   Take several responses and provide encouraging feedback, but do not get into a discussion.

Part 2: Your Health and Reproductive Rights (90 minutes)

4. Use their answers to introduce the main activity. Tell the group that they will now look at their specific rights related to health care services. Divide the participants into 14 groups or pairs. If there are unequal reading abilities in your group, make sure that there is one person in each group who is able to read well.

   Note to facilitator: *If you do not have enough participants to form 14 pairs, you can form seven groups and give each group two rights. If you do this, the activity will take longer.*

5. Give each group one of the Rights Cards. Tell them that they should discuss and prepare a presentation on:

   - What does this right mean?
   - What does this right mean to you as people affected by HIV?
   - What does the right mean to you when you go to get health care?

   Note to facilitator: *You may want to write these points down on flipchart paper.*

   Tell them they have ten minutes. While they are discussing, walk around to the groups and help any group that is having difficulty.

6. After ten minutes (or when they have finished discussing), call their attention back to the front. Ask each group to read their right and to explain what they think it means. After they have finished explaining, ask the other participants:

   - "Did you understand?"
   - "Do you agree?"
   - "Do you want to make any comments about what they said?"

7. Allow them to discuss as needed to make sure that everyone understands the meaning of their rights. Use the 'Handout 1: Your Rights and Your Health' for extra explanations or to provide additional information only if needed.

8. After you have gone through all 14 rights, ask the participants if anyone has any questions about what their rights are when they go to get health care.

9. To check their understanding, ask: "What are the rights of a pregnant woman living with HIV?"

Part 3: Concluding discussion (20 minutes)

10. Ask participants the following questions and allow them to discuss them. Explain any of the main points that they do not know.

    ➢ "When you have rights, you also have responsibilities. What are your responsibilities when you go to get health care?"

    Main points:

    ❍ You have a responsibility to respect the rights of others. This means, for example, that you must also treat others, such as health care workers, with respect, and cannot violate their rights.

    ❍ You have the responsibility to claim your rights. This means that you should seek health care when you need it, raise your concerns, and seek help and report it when your rights are violated.

    ❍ You have a responsibility to make sure that health care workers have the information they need to work safely. This means that you should tell them your HIV status, so they can take steps to protect themselves.

Explain that health care workers have a right to the information that they need to do their work safely.

➢ "Where do these rights come from?"

Main points:

❍ They are set out in international agreements that Cambodia has signed, for example, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights.

❍ Some human rights are also included in Cambodia's constitution and laws.

➢ "Who must respect your rights?"

Main points:

❍ The government, its branches and staff have the main responsibility to make sure that they **respect, protect, and fulfil** the human rights in the agreements that they have signed.

❍ Just as you have the responsibility to respect the rights of other people, other people have the responsibility to respect your rights. That includes your partner, husband, health care workers, teachers, the police and others. They should also promote and protect your human rights.

❍ People should also follow the constitution and laws of Cambodia.

➢ How are human rights related to national laws?

Main points:

- ❍ After a country signs and then ratifies a human rights agreement, it is required to change its national laws so that they match the human rights in the agreement that they signed.
- ❍ However, sometimes the governments don't change their national laws. So the laws are out of sync with the rights.
- ❍ Even if the government does change the laws, they don't always enforce those laws.
- ❍ When rights agreements are signed, those agreements can be used as a higher standard that the government must meet.

➢ Does anybody know an example of a law that is not completely in line with human rights?

Possible example: *All people have the right to marry, but in many countries the right of LGBTI people to marry is not legally recognized.*

➢ How does the UN hold the government accountable after they sign rights agreements?

Main points:

- ❍ Each agreement has a committee of independent experts (called a treaty body) that is responsible for monitoring the progress of the countries that signed it towards implementing the agreement.
- ❍ The government must submit a report to these committees every 3-5 years. At the time, NGOs also submit independent reports, called shadow reports.
- ❍ The committees read the government and shadow reports and then asks the government questions to try to understand the real situation.
- ❍ The committee issues a final report, called Concluding Observations, that explains the progress the country has made, what improvement is still needed and gives recommendations.
- ❍ There is also a process called the Universal Periodic Review, when the whole human rights situation of a country is reviewed by the UN. We will talk more about this later in the training.

11. To conclude the session, go around the room and have each participant finish the sentence: "Knowing my rights makes me feel…"
12. Pass out 'Handout 1: Your Human Rights and Your Health'. Ask them to look at the first right. Point out that for each right, the Handout explains where the right comes from; what it means and where it has been implemented in Cambodian law.

FACILITATOR RESOURCE: HUMAN RIGHTS CARDS

1. All people have the right to be treated equally.
2. All people have the right to be treated with dignity.
3. No one has the right to discriminate against you based on your sex, gender or any other characteristic.
4. All people have the right to life.
5. No one has the right to treat you cruelly or in a degrading way.
6. The law is the same for all people; it must be applied in the same way to all.
7. All people have the right to seek justice when their rights are not respected.
8. All people have the right to privacy.
9. No one has the right to harm your good name.
10. Everyone has the right to marry and have a family.
11. Everyone has the right to decide freely and responsibly how many children they want to have and when.
12. Everyone has right to health.
13. No one has the right to give you medical treatment without your informed consent or agreement.
14. Everyone has the right to information on any matter that is important to them.

SESSION 1.3: WERE THEIR RIGHTS VIOLATED?

Introduction: In this session, participants apply what they learned about their rights to cases about people affected by HIV accessing health care. They decide whether or not the person's rights have been violated and discuss their reasons for making their decision.

Objectives: By the end of this session, participants will be able to:

- Correctly identify rights violations when given descriptions of the experiences of people affected by HIV accessing health care.
- Explain why a specific case is or is not a violation of the person's rights.

Time: 1 hour and 30 minutes (90 minutes).

Materials: A4 Paper. You may also want to have flipchart paper, markers and Blu-Tack or tape and scissors available during the session.

Preparation:

- Read over the session plan. Decide which of the following two options you will use:

  Lower-Literacy Option (see "Literacy Levels" on page 10): Read the cases out loud.

  Higher-Literacy Option: Use the printed worksheet. If you select this option, make photocopies for each participant of "Worksheet 1: Were Their Rights Violated in the Participant's Handbook.

- Do the worksheet yourself and then review the answers in the Facilitator's Answer Guide to familiarize yourself with this activity.

STEPS

Part 1: Introduction (3 minutes)

1. For a very quick review, ask the participants: "What right that you learned about in the last session is very important to you? Why?"

   Take four or five answers but don't get into a long discussion.

2. Tell the participants that this session is called "Were Their Rights Violated?" In the session they will apply the information on rights that they learned in the last session to stories of people affected by HIV getting health care.

Part 2: Were Their Rights Violated? Worksheet and Discussion (1 hour 20 minutes)

3. Divide the participants into six groups.

Lower Literacy Option: Reading the cases out loud

4. Tell participants that you will read a case out loud to them. They will then discuss the case in their groups and decide if the person's rights were violated or not, and why. They will have about four minutes for discussion. Then you will call their attention back to the front of the room and you will discuss the case together.

5. Ask if there are any questions about what they are supposed to do.

6. Read the first case that you selected and give the groups 3–5 minutes to discuss it. After no longer than five minutes, call their attention back to the front of the class. Select one group and ask them to give their answer and the reasons for their answer. After they explain, ask the other groups the following questions:

   ➢ "Do you agree with their answer? Why or why not?"

   ➢ "Do you have anything to add to the explanation?"

   Use the "Facilitator's Answer Guide 1.3" to guide you. If they are missing some of the rights or some of the explanation, ask them additional questions to bring out the answers instead of giving the information yourself. For example, ask: "What other right was violated in this case?" or "Why else is this (or is this not) a violation of his/her rights?" Probe for discrimination based on gender. For example, ask: "Was it because she is a woman or transgender?" or "Would it be different if it were a man?" or for discrimination based on sexual orientation —"Would it be different if it were a heterosexual man?"

7. Follow the same procedure for each of the six cases that you selected, calling on a different group to give their answer first each time until all groups have each gone first at least once.

Higher-literacy option: Giving the groups a worksheet

4. Tell participants that the groups are going to work on a worksheet. Handout the worksheets. Ask one of the participants to read the instructions. Assign one case to each group.

   Tell them that they have about ten minutes to discuss. Ask if there are any questions about what they are supposed to do.

5. Circulate among the groups during the first few minutes to make sure that they are on track. Give them 8–12 minutes to discuss – until they have finished. After no longer than 12 minutes, call their attention back to the front of the room.

6. Ask one group that worked on the first case to read the case out loud and then to give their answer and explanation. After they explain, ask the other groups the following questions:

   ➢ "Do you agree with their answer? Why or why not?"

   ➢ "Do you have anything to add to the explanation?"

Use “Facilitator’s Answer Guide 1.3” to guide you. If they are missing some of the rights or some of the explanation, ask them additional questions to bring out the answers instead of giving the information yourself. For example, ask: “What other right was violated in this case?” or “Why else is this (or is this not) a violation of their rights?” Probe for discrimination based on gender. For example, ask: “Was it because she is a woman or transgender?” or “Would it be different if it were a man?” or for discrimination based on sexual orientation —“Would it be different if it were a heterosexual man?”

7. Follow the same procedure for each of the cases, calling on different groups to give their answers first until all groups have had the chance to start the discussion.

Continue the Same Way for Both Options

Part 3: Concluding discussion (7 minutes)

8. Ask the participants the following questions:
    - “Was it easy or difficult to decide if the person’s rights were violated in these cases? Why?”
    - “Which cases were the most difficult to decide about? Why?”
    - “Do violations like these happen in Cambodia?
    - “Which kinds of rights violations do you think are the most common in Cambodia?
    - “Why do you think health care providers violate the rights of people affected by HIV?” Encourage discussion on discrimination based on sex, gender identity and sexual orientation.
9. Ask the group if they have any questions about their rights or about the session and answer their questions.

FACILITATOR'S ANSWER GUIDE 1.3: WERE THEIR RIGHTS VIOLATED?

Instructions: Read the cases assigned to your group and discuss if the person's rights were violated or not. Give the reasons for your answer.

1. Last week Atith had an HIV test at a VCT centre. The test result was positive. When the nurse asked him how he thought he got HIV, he told her that he sometimes had sex with men. The nurse who did the test grew up in the same village as Atith's mother-in-law. When the nurse saw his mother-in-law later that week, she told her that Atith had HIV and got it by having sex with a man. Were Atith's rights violated? Why or why not?

   Answer: Yes. The nurse violated Atith's right to privacy by telling his mother-in-law that he has HIV and how he got it. The nurse must keep such information confidential.

2. Kalianne is HIV positive. She realized she was pregnant and went to the clinic for antenatal care. The doctor advised her to have an abortion because he said she would not live long enough to bring up the child, so it was irresponsible for her to give birth. Were Kalianne's rights violated? Why or why not?

   Answer: Yes. Kalianne has the right to decide for herself whether or not to have children. Her rights were violated because the doctor gave her wrong information (that she will not live long enough to bring up the child) to try to persuade her to have an abortion, which is what he thinks she should do. If she gets medical care, takes ART when she needs it and takes care of her health, there is no reason why she will not live long enough to bring up her child. Kalianne has the right to correct information and to good quality health care, which this doctor did not provide. She also has the right to decide to have a child regardless of her HIV status.

3. Munny went to the health centre because he was feeling sick with the flu. Although he arrived at 9 in the morning, he was the last person that Dr. Khan saw that day. He noticed other people who came in later were seen before him. When he asked Dr. Khan about it, the doctor said that he saw him last because he didn't want to see other patients after his medical equipment could be contaminated. Did Dr. Khan violate Munny's rights?

   Answer: Yes, he did. He discriminated against Munny by making him wait to be seen (i.e. he treated him differently from others). Seeing Munny would not "contaminate" his equipment, so he also gave him wrong information.

4. After Mliss gave birth, Dr. Sok advised her about breastfeeding her child. Dr. Sok told her that for the best results she and her child should take ART and she should breastfeed the baby. She advised this even though there is a small chance that the baby could get HIV from breastfeeding. Dr. Sok said very forcefully, "Mliss, you absolutely MUST take the ART drugs correctly, exactly the way I told you to!! Can you do that?" Did Dr. Sok violate Mliss's rights? Why or why not?

   Answer: No. Dr. Sok gave Mliss correct information to achieve the best outcome for her own health and the health of her baby. Even though she spoke forcefully, she was not forcing Mliss to do something she did not want to do.

5. Rangsei went to the district hospital to deliver her baby. When the doctor found out that she was HIV positive, he told her that because she was HIV she needed to have her tubes tied when she delivered the baby. Rangsei knew that she did not want to have her tubes tied right now, but the doctor didn't ask her what she wanted. He just said he would do it. When he asked her to sign the paper, she did. Were Rangsei's rights violated? Why or why not?

   Answer: Yes. Rangsei did not need to have her tubes tied because she is HIV positive. Her right to make an informed choice about whether or not to have her tubes tied was violated even though she signed the consent form because the doctor: 1) did not give her all the information she needed to make her own choice; 2) gave her wrong information when he said that she needed to be sterilized because she is positive; and 3) did not give her the option not to be sterilized. He forced her to get sterilized. Her right to decide when and how many children was also violated because now that she is sterilized, she cannot have any more children.

6. Bopha is HIV positive and pregnant. She wants to deliver her baby naturally. At the hospital, after about 10 hours of labour, the doctor told her that the delivery was not progressing and he was worried that the baby might not survive. He advised her to have a Caesarean section. She was exhausted and felt a bit unsure about what to do, but she didn't want her baby to die, so she signed the consent form for the Caesarean section. Were Bopha's rights violated? Why or why not?

   Answer: No. Sometimes a delivery does not progress as it should and decisions need to be made during the delivery to save the life of the mother and/or the baby. In this case, the doctor advised her correctly. He could not have got her consent for the Caesarean section before the delivery because he did not know that this would happen during the delivery. If he had pushed her to consent to have a Caesarean or to be sterilized while she was under the stress of labour for no reason, her rights would have been violated.

SESSION 1.4: TELLING OUR STORIES, TELLING OUR TRUTHS

Introduction: In this session, participants personalize what they have learned about rights and rights violations at health care settings. They remember their own experiences and share those experiences with each other. At the end, they make a list of the rights violations that they have experienced.

Objectives: By the end of this session participants will be able to:

- ➢ Explain how the content of training so far is related to their own lives and those of the other participants.
- ➢ Identify at least three common rights violations that people affected by HIV experience at health services in Cambodia;

Time: 1 hour and 30 (90 minutes).

Note to facilitator: The amount of time you will need for this session depends on the number of participants you have and the size of the groups that share their stories in steps 7-9.

Materials: Flipchart paper, markers, tissues and Blu-Tack or scissors and tape.

Preparation:

- ➢ Be aware that when people tell their stories, it can become very emotional. Be prepared to offer comfort and have a box of tissues in case some participants start to cry.
- ➢ For steps 7-9, you will need one facilitator per group. If you do not have enough, ask one or two mature participants to assist you by leading the smaller group sharing in those steps. Explain to them what they need to do before the session.

STEPS

Part 1: Introduction (4 minutes)

1. Tell participants that to make the training as useful as possible, it is important to connect our lives to what we are learning. We also need to be clear about ourselves – who we are, what our experiences are, and the experiences we share with others in this group.
2. Tell participants that in this session, they will talk about personal issues. Ask them: "What are the group's ground rules about other people's personal information?"

   Emphasize that everything discussed in this session must remain in this room. It is confidential.

Part 2: My Story (1 hour and 15 minutes)

3. Divide the participants into groups of no more than 13 people each (2 groups if you have 26 participants or less; 3 groups if you have more than 26 participants). If your participants come from different types of networks –

i.e. HIV positive, transgender, sex workers, people who use drugs – you can divide them into groups by type of network (however, the groups should not be less than 8 or 9 people or the purpose will be lost).

Note to facilitator: *The size of the group will affect the amount of time needed*

4. Ask each group to sit in a tight circle.

5. Tell participants that you want them to close their eyes, relax and get comfortable. Tell them to breathe slowly and deeply. After one minute, speaking softly, tell them that you are going to read them five questions. They will have a couple of minutes to think about their answers to each question. They should continue to breathe slowly and deeply.

6. Read each of these questions one at a time and give them the amount of time indicated to think to themselves:

   - "Think about the times that you went to for health care services. What happened? How were you treated?" (3 minutes)
   - "Think about any times when you wanted to visit the health care services but did not. What stopped you from visiting?" (2 minutes)
   - "Which of those experiences violated your rights?" (2 minutes)
   - "How did you feel about what happened?" (1 minute)
   - "What were the consequences?" (2 minutes)

7. Now ask participants to slowly come back to the room and to open their eyes. Tell the participants that they will have the opportunity to share their experiences with the group (or with their sub-groups). They do not have to talk about anything that they do not want to discuss. Anyone can pass. Remind them again that everything that is shared in the training must be kept confidential and should not be discussed unless the person whose story it is agrees. Tell them that they each have about four minutes to share. Ask them to be mindful of others and to try to tell the important part of their stories in the time limit. Tell them you will give them a signal (like pointing to your watch or a clock) when they need conclude their story.

   Note to facilitator: *If you are a person affected by HIV who has experienced rights violations at health care services, you can share your experiences first as an example to the others. If you do so, be sure to model openness and honesty. Also share your experiences of self-stigma and fear of stigma and discrimination. Also some people are likely to share for more than 4 minutes, while others will not share at all or will take less than 4 minutes. If many people are talking for longer than 4 minutes, gently remind them of the time.*

8. Have one participant start. Then go around the circle clockwise, giving each participant the chance to share. If they are in smaller groups, instruct them to do this.

9. After everyone who wants to share has done so, thank them for sharing their personal stories with the group. Bring all the participants back together. Ask them the following questions:

   - "What was it like to tell your story?"
   - "What was it like to hear other participants' stories? How did it feel?"
   - "What do you notice about your stories? Did anything stand out to you while you were listening?"

Part 3: Conclusion (11 minutes)

10. Write "Rights Violations at Health Care Services" at the top of a piece of flipchart paper. Ask the participants the following questions. List their answers to the first question on the flipchart paper:

    ➢ "What rights violations at health services has this group experienced?"

    Possible answers:

    ❍ Discrimination, treated differently from others. (e.g. made to wait until everyone else had been seen).

    ❍ Humiliating or degrading treatment for example, neglect or abuse during delivery, not wanting to touch a person's blood, body or baby.

    ❍ Treatment without consent; forced or coerced sterilization; forced or coerced abortions.

    ❍ Broken confidentiality, not keeping information private.

    ❍ Refusal of services, being sent away or to another facility.

    ❍ Misinformation, being given wrong or incomplete information.

    ➢ "When you experience these violations, what are the effects or consequences on you afterwards?"

    Possible answers:

    ❍ Fear of stigma and discrimination.

    ❍ Don't want to go for health services.

    ❍ Get angry and want to fight.

    ❍ Delay going or stop going.

    Note to facilitator: *Keep this list of common rights violations posted on the wall where it can be seen. You will use it again in Sessions 1.6 and 3.2.*

SESSION 1.5: WHAT TO DO? PROTECTING OURSELVES FROM RIGHTS VIOLATIONS

Introduction: In this session, participants brainstorm what they can do to prevent or stop specific types of common rights abuses in health care settings and then discuss their ideas.

Objectives: By the end of this session, participants will be able to:

- Explain what they could do to prevent their rights from being violated in a specific situation.
- Describe what they might do to stop a rights violation when it is happening in a specific situation.

Time: 60 minutes.

Materials: Flipchart paper, markers, and Blu-Tack or tape and scissors.

Preparation:

- Read over the session plan. Decide which of the following two options you will use: the Higher

Literacy Option: Carousel Brainstorm or the **Lower-Literacy Option:** Whole Group Brainstorm. See "Literacy Levels" on page 10.

- Take four pieces of flipchart paper and write one of the following headings at the top of each paper.
    - **Discrimination**, being treated differently, including being refused service or treatment; poor or humiliating treatment; and degrading practices, such as neglect and abuse during the delivery of a baby.
    - **Broken confidentiality**, not keeping information private.
    - **Treatment given without free and informed consent**, being forced or pressured to agree to treatment, including forced or coerced sterilizations or abortions.
    - **Misinformation**, being given wrong or incomplete information.
- For the Higher-Literacy Option: Post these sheets in order on the walls around the room with some space between them so that the groups can move from one to the next.

STEPS

Part 1: Introduction (2 minutes)

1. Tell participants that this session is called "What to Do?" During this session, they will think together about some ways they might **PREVENT** or **STOP** these violations **BEFORE or WHEN** they are happening.

Part 2: What to Do? Brainstorm (51 minutes)

Higher-Literacy Option: Carousel Brainstorm

2. Start by explaining the activity as follows:
   - ➢ Tell the participants that they will work in small groups.
   - ➢ Point to the sheets you posted around the room and tell them that on each sheet there is one of the common rights violations that they just mentioned. Each group will start with one sheet and they will come up with every idea they can about what they can do to **prevent** this type of abuse or to **try to stop** it when it is happening.
   - ➢ One person will write their ideas on the sheet.
   - ➢ After a few minutes, I will call time and each group will move right to the next sheet.
   - ➢ When your group gets to the second sheet, first have one person read what is already written there. Then add your ideas.
   - ➢ Each time, I call time, all the groups will move to the sheet to the right until you have all contributed to each sheet.
   - ➢ You will then return to your seats.

   Ask them if they have any questions. Emphasize that they should only come up with ideas for **PREVENTING** the violation or **STOPPING** the violation at the moment it is happening, **NOT** what they can do **AFTER** it has already happened.

3. Divide the participants into four groups. Have each group go to the posted sheet that matches the number of their group. Tell them to start brainstorming what they could do to protect themselves from this or stop it. Remind them that they have a responsibility to respect the rights of others.

4. After two minutes, call time and tell them to move right to the next sheet. Give them two minutes to add to the second sheet and then call time and have them move to the next sheet. Continue in this manner until the groups have added to all of the sheets.

5. Have one person from Group 1 read off the ideas on the first sheet. Make sure that these are NOT ways to seek justice AFTER the woman's rights have been violated. Lead a short discussion about their ideas by asking them the following questions:
   - ➢ "Which ideas do you think will work? What do others think?"

- "Which ones are you not sure about? Can someone from the group that wrote that idea explain?"
- "Are there any ideas you think won't work? Why? Do you all agree?"

Note to facilitator: *You may need to point out that different people may take different approaches.*

6. Follow the same process for each sheet.

Lower-Literacy Option: Group Brainstorm

2. Explain the activity by telling the participants that they are now going to brainstorm solutions together. You will give them one type of abuse of their rights, and they will call out all of their ideas about what a person might be able to do to prevent the abuse and protect his or her rights, or to stop the abuse when it is happening. Remind them that they have a responsibility to respect the rights of others.
3. Start with the first sheet. Read the heading and ask:
   - "What could a person do to prevent this from happening to them?"
   - "What could they do to stop it, if it started happening to them?"

   Write all of their ideas on the flip chart paper. Encourage them to call out any ideas they have. For now, all ideas are good. Go through the same process for all of the sheets.
4. Tell the group that they will now discuss their ideas. Start the discussion of the first sheet by reading all of the ideas written on the sheet out loud.

   Note to facilitator: *If some participants are good at reading, ask one of them to read the ideas out loud.*
5. Lead a short discussion about their ideas by asking them the following questions:
   - "Which ideas do you think will work? What do others think?"
   - "Which ones are you not sure about? Can someone from the group that wrote that idea explain?"
   - "Are there any ideas you think won't work? Why? Do you all agree?"

   Note to facilitator: *You may need to point out that different people may take different approaches.*
6. Follow the same process for each sheet.

Continue the Same Way for Both Options

Part 3: Conclusion (7 minutes)

7. To conclude the session, ask the participants the following questions:
   - "Was it easy or difficult to come up with ideas for how you can protect yourselves from these rights violations? Which ones were easier?"
   - "Are there any rights violations that you think you would not be able to prevent or stop? Which ones? Why do you think this? What do others think?"

8. Strongly emphasize the following points:

   - **NEVER SIGN A CONSENT FORM FOR A PROCEDURE THAT YOU DO NOT WANT OR DO NOT UNDERSTAND.**
   - This is especially important for abortion and sterilization. Abortions and sterilizations are optional, not required. If you do not want to have an abortion or do not want to be sterilized, then DO NOT sign the consent form.
   - A Caesarean section may be necessary to save your life or your baby's life, so you need to understand why the doctor is recommending it before making your decision.

9. Ask participants if they have any comments or questions at this point. If appropriate, tell them that the next activity will continue with the same topic.

   Note to facilitator: *Keep this lists of solutions from steps 3-6. You will use them again in the next session (1.6) and again in session 3.1.*

SESSION 1.6: STANDING UP FOR OUR RIGHTS!

Introduction: In this session, participants come up with scenarios in which their rights are violated in health care settings, based on their own experiences. They then develop and perform role plays to show how they could stand up for their rights in those situations.

Objectives: By the end of this session, participants will be able to:

- Demonstrate standing up for their rights in a health care setting while respecting the rights of others.
- Discuss whose responsibility it is to protect their rights.
- Explain why a person affected by HIV may decide to stand up for her or his rights and why it is important to do so.

Time: 1 hour and 30 minutes (90 minutes)

Materials: A4 paper

Preparation:

- Read over the session plan.
- Find the list the group made in session 1.4 of common human rights violations that people affected by HIV experience at health services that the group made in session 1.4 to use in Step 1. Post it in front of the room.

STEPS

Part 1: Stand Up for Your Rights! Role Plays (80 minutes)

1. Tell the participants they will now get the chance to put some of the ideas for protecting their rights they discussed in the last session into action. Explain the activity as follows:
   - Select a situation at a clinic or hospital in which the rights of a person affected by HIV are being or might be abused from the list the group made in session 1.4 (point to the list). You can use your own real-life experiences.
   - Select a solution from the lists that you came up with in the last session (1.5).
   - Come up with a role play in which the person takes action to stand up for and protect her rights **at the moment** that they are being violated at the clinic or hospital. Show how she can **stop the violation**, rather than how she can get justice after the violation has happened.
   - All members of the group should be part of the role play – as health care staff, family members or friends of the person affected by HIV.
   - You have 25 minutes to prepare. The role play should be no more than 5 minutes long.

Ask them if they have any questions about the activity.

2. Divide the participants into groups of five people each (there should be about six groups). If you have extra people, some groups can have six people. Have the groups go to different parts of the room so they won't disturb each other while preparing.

3. Circulate as they start developing their situations to assist them as needed. Make sure their role plays are focusing on preventing or stopping rights violations (not reactions to them). After about 10 minutes, warn them that they have 5 more minutes. When time is up, call their attention back to the front of the room.

4. Ask for a group to volunteer to go first. Let them perform their role play, making sure everyone is paying attention. Then lead a short discussion by asking those who were in the role play the following questions:

   - "How do you feel about your role play?"
   - "Did it go as planned?"
   - "Is there anything you would change about it? Why?"

   Then ask the whole group:

   - "Do you think this approach could be effective in real life? Why or why not?"
   - "Do you have any suggestions for how it could be improved?"
   - "Did [name of positive character] respect the rights of others in this role play? If no, why not? Do others agree? What could they have done to respect others while standing up for themselves?

5. Follow the same procedure for all of the role plays. Then ask the group as a whole the following question:

   - "How did it feel to try to stand up for your rights in these role plays?"

Part 2: Conclusion (10 minutes)

6. To conclude the session, ask the participants the following questions:

   - "Why can it be difficult to stand up for your rights? What stops you from doing it?"

   Note to facilitator: *If it is not mentioned, note that when your behaviour is considered a crime (i.e. sex work, drug use or homosexual sex) that can be a significant barrier to standing up for your own rights.*

   Also If no one mentions self-stigma, ask if they have heard the term 'self-stigma'. Then ask them what it means. Use their responses to come up with a definition similar to the following:

   Self-stigma is when a person who belongs to a stigmatized group also believes the negative opinions, views or attitudes about that group.

   Then ask them: "What role does self-stigma play in people affected by HIV not standing up for their rights?"

   - "What do you think can help you and other affected people to stand up for your rights?"

Note to facilitator: *Emphasize that they should always go to their networks or other support organizations when they experience a rights violation to get information, advice and support on what to do. They should rely on them throughout the process of taking action, if they decide to do so.*

- ➢ "If someone violates your rights, is it your fault?"

Main point: No, it isn't. Emphasize that if you experience a rights abuse, it is not your fault. No one has the right to violate your rights!

- ➢ "Do you think it is important to stand up for your rights? Why or why not?"

Main point: Yes!

- ❍ If we are silent, the abuses will only continue. Speaking up might help to stop them. Nothing will change if we don't stand up and say that it is not right.
- ❍ People will not necessarily respect our rights. For our own self-respect and well-being, we should stand up for our rights when others violate them if we can.
- ❍ If our rights are violated and we don't stand up for ourselves, we are communicating that it is okay to violate our rights and treat us badly.

MODULE 2: SEEKING JUSTICE

INTRODUCTION

This module has eight sessions. The total time required to deliver the sessions in this module is 9 hours and 15 minutes, not including breaks and energizers.

The sessions in this module are:

Session 2.1: Options for Seeking Justice introduces participants to the options that are available for seeking justice when their rights are violated in health care settings. They also discuss what their networks can do to support them if they decide to seek justice. 45 minutes.

Session 2.2: How to Document Rights Violations teaches participants the basics of how to document rights violations that happen to them. It includes a format that individuals can use to record what happened. 1 hour and 30 minutes.

Session 2.3: Let's Complain! asks participants to think through the process for making a complaint to a health facility. The discussion and questions draw out possible positive outcomes and the positive and negative sides of this approach to seeking justice. 1 hour and 20 minutes.

Session 2.4: Mediation has a trained mediator demonstrate how a case would be handled using mediation. Participants' questions about mediation are answered and they discuss this option for seeking justice. 1 hour and 40 minutes.

Session 2.5: Taking Your Case to the Human Rights Committee teaches participants about the role of the Cambodian Human Rights Committee, how they can file a complaint with the Committee, and what positive solutions the Committee can provide. Participants also discuss their opinions of this option, including what they think the positive and negative sides of filing complaints with the Committee are. 45 minutes.

Session 2.6: Taking It to Court! tells participants the story of what happened when HIV-positive Namibian women who were sterilized without their informed consent took their case to court. Participants then discuss how to take a case to court, the positive and negative sides of going to court and their opinions about this option in Cambodia. 1 hour.

Session 2.7: What Should They Do? Deciding to Seek Justice uses real cases of rights violations of people affected by HIV and asks participants to decide what solutions they would want if they were the person in the case and what courses of action they would choose to get justice. 1 hour.

Session 2.8: Taking it to the Next Level: Contributing to National Reports on Human Rights Treaties teaches participants about how the implementation of international human rights treaties is monitored. They discuss how their networks might participate in the process and what benefits participation can bring. 1 hour.

SESSION 2.1: OPTIONS FOR SEEKING JUSTICE

Introduction: In this session, participants brainstorm different ways that people can seek justice if their rights are violated in health care settings. They also discuss the role of their networks is in this process.

Objectives: By the end of this session, participants will be able to:

- List at least four options for seeking justice that people affected by HIV have when their rights are violated.
- Name at least three things that their networks can do to help them in such a situation.
- Explain the pros and cons of seeking justice compared to doing nothing about a rights violation.

Time: 45 minutes

Materials: Flipchart paper, markers, and Blu-Tack or tape and scissors

Preparation: Review 'Background Information for 2.1: Options for Seeking Justice' in the Facilitator's Background Information.

STEPS

Part 1: Introduction (4 minutes)

1. Introduce Module 2 by telling participants that in this module they will learn about the different ways that a person can seek justice if their rights have been violated in a health care setting.
2. Ask them: "What is justice?"

   Use their ideas to come up with a definition similar to the following:

   Justice is when there is fairness in the protection of rights and the punishment of wrongs. It is fair behaviour and treatment.

   Explain that this means that if a person's rights are not respected, action is taken to set the situation right – by doing something that will allow the person to enjoy their rights or compensating them if they were harmed. What is done to compensate a person can be different because it depends on how much harm was caused to the person. It also means that if someone does something wrong – as defined by the law or agreed upon rules, they may be punished accordingly.

Part 2: Introduction to Ways to Seek Justice (30 minutes)

3. Divide the participants into groups of four. Tell them that they should brainstorm all of the things that a person might do to seek justice, if their rights have been violated in a health care setting. Tell them that they have five minutes.

4. After five minutes, call their attention back to the front of the room. Starting with one group, have them tell you one thing they can do to seek justice if their rights have been violated. Write their answer on a piece of flipchart paper. Go to the next group and get another idea, and continue going around the room from group to group, until you have all of their ideas.

   Possible answers:

   - Complain to the provider or make a complaint to the health service✪
   - Make a complaint to the Medical Council, the Nursing Council or the Midwifery Council
   - Use mediation✪
   - Complain to the Cambodian Human Rights Committee✪
   - Take the case to court✪

5. Look over their list and add any from the above list that they have not mentioned. Then read out the ones that will be covered in the training and put a star next to them on the list.

6. Then ask them:

   - "Is there anything listed here that you do not understand?" If so, ask the other participants to explain what it is.
   - "Have any of you used any of these approaches before? If so, which ones?"

7. Now ask them to discuss in their small groups what they think the role of their networks should be in helping people affected by HIV to seek justice when their rights are violated. Tell them that they have eight minutes to discuss.

8. After eight minutes, call their attention back to the front of the room. Starting with one group, have each group give you one thing that they think their networks can do to help their members. Make a list on the flipchart paper.

   Possible answers:

   - Help their members to assess their options regarding what to do about a case.
   - Help members with the process of filing a complaint.
   - Help members with the process of taking a case to court, for example, helping them to access legal aid.
   - Follow up on the case with or on behalf of the member seeking justice.
   - Document cases, monitor violations, and compile complaints to have evidence for advocacy.
   - Lobby an elected leader or local representative or others who can assist.
   - Contact the media and publicize the situation, if it will help.
   - Put their members in touch with the Cambodian Human Rights Committee.

Part 3: Concluding discussion (10 minutes)

9. To conclude this session, ask the participants the following questions to generate a discussion about the pros and cons of seeking justice in general.

   - "What do people affected by HIV usually do in Cambodia when their rights are violated? Why?"
   - "Do you think people affected by HIV should take action when their rights are violated? Why or why not?"
   - "Why would it be good to take action?" Probe: "Why is it important to try to get justice?"
   - "What might the downsides be?"

   Probing questions: "What kinds of physical safety or security issues might they face if they take a stand against rights violations? What are the risks for an organization taking a stand?"

   Main points: Individuals and organisations may face safety and security issues when they stand up for their rights or those of others. Some global examples are: kidnapping, jailing, assault, murder, intimidation, harassment, bullying, smear campaigns, stigmatisation, and slander.

   "What are some safety and security measure that individuals and organizations can take?"

   Main points:

   - Make your human rights complaints through your network or an NGO.
   - If you are afraid for any reason, make sure you tell your organization and/or a UN agency.
   - Keep records, resources and information secure (locked up).
   - Remember that everything done on line or on a computer or cell phone can be copied. Make sure your computers and phones are secured. Use secure communication methods.
   - Use security software.
   - When travelling, have a schedule for checking in. Take action if the person doesn't check in.
   - Use code words for any sensitive information such as names and locations.
   - Use GPS on the person's cell phones to try to locate them if they lose contact.
   - Run away from a dangerous situation if you can.
   - Use social media to broadcast if you are in trouble.
   - If you are afraid to report the rights violation to the government directly, you may be able to get advice from UNAIDS, UNDP or OHCHR.
   - "What is the downside of doing nothing when a rights violation happens?"

   Main point: If we do nothing, things are unlikely to change. We have to fight and stand up for our rights to be recognized.

REFERENCES:

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SESSION 2.2: HOW TO DOCUMENT RIGHTS VIOLATIONS

Introduction: In this session, participants learn the basics of how to document rights violations and what kind of information they should record when they experience a violation of their rights.

Objectives: By the end of this session, participants will be able to:

- Name at least five things that a person whose rights have been violated should make note of.
- Record the basic evidence of a rights violation, if they experience one (either by writing it themselves, getting someone to write it down for them, or by recording it).

Time: 1 hour and 30 minutes (90 minutes).

Materials: Paper, stapler and staples, flipchart paper, markers, and Blu-Tack or tape and scissors.

Preparation:

- Make copies of 'Worksheet 2: Form for Documenting Rights Violations' in the Participant's Handbook for each participant.
- Read through the steps and decide if you will use the higher-literacy option or lower-literacy option (see 'Literacy Levels' on page 10). The higher-literacy option is preferable since it will give participants direct practice with documenting violations, but the lower-literacy option is fine, too.

STEPS

Part 1: Introduction (10 minutes)

1. To start the session, read the following situation to the participants:

5. "Chariya's rights have been violated. She goes home and thinks about it. She has decided that she wants to take action, but she doesn't know what action she wants to take yet. What are the first things that she should do?"

   Main points:

   - Get advice from her network, a human rights organization and/or a lawyer.
   - Document what happened.

2. Tell the participants that this session will be about how to document a rights violation. Ask:

   - "What does it mean to document a rights violation?"

   Main point: to write down or record what happened; to collect or keep information and evidence about what happened.

- “Why should we document rights violations that happen to us in writing?”

Main point: To have a record; not to forget exactly what happened.

Note to facilitator: *Explain that if necessary and possible, a person could make an audiotape or a videotape recording of what happened.*

- “What are some of the things that you think should be included in a report of a rights violation?”

Main point: Allow them to give their ideas. Very generally, they should include who, what, where, when, how and why. If the group is literate, you can explain that an easy way to remember the questions words is that there are 5 w’s and 1 h.

3. Make a transition to the next activity by telling participants that they will now learn how to document a rights violation.

   Emphasize that they are learning this so that they can document any rights violations that they experience themselves. They can also help friends to document a violation if their friends ask for help.

Part 2: How to Document a Rights Violation (70 minutes)

4. Hand out 'Worksheet 2: Form for Documenting Rights Violations' to each participant.

   Higher-literacy option: If your participants have the literacy skills to read and fill in the worksheet, go through the worksheet with the participants as follows:

   - Ask who would like to read the first item.
   - Select a volunteer to read it.
   - Asking if everyone understood the item.
   - If anyone did not understand it, ask the participants if they can explain it.
   - Add onto their explanations only as needed.

   Continue in the same way through all of the items, selecting different volunteers to read. When you have finished going through all the items, ask them if they have any questions about it. Answer their questions.

   Lower-literacy option: If your participants don't have the literacy skills needed to read and fill in the form, skip this step.

5. Now tell them that they are going to practise documenting a rights violation.

   Higher-literacy option: Divide the participants into groups of four, making sure that there are at least one or two participants with strong reading and writing skills in each group.

   Tell them that they should identify a volunteer in their group who has experienced a rights violation at **a health care setting** and who is willing to share it with the group. Then the group should document that rights violation on the form.

Tell them that if there is information that the person can't remember, they should just write "Don't remember" or "Don't know". Give them 45 minutes.

Circulate among the groups as they are working and help them as needed.

Note to facilitator: *If no one in the group volunteers to share a rights violation that they experienced, tell them that they can use a violation they have heard about that happened to someone else.*

Lower-literacy option: Begin by asking them what they should do, if they are not able to fill in the form by themselves.

Then, ask for a volunteer who has experienced a rights violation when they went for health care services and who is willing to have their experience documented. Have the person come to the front of the room. Both of you can sit at a table, as if you are interviewing the person.

Read the first item out loud. Then ask if everyone understood the item. If someone did not understand it, ask the other participants if they can explain it. Add to their explanations only if needed. Then have the volunteer give you her answer. Fill in the form with the person's answers.

Note to facilitator: *Use your judgment when facilitating. If this activity gets too long, you can skip questions 5f to 5i on the form. Do not skip question 6.*

Part 3: Concluding discussion (10 minutes)

6. After they have finished filling in the form, call their attention back to the front. Ask them the following questions:

- ➢ "What was it like to document a rights violation?"

  Probing questions:

  - ❍ "What kinds of feelings can it bring up?"
  - ❍ "What should you do if it makes you feel upset or angry?"

- ➢ "Were there questions you couldn't answer? Which ones? Why?"
- ➢ "When should you document a rights violation if you experience one? Why?"

Main point: Document the violation as soon as possible after it happens so you remember the details well.

- ➢ "Do you think it is important to document what happened when your rights are violated? Why or why not?"

  Main points:

  - ❍ If you are going to take any action to seek justice, you need to document what happened.
  - ❍ It is also helpful for you to share this information with your organization so they know what has happened to you and can support you.
  - ❍ It is very important for networks to actually document such rights violations. They can then report on them to the UN, for example.

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SESSION 2.3: LET’S COMPLAIN!

Introduction: In this session, participants put the steps in order for making a complaint to a health facility and then discuss each step. The discussion covers the possible positive outcomes and the positive and negative sides of this approach to seeking justice.

Objectives: By the end of this session participants will be able to:

- Describe the steps they would take to complain directly to the health facility.
- Name at least two positive sides and two negative sides for this approach to seeking justice for a rights violation.
- Explain whether they would use this approach and why or why not.

Time: 1 hour and 20 minutes (80 minutes).

Materials: A4 paper, stapler and staples, flipchart paper, markers, and Blu-Tack or tape and scissors.

Preparation:

- Review 'Handout 2: How to Make a Complaint to a Health Facility' in the Participant's Handbook and 'Background Information for Session 2.3: Let’s Complain!' in the Facilitator’s Background Information.
- Make copies of 'Handout 2: How to Make a Complaint to a Health Facility' in the Participant's Handbook for each participant.

STEPS

Part 1: Introduction (5 minutes)

1. Tell participants that in this session, they will be discussing how to make a complaint to a health facility.
2. Ask the participants if any of them have ever made a complaint to a health facility about how they were treated. If any of them have, ask them to briefly describe what they did and what happened. Thank them for sharing their experience and note that it will be useful in this session.

Part 2: Steps to Making a Complaint (45 minutes)

3. Tell participants to form pairs with their neighbour. Tell them they should discuss what they would do if they wanted to make a complaint about how they were treated in a health facility. What would they do first, second, third and so on. Give them five minutes.
4. After five minutes, call their attention back to the front. Then go around the room, from pair to pair, and ask them to tell you one thing they would do, if they were going to complain. Write their responses on flipchart paper.

5. Then ask:

   - “What are the two ways that you can make a complaint?”

   If they get stuck, ask: “How can you communicate your complaint?”

   Main point: They can make the complaint verbally or in writing.

6. Take a new piece of flipchart paper and label it ‘Making a verbal complaint.’ Ask the participants to look at the list of things they would do if they were going to make a complaint. Tell them to think about someone making a **verbal complaint**. Ask them to identify the items on the list that are relevant to making a verbal complaint and mark them with a check.

   Note to facilitator: *If you have participants who have difficulty reading, read each item on the list out loud and ask them if it is something a person should do when making a verbal complaint.*

7. Now ask them to put the items that you checked off in order. Help them as needed to come up with a list similar to this one:

   1. Identify the person to whom you should complain
   2. Go to the office of the person to whom you should complain
   3. Explain what happened
   4. Ask for what you want
   5. If they cannot take action immediately, find out when they will get back to you with their response

   Note to facilitator: *This list is the minimum steps. They may come up with other items as well, such as “calm down”.*

   Ask if they think it is a good idea, if possible, to take someone they trust with them when they go to complain. Discuss their ideas.

8. Take a new piece of flipchart paper and label it ‘Making a written complaint.’ Ask the participants to look again at the list of things they would do if they were going to make a complaint. Ask them to identify the items on the list they would do if they want to make a written complaint and mark them with a star.

   Note to facilitator: *If you have participants who have difficulty reading, read each item on the list out loud and ask them if it is something a person should do when making a written complaint.*

9. Now ask them to put the items that you starred in order. Help them as needed to come up with a list similar to this one:

   1. Document what happened and gather any evidence
   2. Get advice
   3. Identify the person to whom you will address you complaint
   4. Write your complaint letter
   5. Make copies of your letter
   6. Deliver and register the complaint letter. Write down the registration number
   7. Follow up

***Note to facilitator:** The first three steps can be in any order that they think is best as long as it makes sense (for example, you must write a letter before you can deliver it). If any key steps are missing, add them.*

10. Ask the following questions about the process of complaining (you can point to the relevant step when discussing it):

   - "Who would you go to for advice? Who else could advise you?"

   Possible answers: Your network, a human rights organization, a lawyer, the Cambodian Human Rights Committee.

   - "Why is it a good idea to get advice before you take action?"

   Possible answers: To understand how to do it; to get tips on what to do; to find out about the possible solutions so that you know what is possible and can make a decision about whether you want to make the complaint.

   - "If your rights are violated at a health post or clinic, who should you complain to?"

   Main point: The person in charge of the health post or clinic. If you don't know who this is, ask the administrative staff at the clinic.

   - "If the person in charge is the person who violated your rights, where can you complain?"

   Main point: You can complain to the Administration Office of the District Health Office or Provincial Health Department.

   - "If your rights are violated at a hospital, where can you complain?"

   Main points:

   - You can complain to the person in charge of the hospital.
   - You can also complain to the hospital management committee.
   - If the hospital is run by the Department of Health, you can complain to the Department of Health.

   - If you have any documents supporting your complaint, should you include these in your complaint?

   Main point: only give copies. Keep the originals for yourself.

11. If the participants have not mentioned the Medical Council, Nursing Council or the Midwives Council already, tell them that each health profession has a council that they can complain to.

   Explain that to complain about a doctor, they would write a complaint letter to the Provincial Medical Council. They will send the complaint to the Regional Council, which will investigate the complaint. They will take action if they decide it is justified. The actions they can take include: warning the doctor; reprimanding the doctor; suspending the doctor for some time; permanently forbidding the doctor to do certain functions of their work; or removing the doctor's licence to practise medicine for three years or more.

   To complain about a nurse, they should write to the Council of Nurses, and to complain about midwives, they should write to the Midwifery Council. The Council of Nurses and Midwifery Council should handle complaints more or less in the same way as the Medical Council.

12. Then ask: "What information should you include in your complaint letter?"

    Possible answers:

    The same information as is in the documentation report (from the previous session).

    - **What** happened in detail, including **when** (dates), **who** (names of the people involved), and **where** (name of facility).
    - **What harm** you experienced.
    - State **what solution** or response you want.
    - Provide your **contact information** or tell them to respond to you through your network and provide the network's contact information. If you will have your network follow up this issue, tell them in your letter.
    - Copies of evidence

    Optional: Cite the laws, codes of practice and/or human rights that the person broke.

13. Explain briefly that it is recommended that complaint letters have three parts:

    - A detailed factual statement about what happened. This should be as accurate as possible with no feelings or opinions included.
    - An explanation of your opinions and feelings about what happened, and specifically, what hurt and damage you experienced.
    - A statement about what you want to have happen next and what solutions or remedy you want.

14. Ask the participants:

    - "Why should you get your letter registered at the facility?"

    Main point: Then there is a record that they received it. All government services register all the mail that they receive.

    Tell them: "Remember to write the registration number down. If you send it by post, register the letter so that there is a record that you sent it and they received it."

    - "When should you follow up if you do not hear from them?"

    Main point: Answers will vary. Note that they can always ask the person that they deliver the letter to how long it will take to get a response and follow up if they have not heard back by then. If they mail the letter, they can include a date for a response in the letter.

15. Ask the participants if they have any questions about the process and answer their questions.

Part 3: Possible Outcomes, Advantages and Disadvantages (20 minutes)

16. Break the participants into groups of four or five. Tell them you will give them a question and they should discuss the question for a couple of minutes. After a couple of minutes, you will call time and get their ideas.

17. Give them the first question: If you file a complaint with the health facility, what are the possible positive outcomes?

    Give them just two minutes to discuss. Then take one idea from each group, until they don't have any more ideas. If they miss some of the main points, you can ask questions to bring out the answers or tell them the missing points yourself.

    Main points:

    - The facility may commit to changing the behaviour or take action to fix the problem. For example, if you complain about misinformation, they may train the staff.
    - They may apologize.
    - They may discipline the health care worker(s) or refer for departmental action (e.g. demotion, termination or transfer).
    - They may give you compensation for administrative mistakes (for example, for fees wrongly charged).
    - They may decide to complain to the Medical, Nursing or Midwifery Council and request that they remove the licence of the health worker. **Note to facilitator:** This is not likely.

18. Give them the second question: What are the positive sides of complaining directly to the health facility?

    Give them just two minutes to discuss. Then take one idea from each group, until they don't have any more ideas. If they miss some of the main points, you can ask questions to bring out the answers or tell them the missing points yourself.

    Main points:

    - Feel satisfied that you took action.
    - It is a good first step to take.
    - If they respond, it may be possible to reach a solution that you are satisfied with (without a long and complicated process).
    - It doesn't cost anything.
    - It may open the door to long-term engagement with the health sector.
    - It may encourage other people affected by HIV to take action.
    - If the problem is addressed as a result, it may prevent other people from having the same experience as you.

Note to facilitator: *It is not necessary for the participants to come up with every one of these answers for this and the next question.*

19. Give them the third question: "What might be the negative sides of complaining directly to the health facility?"

Give them just two minutes to discuss. Then take one idea from each group, until they don't have any more ideas. If they miss some of the main points, you can ask questions to bring out the answers or tell them the missing points yourself.

Main points:

- The facility may ignore the complaint and do nothing.
- You may need to complain more than once.
- They may blame you for the problem.
- You are not likely to receive compensation.
- You may not be satisfied with the outcome; you may feel that justice has not been done.
- The situation doesn't change at all.
- Your complaint may make the situation worse: the health workers may violate your rights again when you return for care because they are angry.
- Your personal information may become known to others.

Part 4: Concluding Discussion (10 minutes)

20. To conclude the session, ask the whole group the following questions:

- "Overall, what do you think about complaining directly to the health facility to seek justice?"
- "What kind of rights violations do you think you would use this option for?"

Note to facilitator: *There are no definite right and wrong answers to this question. This option is definitely useful for those that result in less serious harm, for example, being asked to wait longer than others to receive care at a health facility. It can also be used for more serious violations.*

- "What can your network do to help you if you want to complain?"

Possible answers:

- They can advise and support you.
- They can help you write the complaint.
- They can keep a copy of your complaint letter.
- They can tell you if other people have had the same experience and may want to join in your complaint.

- They can make the complaint on your behalf or go with you to make a complaint or meet with the person in charge of the facility where the violation took place.
- They can help you to follow up or follow up on your behalf.

➢ "Can a group of people use this approach?"

Main point: Yes.

➢ "Do you think it would be more effective if you complain as a group? Why or why not?"

21. Give the participants the copies you made of 'Handout 2: How to Make a Complaint'.

SESSION 2.4: MEDIATION

Introduction: This session begins with a short discussion of mediation. Then a guest presenter, who is a trained mediator, will do a demonstration of how a case would be handled using mediation. This is followed by a question and answer session and a discussion of this option for seeking justice.

Objectives: By the end of this session, participants will be able to:

- Describe the process of mediation to resolve disputes.
- Explain at least one type of case that could be solved by mediation.
- Name at least three benefits of mediation.
- Explain two things to think about before deciding to use mediation.

Time: 1 hour and 40 minutes (100 minutes).

Materials: Paper, flipchart paper, markers, and Blu-Tack or tape and scissors.

Preparation:

- As early as possible, identify a mediator who can do the demonstration in Part 2. Contact an organization that works on mediation in the place where you are holding the training (or contact the Justice Service Center Program or Maison de la Justice and explain the training you are conducting. Tell them about the session and ask if a mediator can come to the training to do a demonstration of mediation and answer questions from participants. See the Facilitator's Resource for a list of organizations that work on mediation and their contact information.

  Note to facilitator: Make sure that the mediator has been trained.

- Review 'Background Information for Session 2.4: Mediation' in the Facilitator's Background Information and 'Handout 4: Mediation' in the Participant's Handbook.
- Make copies of the 'Handout 3: Kesor and Punthea' and 'Handout 4: Mediation' for each participant.
- Meet with the mediator before the training to discuss the session. Share this session plan with them and discuss the case in Step 6 with them. Agree on how you will run the session. Make sure they are prepared and tell them they will have five minutes to give a brief description of how mediation works.

STEPS

Part 1: Introduction (5 minutes)

1. Tell the participants that this session is on mediation – a type of alternative dispute resolution. Ask:

   - “Who remembers what alternative dispute resolution is?”

   Get a general definition similar to the following:

   Alternative dispute resolution refers to ways to solve disputes without going to court.

   - “Who knows what ‘mediation’ means?”

   Use their responses to come up with a definition similar to the following (if no one knows, give the following definition):

   Mediation is when a neutral third party helps two people or groups in a dispute come to a solution that they are both happy with and agree on.

2. Explain, if not mentioned, that:

   - Mediation can be used for **any case** in Cambodia except **criminal cases** that the government has brought – like cases of rape, attempted murder or murder.
   - Both sides must agree to try to find a solution through mediation.
   - The mediator does not make or impose a decision or a solution like a judge would.
   - It is sometimes called a ‘win-win solution’ because both sides must agree with the solution. They should both feel like have ‘won’.
   - The process does not decide who is at fault or guilty.

Part 2: Demonstration of Mediation (85 minutes)

3. Tell participants that in this next part of this session, we will have a guest presenter who will help them to understand more about the process of mediation.
4. Briefly introduce the guest presenter or allow them to introduce themselves and their organization (for no more than five minutes).
5. Tell the participants that the guests will now do a demonstration of how mediation works. Inform the participants that the case is made up but based on some true stories.
6. Pass out the copies of the ‘Handout 3: Kesor and Punthea’ that you made and ask the participants to follow along as you read the following case for the demonstration of mediation.

Note to facilitator: *If your participants have good literacy skills, you can ask for volunteers to read one paragraph each.*

Two women who work in local bars went separately to the Wat Phnom Health Centre to get checked for STIs. When the first one, Kesor, went to the clinic, the nurse gave her a disgusted look and said, "What? You again?! I know what you are up to and why you are coming here all the time! You should be ashamed of yourself! Why are you here this time? Same-same?" She asked her to take seat and pointed to a seat in the corner away from other people.

Kesor noticed that other people who came to the clinic after she did were called to see the doctor before her. When she complained, she was told to keep quiet if she wanted to be seen at all. When she got to see the doctor, he asked her questions like, "How many sex partners have you had since the last time you came here?" and "What kind of sex did you have with them?" Kesor was furious but said nothing because she wanted to get the test she came for.

Punthea also went to the Wat Phnom Health Centre to get checked because she wants to get pregnant. The nurse saw in her file that she was HIV-positive and told her to sit to the side of the room by herself. She too was kept waiting as many other patients came and went. When she finally saw the doctor and told him why she was there, he said, "How can you be so irresponsible? How can you have a child when you know you will die and leave it an orphan?" and "Do you think that 'women like you' should have children? What kind of example are you going to be to them? You should be ashamed of yourself!" Punthea knew her rights and was so angry she could hardly see. She told the doctor that he didn't know what he was talking about and left, swearing never to go back.

One day Kesor and Punthea got together and Kesor told Punthea her story, and then Punthea told hers. They decided they had enough of being treated with such disrespect. After getting some advice from their network about what they could do, they went to the Justice Service Center at the district and requested mediation.

The Justice Service Center staff met with Dr. Soth, the officer in-charge, and the staff of the clinic, the two nurses, Srey and Vanna. They agreed to mediation. Now you are all at the Service Center.

7. Ask if there are any questions about the situation. Then ask for six volunteers – one to play a representative from the network, two to play the roles of the women and three the roles of the health care staff – in the mediation. Tell them to act as naturally as they can and to be reasonable.
8. Allow the mediator to proceed with demonstrating the mediation process.
9. After the mediation is complete and a solution has been arrived at, ask the mediator if there is anything they want to say about the role play and how it went. Then ask the participants if they have any questions for the mediators about the community mediation process.
10. When there are no more questions or the time is almost up, **if the following questions have not yet been asked,** ask them **first of the participants, then of the mediators.**

Note to facilitator: *If you used the video and role play option, ask all of these questions.*

- ➢ "When is mediation not an option?"

Main points:

- ❍ Mediation is not an option if both parties do not agree.
- ❍ It cannot be used for criminal cases that the government has brought – like cases of rape, attempted murder or murder.

- ➢ "What types of solutions can mediation result in?"

Main point: Mediation allows for a wide range of creative solutions to problems. Common outcomes include: apologies, agreement to change behaviour or practice or to pay for something, and compensation for loss or damages, among other things.

Note that the process does not find guilt or innocence and that there are no apologies given in mediation.

- ➢ "What should you do if you are in mediation and you don't like a solution being suggested?"

Main points: If you do not like a solution that is being suggested, you should not agree to it. If you do not like any of the solutions, you do not need to accept any of them. You can end the mediation process and use another method to get justice.

- ➢ "What are some of the positive sides of mediation from your point of view?"

Possible answers:

- ❍ It is free.
- ❍ It is easily available in the communities.
- ❍ It can be quick (or quicker than other ways of seeking justice).
- ❍ Solutions can be creative.
- ❍ It gives space and time for the parties involved to express everything directly to each other.
- ❍ Both sides should feel satisfied with the solution – it's 'win-win.'
- ❍ You can ask for the mediation to be done privately and to be confidential.
- ❍ It can result in solutions that will help to change the system for the better.
- ❍ You can have a family member, friend or a person from your support group with you to support you.

- ➢ "What are the negative sides of mediation from your point of view?"

Possible answers:

- ❍ It is not an option if the other party does not agree to mediation.

- It does not decide who is guilty or to blame, so some people may not be satisfied with the result.
- People from marginalized groups, like women, may not feel empowered to ask for what they want or to insist on a solution that is a 'win' for them. **Note to facilitator:** Remind participants that if they are in a mediation, they should never accept a solution that they do not want.
- People who are less powerful may fear retribution or violence from their families or the community.
- The personal information of people affected by HIV may be exposed, even though it is not supposed to be.
- Mediation may not be successful, for example, if they cannot agree on a solution and the person may need to try other options.
- The agreement may not be implemented. If it is not, you can go back to mediation again or try another option.

Part 3: Conclusion (10 minutes)

11. To conclude, ask the participants:
    - "For those of you who were the 'disputants' in the role play, what was it like to be part of the mediation?"
    - "What do you think about this process for solving problems?"
    - "Of the problems that you have had with the health care workers, do you think any of them could be handled by mediation?"
    - "Do you think that people affected by HIV can be heard in this process?"
    - "Can they be treated fairly? Why or why not?"
    - "Would you recommend it to others? Why or why not? For what types of cases or problems?"
12. Pass out the copies of the 'Handout 4: Mediation'.
13. Thank the mediators with the participants. If your schedule allows, you could have a tea break with the guest presenters.

SESSION 2.5: TAKING YOUR CASE TO THE HUMAN RIGHTS COMMITTEE

Introduction: In this session, participants learn about the role of the Cambodian Human Rights Committee (CHRC, or 'the Committee'), how they can file a complaint with the Committee, and what solutions the Committee can provide. Participants also discuss their opinion of this option, including what they think are the positive and negative sides of filing complaints with the Committee.

Objectives: By the end of this session, participants will be able to:

- Explain at least three things that the Cambodian Human Rights Committee does.
- File a complaint with the CHRC.
- Discuss at least two types of solutions that the CHRC can offer.

Time: 45 minutes.

Materials: Paper, stapler and staples, flipchart paper, markers, and Blu-Tack or scissors and tape.

Preparation:

- Review 'Handout 5: The Cambodian Human Rights Committee' in the Participant's Handbook and 'Background Information for Session 2.5: Taking Your Case to the Human Rights Committee' in the Facilitator's Background Information.
- Make a copy of the 'Handout 5: The Cambodian Human Rights Committee' and 'Handout 6: Cambodian Human Rights Committee Individual and Group Complaint Forms', both in the Participant's Handbook, for each participant.

STEPS

Part 1: Introduction (3 minutes)

1. Tell the participants that this session is about the Cambodian Human Rights Committee. Ask them the following questions:

   - "How many of you have heard about the Cambodian Human Rights Committee?"
   - "Has anyone here filed a complaint with the Human Rights Committee?" If yes, ask them to explain what happened very briefly.

   Then thank them and encourage them to use their experience during the session to help the others understand the work of the Committee.

Part 2: What Does the Human Rights Committee Do? (10 minutes)

2. Present the main activities of the Cambodian Human Right Committee by explaining the following:

   The Cambodian Human Rights Committee is responsible for protecting, developing and promoting human rights in Cambodia.

   The main things that the Committee does are:

   ❍ Receive complaints of human rights violations.

   ❍ Investigate those complaints.

   ❍ Investigate other situations that may involve a violation of rights.

   ❍ Educate people about their rights and the law.

   ❍ Write the government Universal Periodic Review reports on how they are implementing human rights treaties.

   ➢ "What kinds of cases does the Human Rights Committee take?"

   Main point: Any violations of human rights.

   ➢ "What types of solutions can the Human Rights Committee offer?"

   Main points: We need to get this information for Cambodia

   ❍ Request that the government authority involved in a rights violation take action and follow up.

   ❍ Advise the person to follow another approach to getting justice (such as mediation or a court case).

Part 3: How to File a Complaint with the CHRC (15 minutes)

3. **Ask the participants:** "For people affected by HIV, what are some cases you could take to the Human Rights Committee?"

   Possible answers:

   ❍ Cases of discrimination based on HIV status, sex, gender expression or presumed behaviours such as drug use or sex work.

   ❍ Forced sterilization.

   ❍ Forced abortion.

   ❍ Refusal to give medical treatment or care.

   ❍ Harassment by police.

   ❍ Discrimination in employment, housing or at school.

4. Tell the participants that you are now going to discuss how to file a complaint with the Human Rights Committee. Ask them: "Does anyone know how to file a complaint with the Committee?"

5. Picking up on what the participants said, tell them that there are several different ways they can file a complaint with the Committee. List those that have already been mentioned. Add any from the list below that have not been mentioned.

   - Fill out a complaint form and send it to the Committee by bus, through someone you know, or an NGO.
   - Fill out the complaint form on their website and submit it.
   - Fill out a complaint form and deliver it to their office in person.
   - Go to their office, get the complaint form and fill it out.

   Tell them there is no time limit for filing complaints to the Committee.

6. Ask them: "Where does the Committee have offices?"

   Answer: They have offices in only in Phnom Penh.

7. Then hand out a copy of the complaint forms to each participant. Tell them that this form is specific to the Human Rights Committee. It is similar to the form that they filled in for recording human rights violations in Session 2.2. so you will not go through it.

Part 4: Concluding Discussion (12 minutes)

8. To conclude the session, ask the participants the following questions and allow them to discuss.

   - "What do you think about filing a complaint with the Human Rights Committee?"
   - "Do you think it is a good choice for people affected by HIV to get justice when their rights are violated? Why or why not?"

   Encourage them to discuss by asking them questions like: "What do others think? Do you agree with that? Who has another opinion? Why do you think so?"

   If they do not raise the advantages and disadvantages themselves, ask these follow-up questions:

   - "What are some of the positive sides of this choice from your point of view?

     Possible answers (you do not need to get all of them):

     - It is free.
     - It is relatively easy to do.
     - Government may take the request to take action from the CHRC seriously.
     - The government authority may take action against the person or body who violated your rights at the request of the Committee.
     - It can feel empowering to take action.

   - "What are some possible negative sides of this choice from your point of view?"

Possible answers:

- ❍ The Committee may not agree that it is a rights violation after analyse the complaint.
- ❍ The government may not take action even when requested by the Committee.
- ❍ Your personal information may be exposed, resulting in further stigma and discrimination (Note that this should not be the case – they should protect your identity if you ask them to).
- ❍ The Committee may only be able to refer you to other ways of seeking justice, like mediation or going to court.

➢ "What should you do if you are not sure if your case is a human rights violation that they would look into?"

Main point: Call them or visit them – they will advise you.

9. Finally ask:

   ➢ "Do you think that it would be worthwhile to approach the Committee as an organization to discuss your human rights issues with them? Why or why not?"

   ➢ "Has the Committee ever included you in any activity or event?" If yes, tell us about it?"

10. Pass out the copies of the 'Handout 5: The Cambodian Human Rights Committee'.

SESSION 2.6: TAKING IT TO COURT!

Introduction: In this session, participants hear the story of what happened when HIV-positive Namibian women who were sterilized without their informed consent took their case to court. After answering questions about the story, they discuss how to take a case to court, the positive and negative sides of going to court, and their opinions about this option in Cambodia.

Objectives: By the end of this session participants will be able to:

- Describe what some women living with HIV did when they were sterilized without their informed consent and the outcome.
- Explain what a person or group of people should do if they want to take a case to court.
- Discuss at least two benefits and two drawbacks of taking a case to court.

Time: 1 hour (60 minutes)

Materials: Paper, stapler and staples, flipchart paper, markers, and Blu-Tack or tape and scissors

Preparation:

- Review 'Background Information for Session 2.6: Taking It to Court!' in the Facilitator's Background Information and 'Handout 7: Taking a Case to Court and Getting Legal Aid' in the Participant's Handbook.
- Make a copy for each participant of 'Worksheet 3: Women Fight Back Against Forced Sterilization' and 'Handout 7: Taking a Case to Court and Getting Legal Aid' in the Participant's Handbook.
- Decide if you will read the story yourself or have the participants read the story aloud in Part 2.

STEPS

Part 1: Introduction (3 minutes)

1. To introduce the session, tell the participants that this session will be about taking a case to court.
2. Ask the participants if any of them have ever been involved in taking a case to court. If any of them have, ask them, if they are willing, to briefly describe what they did and what happened. Thank them for sharing their experience and note that it will be useful in this session.

Part 2: The Namibian Story (50 Minutes)

3. Tell the participants that they are now going to hear a story about some women living with HIV in Africa who took their case to court. The case has to do with sterilization. Ask the participants: What is sterilization? (Answer: Sterilization is an operation that is done to permanently prevent a woman from getting pregnant or to prevent a man from being able to cause a pregnancy.)

4. Give a copy to each participant of 'Worksheet 3: Women Fight Back Against Forced Sterilization'.

7. If the participants have high enough literacy skills, have volunteers read a paragraph each out loud. Otherwise, read the story out loud yourself.

5. Then ask them the following questions:

   - ➢ "How did the story make you feel? Why?"
   - ➢ "Let's recap the story briefly:
     - ❍ What happened to Hilma?"
     - ❍ "How did she find other women with the same experience?"
     - ❍ "What did the women who had been sterilized decide to do?"
     - ❍ "What did the High Court decide about their case in the end?"
   - ➢ "How many years was it between Hilma's sterilization and the final court decision?" (8 years)
   - ➢ "Why do you think these women decided to take their case to court?"
   - ➢ "What impact do you think the Court's decision can have for positive women in Namibia?"
   - ➢ "What should you do if a doctor or nurse is pressuring you to sign a consent form to get sterilized?"

   Main points:

   - ❍ Do not sign any consent forms for medical treatment unless you have time to read them and ask any questions you have. Make sure that you understand and agree with everything in the form. If you can't understand the form or are not sure if you agree to what is in it, tell them you need more time to discuss with others (such as with family, friends and/or a community organisation).
   - ❍ DO NOT sign a consent form for sterilization unless you are sure that you want to be sterilized and you know exactly what it means.

   Emphasize that: "You have the right to informed consent, which means getting all the information you need before giving consent."

6. Ask the participants to form pairs with their neighbour. Then tell them that they should discuss the following question: "If a person decides they want to take their case to court in Cambodia, what should they do?"

7. Give them 2–3 minutes to discuss. Then call their attention back to the front of the room. Ask them for their ideas. You can write these on flipchart paper, if the group is literate.

   Main points:

   - Talk to their network.
   - Find out if other people with the same experience want to join the case.
   - Talk to an organization that provides community legal services or get legal advice from a lawyer.
   - Tell their lawyers if they want their identity to be kept secret.
   - Document what happened and gather evidence.

   If any of these items are missing, ask questions to elicit them or provide the missing ones yourself.

8. Now ask them the following questions:

   - "What benefit did the women in the Namibia case get?"

   Main point: They received compensation (money).

9. Explain the following:

   - In Cambodia, a person whose rights have been violated in a health care setting can **get compensation for the harm** by filing either a civil or criminal case. In the civil case, they must request compensation.
   - The claim for compensation must be filed **within 5 years** of the incident that caused the harm.
   - If the person whose rights have been violated wants **the health care worker to be held accountable or punished,** they or their lawyer can request this in their civil case or they can file a criminal case, if there was injury, harm or death involved, if they were refused health care (because of discrimination), or if their confidentiality was not kept.
   - If a serious crime has been committee, like rape or negligence or malpractice that resulted in a death, they can report the case to the police.
   - If they do this, the inspector or the police will decide if they have a case. If so, they will file a case on their behalf. If the case is then decided in their favour, then the health care worker could be fined and/or imprisoned.
   - A person can file both a civil case and a criminal case, if suitable, for the same violation of their rights.

10. Ask:

    - "Going to court can cost money, for example for lawyers and fees for filing documents. What can you do if you can't afford it?"

    Main point: Seek free legal aid.

    - "What are some organizations that provide legal aid?"

Possible answers:

- Legal Aid of Cambodia (LAC)
- Cambodia Human Rights Action Committee (CHRAC)
- Cambodia League for the Promotion and Defence of Human Rights (LICADHO)
- The Cambodian Human Rights and Development Association (ADHOC)
- The Cambodia Center for Human Right (CCHR)
- Cambodian Legal Education Center (CLEC)
- Equitable Cambodia (EC).

11. Have the participants discuss the following two questions with the same partner (from step 6), one at a time, giving them 2–3 minutes for each question. Get their answers for the first question before giving them the second one.

   - What are the other possible benefits of taking a case to court (besides compensation for the victim and/or punishment of the health care worker)?

   Possible answers:

   - The case can set an example or standard for future cases.
   - It may change the way services are delivered by sending a message to health care workers.
   - The court may order the government or hospitals to change their policies and practices.
   - The person or people may get solutions – such as public recognition that their rights were violated and/or financial compensation.
   - They may feel empowered and good about themselves because they took action.

   - What are some possible difficulties a person can face when they take a case to court?

   Possible answers:

   - It takes a long time – often many years (as long as 10 years or more).
   - It is expensive if you do not get legal aid. There may be some costs that legal aid does not cover.
   - The process may re-traumatise you, for example, when you give testimony.
   - The other side will try to prove that what you are saying is not true. They may try to blame you for what they did or say that you agreed. This could be very painful for you or make you angry.
   - If the case is not decided in your favour, you may feel dissatisfied.
   - Although your HIV status must legally be kept confidential in court cases, it is still possible that your private information may become more widely known.

Part 3: Concluding Discussion (7 minutes)

12. To conclude the session, generate a discussion about taking cases to court using the following questions:

    - "What is your opinion about trying to get justice by taking such cases to court? Why?"
    - "Do you think people affected by HIV could get a positive outcome in Cambodia? Why or why not?"

    Follow-up question: "Has anyone tried it?"

    - "Do you think it is better to take a case to court as a group of people affected by HIV? Why or why not?"

13. Pass out the copies of the 'Handout 7: Taking a Case to Court and Getting Legal Aid'.

SESSION 2.7: WHAT TO DO? DECIDING TO SEEK JUSTICE

Introduction: In this session, participants consider real cases of rights violations of people affected by HIV. They discuss what solutions they would want if they were the person in the case, and their options for seeking justice. Then they decide which courses of action they would choose.

Objectives: By the end of this session, participants will be able to:

- List the different ways that a person who experiences a specific type of rights violation could seek justice.
- Explain what they think a person in a given case study should do to seek justice and why.

Time: 1 hour (60 minutes).

Materials: Paper, stapler, staples, flipchart paper, markers, and Blu-Tack or tape and scissors.

Preparation:

- Read over the session plan and decide if you will do the lower- or higher-literacy option.
- If you will do the lower-literacy option, read the cases in 'Worksheet 4: What Should They Do?' in the Participant's Handbook and select two cases to use in the session.
- For the lower-literacy option, take four pieces of flipchart paper. Write "If you were [name in the case], what outcome(s) would you want?" on top of two sheets (one for each case you selected). On the other two sheets, draw the options chart in Step Two on the second page of the participants' Worksheet.
- If you will do the higher-literacy option, make enough copies of 'Worksheet 4: What Should They Do?' in the Participant's Handbook so that each participant can have one.

STEPS

Part 1: Introduction (3 minutes)

1. Tell participants that in this session, they are going to apply to specific cases what they have learned about ways to seek justice.
2. Ask the participants: "What are the different ways of seeking justice that we have learned about in this module?"

   Answers: (List these on a piece of flipchart paper for reference during the next activity.)

   - Making a complaint to the health facility or worker.
   - Making a complaint to the Medical, Nursing or Midwifery Council.
   - Using mediation.

- Filing a case with the Human Rights Committee
- Going to court.

Remind them the first step should be documenting the experience, which will help them decide which course of action to take in seeking justice.

Part 2: Deciding What to Do – Case Studies (45 minutes)

3. Tell the participants they are now going to consider some specific cases and decide what the person in the case should do. Explain that to make a decision about what to do, they are going do the following:

   - List the outcome(s) they would want.
   - List all of the options to consider for seeking justice in this case.
   - For each option, list the positive sides (or advantages) and the negative sides (or disadvantages) of that choice.
   - Decide which choices are the best.

   Note that they can take more than one course of action.

   Lower-literacy option: Reading the cases out loud

4. Tell participants that you will read a case out loud to them. Then you will discuss each of the questions together to decide what the best choices are for the woman to seek justice using the steps listed.

5. Read the first case that you selected. Ask if everyone understood the story and answer any questions they have about it.

6. Then put up the flipchart paper you prepared with the first question on it and ask them the question: "If you were [name], what outcome(s) would you want?" Encourage discussion by asking questions like the following:

   - "Do others agree with that? Why or why not?"
   - "What do you think? Would this outcome satisfy you?"

   Note to facilitator: *Desired outcomes can depend very much on the person. Allow them to discuss, but then ask them to select one or two as the most desirable outcomes.*

   Record their desired outcomes on the flipchart paper.

7. Then put up the flipchart paper with the chart on it and ask them the second question: "What are the options for seeking justice in this case?"

   List the options they mention in the boxes on the left.

   Then for each option, ask them:

   - "What are the positive things about (or advantages of) this option?" Write their responses in the appropriate box.
   - "What are the negative things about (or disadvantages of) this option?" Write their responses in the appropriate box.

- "Which options may result in the outcomes you want?" Put a star next to those options.

8. Then ask them to discuss and decide which choices the person should pursue. Tell them that they can choose more than one action. Ask them probing questions if they seem to be selecting an option that does not seem suitable (for example, taking a case to court for misinformation which did not result in a serious harm).

   When they have agreed on the best options, circle those that they think the person should pursue.

9. Follow the same procedure for the other case that you selected. If you have extra time, you could do a third case.

   Note to facilitator: *When you have finished, go to Part 3.*

Higher-literacy option: Giving the groups a worksheet

4. Tell participants that they are going to work on a worksheet in groups. Divide the participants into groups of four or five.

5. Hand out the worksheets so that each participant has a copy. Ask one of the participants to read the instructions. Make sure that they see the questions that will guide them to make a decision. Assign each group one case.

   Note to facilitator: *It is okay if more than one group discusses the same case.*

6. Tell them that they have about 20 minutes to discuss their case and decide what to do. Ask if there are any questions about what they are supposed to do.

7. Circulate to the groups while they are working to make sure that they are on track. Give them 20 minutes to discuss – or until they appear to have finished. After no longer than fifteen minutes, call their attention back to the front of the class.

8. Ask one group that worked on the first case (Heng) to read the case out loud and then to explain to the group what actions they thought that the person should pursue and why and what outcomes they could obtain.

   After they present, if there is another group that also worked on Heng's case, ask them to present their answer.

   Then ask the other groups the following questions:

   - "Do you agree with their decision? Why or why not?"
   - If anyone doesn't agree: "What would you propose and why?"

   Allow them to discuss briefly until they agree. If they cannot agree, point out that people have different views and will make different choices – there is no one right answer or decision. At the end of the day, it is the person who experiences the rights violation who will decide what to do.

9. Follow the same procedure for each of the cases (Mealea, Navi, and Reasmey).

Both options continue in the same way from this point

Part 3: Concluding Discussion (12 minutes)

10. To conclude the session, ask the participants the following questions:

    - “What was it like to try to decide what a person should do?”
    - “Which options did you like best and why?”
    - “Is there only one right answer in any of these cases?”

      Main point: No, there are many possible answers. It will depend on the person.

    - “Who should decide what to do when a rights violation occurs?”

      Main point: Only the person themselves can decide what to do.

    - “What do you think would encourage or help a person to take action to get justice?”

WORKSHEET 4: WHAT SHOULD THEY DO?

Instructions: Read the case assigned to your group and answer the questions in the decision-making process on the next page to decide what the person should do to seek justice.

Heng: At the time of the first HIV test, I was not counselled, only informed that the routine tests would include HIV. I picked up the blood report from the laboratory myself. I did not understand what HIV was and was not sure what the test result meant. I decided to take my brother-in-law to my next appointment. The nurse told her I had HIV and she told her that if anybody shared food with me or touched me they would also get HIV. After that it became very difficult for me. **Heng has decided to take action. Help him decide what to do to get justice.**

Mealea: The doctor asked me, "Why do you want to have the baby when you're HIV-positive?" He said, "The baby will also be infected. You really should not have the baby!" Then he discussed it with my husband and asked him if he wanted the baby. My husband decided against it, so I had an abortion. **Mealea has decided to take action. Help her decide what to do to get justice.**

Navi: I was pregnant with twins when I went into labour prematurely and went to the hospital where I did not know any of the staff, but it was the closest to my house. The first thing they asked me was why I was having a baby when I knew I was HIV-positive. Then I was told to lay down with my feet up [in stirrups]. I was left alone for hours in labour like that, and nobody came to check on me. The first baby came out and fell directly into the rubbish bin under my feet. I could not do anything because the second baby was coming out so quickly. When someone finally came to check on me, the first baby was all black and blue and dead. The second one was halfway out. They did not want to touch the baby because they did not want to touch my blood. I heard the second baby cry. He was a real person. But they took him away before I could see him properly. They put him on oxygen for five hours and then told me that he died. I never saw him except for five seconds. I was so sad because I think my babies would have lived if we had got proper treatment. But I didn't say anything because I didn't want to hear more harsh words directed at me. **Navi has decided to take action. Help her decide what to do to get justice.**

Reasmey: When I was admitted to a private hospital for surgery, they put me in the men's ward, even though they could see I was a transgender and I told them I wanted to be on the woman's ward. When the doctors realised I had HIV, they started asking me questions like "How did you get infected?" and "How do you have sex?" I waited seven days but I was not operated on. Then I was transferred to a government hospital where I waited another nine days. There, the bed was separate from other patients. On their rounds, the doctors didn't want to touch me. When I finally had the surgery, they charged me more because they said I had to pay for the cost of infection control. **Reasmay has decided to take action. Help her decide what to do to get justice.**

Name of the person in the case: ______________________________

1. What outcome(s) do you want? List them:
2. What are the options for seeking justice in this case? List them in the boxes on the left. Then think about the pros and cons of each option. Think about which actions may give the outcomes you want.

Options	Positives/Advantages	Negatives/Disadvantages

3. Imagine you are the person in this case, what choices would you make? Why? You can choose more than one action. List them here.

SESSION 2.8: TAKING IT TO THE NEXT LEVEL: CONTRIBUTING TO NATIONAL REPORTS ON HUMAN RIGHTS TREATIES

Introduction: In this session, participants learn about how the implementation of international human rights treaties is monitored. They discuss how their networks might participate and what benefits participation can bring.

Objectives: By the end of this session, participants will be able to:

- Describe briefly how the UN monitors the implementation of human rights treaties.
- Name at least three ways their network could be involved in monitoring how Cambodia is implementing the human rights treaties it has signed.
- Explain how involvement in international human rights reporting and monitoring could benefit people affected by HIV.

Time: 60 minutes.

Materials: Paper, stapler and staples, flipchart paper, markers, and Blu-Tack or tape and scissors.

Preparation:

- Review 'Background Information for Session 2.8: Taking it to the Next Level: Contributing to National Reports on Human Rights Treaties' in the Facilitator's Background Information and 'Handout 8: Participating in the Monitoring of Cambodia's Implementation of International Human Rights Treaties' in the Participant's Handbook.
- Make enough copies of 'Handout 8: Participating in the Monitoring of Cambodia's Implementation of International Human Rights Treaties' in the Participant's Handbook so that each participant can have a copy.

STEPS

Part 1: Introduction (5 minutes)

1. Tell participants that this session is focused on how networks of people affected by HIV can participate in the monitoring of the international human rights treaties that Cambodia has signed.
2. Ask participants:
   - "Which international rights treaties are you aware of?"

     Main point: (They don't need to mention all of them, but make sure these key ones are mentioned)

     - ❍ Universal Declaration of Human Rights.
     - ❍ Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).
     - ❍ International Covenant on Civil and Political Rights.

- International Covenant on Economic, Social and Cultural Rights.

Note to facilitator: *UDHR is technically not a treaty, but it was agreed by all Member States and is recognized as setting human rights standards that are legally binding on all Member States. If participants mention the Beijing Platform for Action or other agreements, like the The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity, note that these are not international treaties. The Beijing Platform for Action is an action plan to implement CEDAW.*

- "What does it mean when a country signs one of these treaties?"

  Main point: It means that they are agreeing to guarantee and implement the rights that are outlined in the treaty. The country is bound under international law and each treaty has a mechanism established to monitor the countries' implementation and provide support.

Part 2: Reporting on Human Rights Treaties (45 minutes)

3. Ask the participants: "So the government is guaranteeing these rights. How is this monitored – How does the UN know if they are really making sure Cambodian enjoy these rights?"

   Probing question: "Has anyone here participated in the preparation of reports on how well the government is implementing a rights treaty?"

   If yes, ask them to describe what they did and what they know of the process.

   Note to facilitator: *Get as much information as you can from the participants.*

4. Building on and referring to what the participants say, briefly describe the process of how the UN monitors the implementation of its human rights treaties, making the following points and note the process on a piece of flipchart paper as you speak:

   - Each treaty has a committee of independent experts that monitors its implementation and makes recommendations for further action.
   - The countries that have signed the treaty must report in detail on their progress implementing the treaty to those committees every 4 or 5 years.
   - Other interested groups, like the UN and NGOs or civil society, write alternative or "shadow" reports to provide the committees with more information on how the government is implementing the treaty.
   - After reviewing all the information, the committee holds a review session with representatives from the government to discuss the situation and how they can improve.
   - Most committees also hear from NGO delegations and UN agencies at these review sessions.
   - The committees make what are called 'concluding Observation,' that:
     - Acknowledge the positive steps taken by the government.
     - Identify areas of concern.
     - Make practical recommendations.
   - In their next report, the government must report back to the committee on those recommendations.

- The United Nations Human Rights Council also reviews the human rights situation in all countries every four years to see how well the state is fulfilling all of its human rights obligations. This is called the Universal Periodic Review (UPR). Cambodia's first review was in 2009 and the second one was in 2014.
- For the Universal Periodic Review, the NGO, Cambodian Human Rights Action Committee submits an alternative report to the UN Human Rights Council for civil society after consulting widely. NGOs can also submit their own reports. The Committee gathers reports from civil society and produces a combined alternative report. People affected by HIV participated and submitted a report in 2014.

__Note to facilitator:__ Do not talk for more than ten minutes! Less is even better.

5. Ask the participants if they have any questions about the process.
6. Divide participants into three group. Give each group one of the following questions to brainstorm:
    - "How can your networks participate in the process of monitoring how the government is implementing the international treaties it has signed **before** the reporting session?"
    - "How can your networks participate in the process of monitoring how the government is implementing the international treaties it has signed **during** the reporting session?"
    - "How can your networks participate in the process of monitoring how the government is implementing the international treaties it has signed **after** the reporting session?"

    Tell them that if they are having difficulty, it may help to think of a specific treaty, like CEDAW, or the Universal Periodic Review.

    Answer any questions they have about the task. Give them 10 minutes. Circulate while they work to make sure they are on track and assist them as needed.
7. After 10 minutes or when they have finished, call their attention back to the front of the room. Then ask each group to present their ideas. After they present, ask the other groups if they have anything to add. Finally, add any of the main points that are missing.
    - "How can your networks participate in the process of monitoring the implementation of the treaties **before** the report review session?"

      Main points: They can:

        - ❍ Participate in writing the alternative (or shadow) report.
        - ❍ Gather information from members on their issues and priorities.
        - ❍ Collect cases and evidence of rights violations from members.
        - ❍ Talk to the Cambodian Human Rights Action Committee about getting actively involved in the Universal Periodic Review reporting process.
        - ❍ Find out from UNAIDS or the Office of the High Commissioner of Human Rights or from Asia-Pacific Network of People Living with HIV (APN+) which reports (the Universal Periodic Review, CEDAW or others) are due next and what you need to do to get involved.

- Advocate for your issues with the Cambodian Human Rights Committee or the Women's Commission (if relevant to women), with the UN and with other diplomatic missions (embassies) in Cambodia.

- "How can your networks participate in the process of monitoring the implementation of the treaties **during** the reporting session?"

  Main points: They can:

  - Attend the session and present to the committee.
  - Advocate for your issues with the Committee members or the Human Rights Council members.
  - Advocate for your issues with the government representatives at the session.
  - Talk to the media about what is happening.

- "How can your networks participate in the process of monitoring the implementation of the treaties **after** the reporting session?"

  Main points: They can:

  - Inform the media of the results and recommendations.
  - Inform network members and other stakeholders of the results and recommendations.
  - Monitor the implementation of the recommendations.
  - Raise the recommendations with government agencies during meetings.
  - Ask to participate in action planning to implement the recommendations and concluding observations.
  - Continue to collect information and evidence of the violation of the rights of people affected by HIV for the next report.

Part 3: Concluding Discussion (10 minutes)

8. To conclude the session, generate a short discussion by asking participants the following questions:

   - "What do you think can be achieved by taking part in this process?"

     Main points:

     - It would bring the serious rights violations against people affected by HIV to international attention.
     - The UN treaty committees and the UN Human Rights Council also follow up and put pressure on the government to change – so it is powerful.
       - It forces the government to take the issues and the need to address them more seriously.

   - "Would you like your network to get involved? Why or why not?"
   - "If your network decides to get involved, what would be the first things they should do?"

Main points:

- Identify the treaties that are most relevant for your group and get more information about them: When will Cambodia report? Who is coordinating the civil society input in Cambodia?

Note to facilitator: *They can get this information from the Office of the High Commissioner of Human Rights or from the Cambodian Human Rights Action Committee.*

- Make a plan for how they will be involved.

Note to facilitator: *In terms of which treaties are relevant to their groups, because the Universal Periodic Review covers all the treaties, they should strongly consider getting involved in the report. However, given the large number of issues that UPR report covers, it may say little about the issues of people affected by HIV.*

9. Finally, hand out copies of 'Handout 8: Participating in the Monitoring of Cambodia's Implementation of International Human Rights Treaties'. Tell the participants that there is more information in the handout on the process and how they can participate.

MODULE 3: DOING IT FOR OURSELVES: COMMUNITY MOBILIZATION & ENGAGING WITH THE HEALTH SECTOR

INTRODUCTION

This module has five sessions. The total time required to deliver the sessions in this module is 6 hours 30 minutes, not including breaks and energizers.

The sessions are:

- **Session 3.1: Prioritizing the Problems** gives participants the opportunity to think about the roots of the problems they face at health care settings and then to identify the problems, related to health care workers and related to their own behaviour, that are a priority for their networks. 1 hour and 15 minutes.
- **Session 3.2: Engaging with Health Care Service Providers** has participants discuss what they are already doing to address the priority problem related to health care workers that they just identified, how they can improve that work, and what else they could do that would be new. In small groups, they select two solutions that they want to implement, one to prevent rights abuses and one to respond to them. 1 hour and 15 minutes.
- **Session 3.3: Changing What We Do** has participants brainstorm what they can do to address the priority problem that they identified in Session 3.1 related to claiming their rights. In small groups, they select two solutions that they want to implement, one to prevent rights abuses and one to respond to them. 1 hour.
- **Session 3.4: Action Planning** leads participants through the process of developing a simple action plan to implement the solutions they want to implement. 2 hours.
- **Session 3.5: Planning for Monitoring and Evaluation** enables participants to develop a simple plan for monitoring and evaluating the activities in their action plans. 1 hour and 15 minutes

SESSION 3.1: PRIORITIZING PROBLEMS

Introduction: In this session, participants discuss the roots of the problems they face at health care settings and identify their priorities.

Objectives: By the end of this session, participants will be able to:

- Explain the underlying reasons for at least two common problems people affected by HIV face in health care settings.
- Name at least one problem that is a priority for them to work on and explain why.
- Explain the problem that their group has agreed to work on and why.

Time: 1 hour and fifteen minutes (75 minutes).

Materials: Flipchart paper, markers, and Blu-tack or tape and scissors.

Preparation:

- Review the session plan.
- Find the list of common human rights violations that people affected by HIV experience at health services that the group made in session 1.4, to use in Step 2.
- Take one piece of flipchart paper and label it 'Why is this happening?'

STEPS

Part 1: Introduction (10 minutes)

1. Tell participants that this session is the beginning of the third and final module of the training. Explain that in this module, you will go through a community mobilization process with them. When they go back to their networks, they can use this same process to help their own network think about and agree on what action they want to take.

2. Ask them:

   - "What is a community?"

   Use their responses to come up with a definition similar to the following:

   A community is a group of people living in the same place or who have one or more characteristics in common.

   If needed, give them the example of the community of people affected by HIV.

   - "What does 'community mobilization' mean to you?"

Community mobilization is a process of encouraging and engaging the community to take action for change. It includes identifying and prioritizing the problems you want to change, making decisions about what to do and evaluating progress.

Explain that through this process, they will decide what issues they want to address as a group or with their own networks, if they come from different groups, and make a plan for how they will work to change those issues.

3. Tell them that the first step in the process is to understand and prioritize the problems that they want to address as a group. Take the list of rights violations that the group came up with at the end of Session 1.4. Have volunteers read the list out loud. The list should include most of the following:

   - **Discrimination**, being treated differently from others.
   - **Humiliating or degrading treatment.** For example, neglect or abuse during labour and delivery, not wanting to touch a client's body or baby, or sexual and gender-based harassment or abuse.
   - **Treatment or medical procedures without consent** (e.g. forced or coerced sterilization and abortion).
   - **Broken confidentiality**, having your information not kept private.
   - **Refusal of services**, being sent away or to another facility.
   - **Misinformation**, being given wrong or incomplete information.

   If any of these items are missing, ask them if they or other people they know affected by HIV have experienced these.

4. Ask participants if there are any other problems that people affected by HIV face when they go for health care. Tell them to think about all key populations. Add anything else they say to the list.

Part 2: What Lies Beneath (25 minutes)

5. Now put up the sheet of flipchart paper labelled 'Why is this happening?' Then go through each violation or problem, **one at a time**, and ask them:

   - "Why is this happening?"
   - "Any other reasons? What else?" (Repeat these questions until they have no more answers.)

     List all of their answers under 'Reasons'. Likely responses include:

     - Ignorance, lack of knowledge.
     - Fear.
     - Disrespect.
     - Judgement – because they are people affected by HIV or because of their work or behaviour (i.e. drug use, men having sex with men, or selling sex), which is not generally accepted by society or is against the law.
     - Mistrust.
     - Gender norms (i.e. what we are expected to do or not do because we are women or men) and discriminatory attitudes about women, men and transgender people based on gender.

If their answers are general like those listed above, ask them questions to make them more specific. For example, ask "Who is ignorant?", "What are they ignorant about?", "Is there anything else they are ignorant about?", "Why are they judging you?" Add these to the flipchart paper accordingly.

Point out that this list shows the issues that underlie the problems. They are the roots or source of the problems.

6. Ask the participants to identify the reasons that have to do with health care providers specifically. Put stars next to those.

7. Then ask: "What about us? Is there anything about us that contributes to the problem or allows it to continue? What makes it difficult for us to claim our rights?" Write a new heading 'How We Contribute.'

   Possible responses include:

   - We accept poor treatment, and don't take action.
   - Self-stigma – we believe that we should be treated this way, or we value ourselves less because we have HIV or because we are women, transwomen, sex workers or drug users.
   - We don't know our rights and the laws.
   - We don't know what to do.
   - We don't have confidence.
   - We are afraid to say or do anything.

   Add these to the list under the 'How We Contribute' heading. Keep this list for use in the next session (3.3 Engaging with Health Care Providers).

Part 3: Prioritizing Our Problems (37 minutes)

8. Tell participants that the next step is to prioritise the problems and to decide which ones they want to work on in their networks.

   Note to facilitator: *Emphasize that they should focus only on the* ***problems*** *that they want to work on, NOT on the solutions.*

9. Tell them that you want them to think first about their own priorities. Ask: "Which problems do you most want to see addressed and changed? Why?" Give them a minute to think.

10. Then divide them into groups by the networks or organizations that they belong to. If any of the groups are larger than eight people, divide them into two. If all the participants are from the same network or organization, divide them into groups of six.

11. Explain that in their small groups they are going to agree on **two problems (not solutions)** from these lists that are a priority to them and that they want to work on together – one from the reasons that have to do with health care providers and one from the list of how we contribute.

    To decide make that decision, they should think about and discuss the following questions (list these on a piece of flipchart paper):

- ❍ Which problems are the most common? Which are the least common?
- ❍ Which problems have the most serious consequences? Which have the least serious consequences?
- ❍ Which problems re the easiest to change? Which are the most difficult to change?

Then they should discuss and decide on two problems that they want to focus on that is a very high priority to them. Give them 15 minutes.

12. After 15 minutes, call their attention back to the front. Ask each group to present their priorities and why they selected them. Make a list of their priority problems related to health care workers and another list of their priority problems related to their own behaviour. After each presentation, ask the other groups if they have any questions or comments. Ask any questions that you have.
13. Ask them:

- ➢ "Was it easy or difficult to decide on your priorities together? Why?"
- ➢ "Which criterion was the most important in making your decision?"

Give positive feedback on the work that they did.

Part 3: Conclusion (3 minutes)

14. To conclude, ask if any of them have any questions or want any clarifications.
15. Explain that when they are doing this with their own networks, they can select more than two problems to work on. We have just chosen two for the purpose of the workshop.

Note to facilitator: *Keep the lists of their priorities for the next two sessions.*

SESSION 3.2: ENGAGING WITH HEALTH CARE SERVICE PROVIDERS

Introduction: In this session, participants discuss how they can engage directly with health care providers to improve the experiences of people affected by HIV in health care settings.

Objectives: By the end of this session, participants will be able to:

- ➢ Describe their two priority solutions for working with health care providers to prevent and respond to rights violations and abuse.
- ➢ Explain why they chose those solutions.

Time: 75 minutes.

Materials: Flipchart paper, markers, and Blu-Tack or tape and scissors.

Preparation:

- ➢ Make a copy of the 'Handout 9: Some Ways to Engage with Health Care Providers' for each participant.
- ➢ Review the session plan.
- ➢ Find the list of priority problems related to health care workers from the last session.

STEPS

Part 1: Ideas for Working with Health Care Providers (35 minutes)

1. Tell participants that we will first focus on their priority problems related to health care providers. Post the list from the last session.
2. Put up a sheet of flipchart paper up horizontally, write 'Working with Health Care Providers' at the top and then make three columns under the heading. Label them 'Already Doing,' 'Do Differently' and 'New Ideas," like the example below:

Working with Health Care Providers		
Already Doing	Do Differently	New Ideas

3. Ask them the following questions:

    - What are your organizations already doing to work with health care providers to address your **priority problems**?

      Write their responses on the flipchart paper.

    - How well are the things you are doing working? What could you do differently to make them more effective?

    Note to facilitator: *Encourage them to be self-critical – Is it really working? How can they improve their work?*

    Write their responses on the flipchart paper.

4. Now pass out the copies of the 'Handout 9: Some Ways to Engage with Health Care Providers'. Ask for volunteers to read the different ways on the handout.' Then ask:

    - Which of these ways are you already using?
    - What new ideas are you interested in for working with health care providers to address your priority problems?

5. Lead a discussion of their ideas by asking them questions, such as:

    - "Which of these ideas do you like best? Why? What do others think?"

      Probing questions:

        - "Which will help them understand people affected by HIV better?
        - Which will change their behaviour towards people affected by HIV?"
        - "Are there any root causes of these problems that are not addressed by these ideas?"
    - "Which ones do you think your network can do? Do you all agree?"
    - "Are there ideas that you think the network could do, but not alone? Which ones? What kind of help would you need? Who could help you?"
    - If more than one network is represented ask: "Could your networks work together on these issues?"

Part 2: Choosing Solutions (35 minutes)

6. Now ask them to go back into the same groups they were in during the last session.

7. Explain that in their small groups they are going do the following:

    - Agree on **two solutions** from these lists that they want to implement.
    - At least one should be a solution that **prevents rights violations** and at least one should be a solution that responds to rights violations.
    - Consider what they can do to improve what they are doing already or take a new approach.
    - Discuss those solutions according to the following criteria:
        - Most effective to least effective.
        - Easiest to most difficult to do.

        - Least expensive to most expensive.
        - Quickest to longest to do.
        - Immediate impact to longer term impact
    - Not to worry about whether or not there is money to do it at this time.

    Give them about 15 minutes. Circulate as they work and help them as needed.

8. After 15 minutes, or when they have finished if earlier, call their attention back to the front. Have each group report back on what solutions they selected and why. After each group presents, ask the others if they have any comments or questions.

Part 2: Concluding Discussion (5 minutes)

9. To conclude the session, ask the participants the following questions:
    - "Would you participate in these activities if your networks did them? Why or why not?"
    - "For those who would not, what prevents you from taking action?"
    - "How can those barriers be removed?"

SESSION 3.3: CHANGING WHAT WE DO

Introduction: In this session, participants brainstorm possible solutions to the priorities they selected related to their own behaviour or capacity to claim their rights.

Objectives: By the end of this session, participants will be able to:

- Describe their two priority solutions for changing their own behaviour.
- Explain why they chose those solutions.

Time: 60 minutes.

Materials: Flipchart paper, markers, A4 paper and Blu-Tack or tape and scissors.

Preparation:

- Review the session plan.
- Find the list of their priority problems related to their own behaviour from session 3.1.

STEPS

Part 1: What We Can Do (15 minutes)

1. Introduce this session by telling participants that now they will focus on the priorities that they selected for changing their own behaviour as individuals and as a network to claim their rights.
2. Post the list of priority problems related to their own behaviour from session 3.1. Ask a volunteer read the issues to refresh their memories.
3. Put up a sheet of flipchart paper up horizontally, write
4. Put up a piece of flipchart paper up and write 'Changing Our Own Behaviour' at the top and then make three columns under the heading. Label them 'Already Doing,' 'Do Differently' and 'New Ideas,' like the example below:

Changing Our Own Behaviour		
Already Doing	Do Differently	New Ideas

5. Ask them the following questions:

   - ➢ What are your organizations already doing to address your priority problems (point to them) related to your own behaviour?

     Write their responses on the flipchart paper.

   - ➢ How well are the things you are doing working? What could you do differently to make them more effective?

   Note to facilitator: *Encourage them to be self-critical – Is it really working? How can they improve their work?*

     Write their responses on the flipchart paper.

   - ➢ What new ideas do you have for addressing these priority problems? What new things can you do to make sure that people affected by HIV know their rights, prevent rights violations and take action when their rights are violated?

   Note to facilitator: *Make sure that ideas like documenting human rights abuses, taking other actions when rights are violated, and participating in human rights treaty monitoring are included as appropriate.*

6. Lead a short discussion of their ideas by asking them questions, such as:

   - ➢ "Which of these ideas do you like best? Why? What do others think?"

     Probing questions:

     - ❍ "Which will empower people affected by HIV best?
     - ❍ Which will change the behaviour of people affected by HIV when it comes to their rights?"
     - ❍ "Which of these ideas support individuals to seek justice for a rights violation through legal mechanisms?"
     - ❍ "Are there any root causes of these problems that are not addressed by these ideas?"

   - ➢ "Which ones do you think your network can do? Do you all agree?"
   - ➢ "Are there ideas that you think the network could do, but not alone? Which ones? What kind of help would you need? Who could help you?"
   - ➢ If more than one network is represented ask: "Could your networks work together on these issues?"

Part 2: Choosing Solutions (35 minutes)

7. Now ask them to go back into the same groups they were in during the last session.

8. Explain that in their small groups they are going do the same thing they did in the last session, as follows:

   - ➢ Agree on **two solutions** from these lists that they want to implement.
   - ➢ At least one should be a solution that **prevents rights violations** and at least one should be a solution that **responds to rights violations.**

- ➢ Discuss those solutions according to the following criteria:
    - ❍ Most effective to least effective.
    - ❍ Easiest to most difficult to do.
    - ❍ Least expensive to most expensive.
    - ❍ Quickest to longest to do.
    - ❍ Immediate impact to longer term impact
- ➢ Not to worry about whether or not there is money to do it at this time.

Give them about 15 minutes. Circulate as they work and help them as needed.

9. After 15 minutes, or when they have finished if earlier, call their attention back to the front. Have each group report back on what solutions they selected and why. After each presentation, ask the others if they have any questions or comments. You can also ask questions.

10. When all groups have presented, give them positive feedback on their work and ask:
    - ➢ "Was it easy or difficult to decide on your solutions together? Why?"
    - ➢ "Which criterion was the most important in making your decision?"

Part 3: Concluding Discussion (10 minutes)

11. To conclude the session, ask the participants the following questions:
    - ➢ "How do you feel about the solutions that you selected?"
    - ➢ "Would you participate in these activities if your network did them? Why or why not?"
    - ➢ "For those who would not, what prevents you from taking action?"
    - ➢ "How can those barriers be removed?"
    - ➢ "Do you think that working together people affected by HIV can change their situation? Why or why not? What do others think?"

SESSION 3.4: ACTION PLANNING

Introduction: In this session, participants will work in groups with others from their network to develop a simple action plan their network can use to address the priority issues they selected in the last two sessions.

Objective: By the end of this session, participants will be able to:

- Develop a simple action plan to work on a problem that includes the activities, the person or people who will do them, when they will be done, and the resources needed to implement them.

Time: 2 hours (120 minutes).

Materials: A4 paper, stapler and staples, flipchart paper, markers, and Blu-Tack or tape and scissors.

Preparation:

- Make a copy for each participant or group of 'Worksheet 5: Action Planning' and 'Handout 10: Steps for Action Planning' in the Participant's Handbook.
- If you do not have enough participants who have the literacy level needed to fill in the chart so that each group has one or two of them, you can do this activity as a whole group instead of in small groups. In this case, you will just develop one plan. Make a copy of the action planning matrix on flipchart paper before the session. Then, read out the instructions for each step; have the participants discuss and agree; and fill in the action planning matrix you made on flipchart paper.

STEPS

Part 1: Introduction (5 minutes)

1. Introduce this session by telling participants that in this session we will develop a simple action plan for their network to implement the solutions that they selected in the last two sessions. Explain that they can develop action plans for other solutions with their networks later, if they don't have time to do them today.
2. Ask:
   - "How many of you have developed action plans before?"
   - "What information did you include in your plan?"

   Tell the participants with experience that they will be able to help the others in the next activity.
3. Explain to them that they will be working in the same small groups as the last activity.

Part 2: Action Planning (1 hour and 50 minutes)

4. Handout the copies of 'Worksheet 5: Action Planning' and the 'Handout 10: Steps for Action Planning' each participant or group or put up the drawing of the action planning matrix that you prepared where everyone can see it.

5. Tell the groups to first write a short description of the problem they have selected at the top of the sheet in the box labelled 'Problem'.

6. Then ask the participants to write a short description of one of the solutions they selected in the box labelled 'Solution.' Then they should come up with their objective – that is to say what changes they hoping to achieve and write their objective in the box labelled 'Objective'. Give them about five minutes to do this. Circulate among the groups to make sure they are on track and assist them as needed.

7. Now give the participants the rest of the instructions. Tell them that they should do the following:

   - **What:** Think about the activities that you can do that will result in the solutions. Put them in the order you will do them and write them in the left-hand column. For this activity, limit yourself to four activities.
   - **Who:** For each activity, decide who should carry it out. Should your group do it alone or with other groups? Write the names of each person or organization in the appropriate column.
   - **When:** For each activity, decide when it should be done by. Should it be done now? Soon (within weeks/a few months)? Or later (after a few months)? How long will it take? Figure out when it will be done, and write a specific date in the appropriate column.
   - **With what:** For each activity, what resources will you need to do it successfully? Think about physical resources (for example, condoms, transportation, snacks), human resources and financial resources. Write these resources in the last column.
   - **Who is responsible:** For each activity, who will take the lead responsibility to make sure it is done? Write the names of these people next to each activity.
   - If they finish early, they should start working on the action plan for another solution that they selected.

   Ask them if they have any questions. Give them 70 minutes to work on this. Circulate among the groups as they work and assist them as needed.

   ***Note to facilitator:** It is important to be very specific when discussing activities. Help participants to break down large activities into small ones.*

8. When they have finished, ask the participants to look at their action plan as a whole. Does it make sense? Is anything missing? Is it realistic? Tell them to make any changes they think are needed.

9. Have each group present their action plan to the others. After each presentation, ask the other groups if they have any comments to make. Ask them:

   - Does it make sense?
   - Is anything missing?
   - Is it realistic?

Ask any questions or make any comments you have after the other participants have finished.

10. After they have all presented, congratulate them on making plans of action!

Part 3: Concluding Discussion (5 minutes)

11. To conclude the session, ask participants the following questions:

    - If you have activities in you plan that you said you would do 'with others' who are not in the room when the plan is made, what do you need to do?
    - If you have activities in your plan that you said would be done 'by others' who are not there when the plan is made, what do you need to do?
    - How can you do activity planning with your own networks when you return home?

This activity was adapted from Tool No. 69 Action Planning in Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS published by the International HIV/AIDS Alliance and available at http://www.aidsalliance.org/assets/000/000/370/229-Tools-together-now_original.pdf?1405520036.

SESSION 3.5: PLANNING FOR MONITORING AND EVALUATION

Introduction: In this session, participants develop a simple plan for monitoring and evaluating the activities in the Action Plans they just developed.

Objectives: By the end of this session, participants will be able to:

- Develop a simple monitoring and evaluation plan for an action plan that includes indicators; information to be collected; how, when, by whom it will be collected; and how it will be recorded.

Time: 1 hour 15 minutes (75 minutes).

Materials: A4 paper, stapler and staples, flipchart paper, markers and Blu-Tack or tape and scissors.

Preparation:

- Review 'Background Information for Session 3.5: Planning for Monitoring and Evaluation' in the Facilitator's Background Information.
- Make a copy for each participant of 'Worksheet 6: Monitoring and Evaluation Plan' in the Participant's Handbook.
- If you did the Action Plan as a whole group, you can continue working on the Monitoring and Evaluation Plan as a whole group. To do this, read out the instructions for each step. Then have the participants discuss and agree. Then fill in a large planning matrix for monitoring and evaluation on flipchart paper posted at the front of the room.

STEPS

Part 1: Introduction (6 minutes)

1. Introduce this session by telling participants that in this session we will be developing a monitoring and evaluation plan to go with the activity plan that they just came up with. Ask:

   - "How many of you have developed monitoring and evaluation or M&E plans before?"
   - "What information did you include in your M&E plan?"

   Acknowledge their experience and knowledge and tell them that they should help the others in the next activity.

2. Then ask the participants:

   - "What is monitoring?"

Use their responses to come up with a definition similar to the following:

Monitoring is routinely looking at, checking and recording how our work is going so that we can adjust and improve our plans and activities.

- "What is evaluation?"

Use their responses to come up with a definition similar to the following:

Evaluation is an in-depth assessment of what we have done, what we have achieved and what impact there has been on the problem we were trying to address.

- "What are the main differences between monitoring and evaluation?"

Main points:

- Monitoring is routine and done regularly. Evaluation is done less often, usually at the end of a project.
- Monitoring is less in-depth than evaluation.
- Monitoring looks at whether activities are being done as planned, the quality of the activities and small changes.
- Evaluation looks for bigger changes and lessons that can be learned from the activities.

Part 2: Planning for Monitoring and Evaluation (1 hour)

3. Explain to the participants they will be working in the same small groups as the last activity. If they are not sitting in these groups, have the group members rejoin each other.

4. Handout the copies of 'Worksheet 6: Monitoring and Evaluation Plan'.

5. Tell them to copy the objectives from the Action Plan into the box labelled 'Action Plan Objectives'.

6. Tell them the first step for planning monitoring and evaluation is to choose their indicators. Explain that:

   Indicators are signs that things are happening as planned. We can use indictors to measure and assess our work.

7. Say, "There are two kinds of indicators that we will look at: 'activity indicators' and 'change indicators'. Activity indicators tell you about what you have done. Ask yourself 'What will tell us if we are doing what we planned?'"

   Then ask participants:

   - "What is an example of an 'activity indicator' for training?"

     Possible answers: Number of trainings done, number of people trained.

     Tell them that change indicators tell you about what changes have happened as a result of your work. Tell them "To find your change indicators, ask yourself 'What will tell us if we are making progress towards our objectives?'"

Then ask the participants:

- "What is an example of a 'change indicator' for training?"

  Possible answers include: Change in the participants' knowledge; change in the participants' attitudes; change in the participants' behaviour; fewer instances of discrimination.

8. Tell them that they should discuss their activities and their objectives in their groups and make a list of the activity and change indicators that they want to use to monitor and evaluate their Action Plan. After they make their list, they should ask themselves the questions listed on the handout (have a participant read these out loud):

   - How easy is it to collect information about the indicator?
   - Will this indicator tell us something useful?
   - Does it tell us something new?
   - Is it relevant to the objectives of the process?
   - Is the meaning of the indicator clear to everyone?

9. They can write the answers on the worksheet under the appropriate headings on the left. Tell them they have ten minutes.

10. Circulate while they work to help them as needed and to make sure that their indicators are useful, easy to measure and clearly written.

11. After ten minutes or when they have finished, call their attention back to the front of the room.

12. Tell them the next task is to discuss what information they will need to gather to measure the indicator and to see their progress, as well as when they will collect it, how they will collect it, how they will record it, and who will collect it. Do two examples together, one action indicator and one change indicator, i.e. take the examples of 'number of people trained' and 'increased knowledge of human rights of people affected by HIV'. For each, ask the whole group:

    Example: 'Number of people trained':

    - "What information will you need to collect?" (Number of people who complete each training).
    - "When will you need to collect it?" (During the training).
    - "How will you collect it?" (Have participants sign in every day during the training).
    - "How will you record it?" (Daily training sign-in sheets).
    - "Who will collect it?" (Trainers).

Example: 'Increased knowledge of human rights of people affected by HIV'

- ❍ "What information will you need to collect?" (Level of knowledge of the human rights of people affected by HIV before any activities, e.g. before training if the activity is training, and after the activities (training or workshops or discussion groups)).
- ❍ "When will you need to collect it?" (Before training starts and at the end of training).
- ❍ "How will you collect it?" (Have participants complete a test on their knowledge of the rights of people living with HIV).
- ❍ "How will you record it?" (Develop a pre/post-test and have participants fill it in).
- ❍ "Who will collect it?" (Trainers).

13. Ask: "What should you do if you discover that it will be very difficult to collect information about one of your indicators?"

    Main point: Change it so that it will be something that you can measure more easily.

14. Tell them they have 15 minutes to work in their groups to discuss and fill in the information in the appropriate place on their monitoring and evaluation plans. Circulate as they work in their groups to help them as needed.

15. After 15 minutes or when they have finished, call their attention back to the front and tell them that the final step is to fill in the two remaining boxes: 'When will the information be reviewed and how often' and 'When will the evaluation be done'. If needed, do an example. Otherwise, have them fill in those boxes.

16. After 2–3 minutes or when they have finished, have each group present one of their activity indicators and one of the change indicators to the other participants. After each presentation, ask the other groups if they have any comments to make. Then ask them:

    - ➢ "Does it make sense?"
    - ➢ "Will this indicator tell them something useful?"
    - ➢ "Is the meaning of the indicator clear to everyone?"

    Ask any questions or make any comments you have after the other participants have finished.

17. After they have all presented, congratulate them on making monitoring and evaluation plans!

Part 3: Concluding Discussion (9 minutes)

18. To conclude the session, ask participants the following questions:

    - ➢ "Why is it important to plan your monitoring and evaluation before starting your activities?"

      Main point: Often you need to gather some information before you start your activities. If you don't plan, you won't do that.

    - ➢ "Do you think monitoring is important? Why or why not?"
    - ➢ "What about evaluation?"
    - ➢ "What should you do if you find out that not much has changed?"

Main points:

- Identify the reasons for this – were there unexpected barriers or problems? Are your activities or strategy not effective?
- Stay positive and learn from the process.
- Change your activities and approach.
- “How can you do monitoring and evaluation planning with your own networks when you return home?”

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