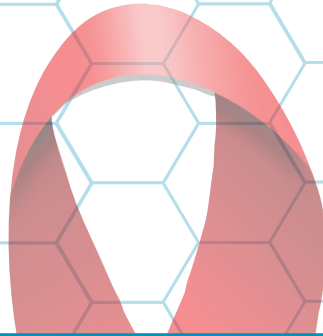




Empowered lives.
Resilient nations.



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

POSITIVE PROTECTION

TRAINING MANUAL – FACILITATOR'S GUIDE





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Resilient nations.*

United Nations Development Programme (UNDP)

UNDP partners with people at all levels of society to help build nations that can withstand crisis, and drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in more than 170 countries and territories, we offer global perspective and local insight to help empower lives and build resilient nations.

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**United Nations Development Programme
Nepal Country Office**

UN House
P.O. Box 107
Kathmandu, Nepal
Tel: +977-1-5523200
Fax: +977-1-5523991
Email: registry.np@undp.org
Website: www.np.undp.org

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FOREWORD

In Nepal, 40,000 people are living with HIV, one-third of whom are women. While prevalence is relatively low nationwide at about 0.2–0.3 percent over the past five years, that picture changes drastically when narrowed to marginalized groups, including female sex workers and their clients, injecting drug users, men who have sex with men, and transgendered women, where HIV rates are the highest.

Tremendous effort has been made by Nepal's government, civil society organizations and development partners to combat HIV through the National HIV/AIDS Strategy 2011–2016. This strategy guided the national response to HIV/AIDS by embracing principles of universal access and human rights and a multisectoral approach; and by acknowledging the myriad challenges facing people living with HIV in Nepal. The new strategy 2016–2021 “Nepal HIVision 2020” that is under development aims at fast-tracking these efforts to ending the AIDS epidemic by 2030.

However, despite continuous efforts to end stigma and discrimination, people living with HIV, and in particular women living with HIV, face impediments to living healthier and more productive lives. Women with behaviours that may place them at higher risk of HIV exposure lack economic and social opportunities, and struggle to access health, justice and education, due to stigma, violence and discrimination.

Women affected by HIV in Nepal have reported violations of their rights, particularly in health care settings, being subject to forced and coerced sterilization or abortions, or denied access to sexual and reproductive health services. Yet, according to a UNDP Report released in 2013, not a single case was officially filed claiming discrimination or abuses in a health care setting. This is why this toolkit is needed and why it is vital for Nepal's fight against HIV.

As we embrace the Sustainable Development Goals (SDGs) and the 2030 Agenda on Sustainable Development, this training manual, **Positive Protection: Empowering Women Affected by HIV to Protect their Rights at Healthcare Settings**, will help ensure no one is left behind or overlooked in our work to achieve the SDGs. This manual is aimed at empowering women with HIV to know and protect their rights, and to gain access to justice in cases where those rights have been violated.

The manual is very much a community-owned product, that has come through a consultative process with key population networks (female sex workers, men who have sex with men, transgender people and people who inject drugs), driven by women affected by HIV, with support from UNDP and UNAIDS. We would like to congratulate the National Federation of Women Living with HIV and AIDS for their leadership in taking this initiative forward in Nepal, and thank the National Centre for AIDS and STD Control and the National Human Rights Commission of Nepal for the support shown in preparing this training manual.

UNDP is committed to advancing gender equality and women's empowerment not only as basic human rights, but as pathways to achieving the Sustainable Development Goals. This manual is an important step forward in that direction.



Renaud Meyer
Country Director
UNDP Nepal

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Positive Protection is a training manual to empower civil society organizations to protect the rights of women affected by HIV at health care settings in Nepal. It was developed by the United Nations Development Programme (UNDP), the Asia Pacific Network of People living with HIV (APN+) and the National Federation of Women Living with HIV and AIDS in Nepal, in partnership with UNAIDS.

The training manual was developed based on consultations with a wide range of national civil society groups in Nepal, including a two-day consultative workshop in November 2014 in Kathmandu to agree on the main areas to be included in the manual, and a two-day meeting in August 2015 in Nepal to agree on and validate the final draft of the manual.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
APN+	The Asia Pacific Network of People Living with HIV/AIDS
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
NHRC	National Human Rights Commission of Nepal
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 women affected by HIV in Nepal with the information, attitudes and skills they need to demand that their rights are respected when they seek sexual and reproductive 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 (CBOs), non-governmental organizations (NGOs) and international organizations working with women affected by HIV to provide training to women affected by HIV.

Women and girls affected by HIV includes:

- Women living with HIV
- Female and transgender sex workers
- Women who use drugs
- Transgender women
- Women in sero-discordant relationships
- Female partners of men with high-risk behaviours (for example, who are clients of sex workers, are migrants, use drugs and/or have sex with men).

Depending on circumstance, it may also include mobile and migrant women and women and girls with disabilities.¹

1. <http://www.aidsdatahub.org/Thematic-Areas/KAWG>, accessed August 11, 2015.

GOALS OF THE TOOLKIT

By the end of this training, women affected by HIV will understand their human and legal rights when they seek sexual and reproductive 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.
- Have concrete ideas about how the organizations working on HIV they belong to can engage with the health sector to reduce rights violations.
- Explain how an organization can participate in monitoring and reporting on the human rights treaties that Nepal has signed.
- Develop a plan of action with their organization to address human rights violations in sexual and reproductive health care services.

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 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 Nepal and introduces the human rights of women affected by HIV at health care settings. The participants identify rights violations and learn ways to prevent or stop abuses of their rights. The estimated time needed to deliver this module is 9 hours and 10 minutes.
- 2. Seeking Justice** provides information on how women affected by HIV can seek justice if their rights are violated. 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 National Human Rights Commission, 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 woman 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.

- 3. 3. Community Mobilization and Engagement with Health Service Providers:** Doing It for Ourselves! This module leads participants through a community mobilization process which culminates in the development of an action plan to address the problems that lead to the violation of the rights of women affected by HIV in sexual and reproductive health care settings. The estimated time needed to deliver this module is 6 hours and 50 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 27 hours, 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 the knowledge and experiences of the participants.
- **Additional materials needed to conduct the session** – Keys to answers and other resources are in the Facilitator's Manual; participant worksheets and handouts are in the Participant's Handbook; and background information for the facilitator is in the Facilitator's Background Information.

While modules are designed to build on each other, an organization or trainer can select the modules that are of most use or interest to their group or participants. So, for example, a trainer or group could decide to do just the first module or just the first two modules and so on. However, trainers need to be aware that later modules assume that participants have the knowledge and skills imparted in previous modules. Also, 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 TRAINERS

The session plans have been written so that they can be easily understood and used by a trainer 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.

THE PARTICIPANTS

This training is intended for women affected by HIV in Nepal. 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 low-literacy options. If more than half of them 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** – This 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 page 2. 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: "I'll introduce myself first so that you know about my 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 – this may include 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 relevant 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. 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 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. Bring the group back to one large group sitting in a 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 their description 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. Ask the group to make verbal observations about anything that they noticed about the group.
7. After all the pairs have introduced each other, 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 : 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. These are issues that you ‘park’ so you can return to them later. 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 may allow participants to better share 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 during the first morning of the training, especially if your participants do not know each other. You may think that it takes too much time, but it will make a big difference in the atmosphere of the training.

Examples of Icebreakers

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.

Robots

Divide the participants into groups of three. One person in each group is the robot controller and the other two are the robots. The controller must manage the movements of their two robots without talking. The controller touches a robot on the right shoulder to move them to the right, and touches them on the left shoulder to move them to the left. The facilitator starts by telling the robots to walk in a specific direction. The controller must try to stop the robots from crashing into obstacles.

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 everyone 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 date of birth (month and day only); alphabetically by name; or by shoe size.

Human Knot

Divide the participants into groups of 8 to 12 and have them stand in a circle. 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 that they must now untangle themselves to make a circle without breaking the chain of hands. If they break the chain, they must then start over again.

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.

Classification Game

Divide the participants into groups of four. Tell them to introduce themselves to each other, and discuss their likes and dislikes. After a couple of minutes, tell them that now they need to discover how they can classify themselves into two or three subgroups using criteria that have no negative, prejudicial, or discriminatory judgments. Examples include: night owls and morning people; rice lovers and noodle lovers; walkers, runners and swimmers.

Group balance

Tell participants to find a partner. Ask each pair to hold hands and sit down on the floor then stand up, without letting go of one another's hands. Repeat the same exercise in groups of four people. Then form into groups of eight people holding hands in a circle. Ask members in each group to number off in even and odd numbers. At a signal, ask the even numbers to lean backwards while the odd numbers lean forwards, still holding hands, achieving a 'group balance'.

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 9 hours and 10 minutes, not including breaks and energizers.

The sessions are:

Session 1.1: Know the Epidemic (HIV in Nepal) gives participants general information about the HIV epidemic in Nepal, for example, how many people are living with HIV, how many of those are women, and what puts women at risk of acquiring HIV. Discussion questions allow participants to share their reactions and feelings about that information.

Session 1.2: Our Rights reviews what rights are and provides in-depth information on rights related specifically to sexual and reproductive health care for women affected by HIV. Participants discuss what each right means, what it means to them as women 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.

Session 1.3: Were Her Rights Violated? asks participants to apply what they learned about their rights to cases of women affected by HIV accessing health care. They decide whether or not the women's rights have been violated and discuss why.

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.

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.

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.

Session 1.1

KNOW THE EPIDEMIC (HIV IN NEPAL)



Introduction: This session gives participants some basic information about the HIV epidemic in Nepal, such as how many people are living with HIV, how many of those are women, and what puts women 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 Nepal.
- Explain how women are affected by HIV in Nepal.
- Explain what puts women at risk of acquiring HIV in Nepal.



Time : 1 hour (60 minutes).



Materials : Flipchart paper, markers, and Blu-Tack or tape and scissors. Optional: a small prize, like a bag of sweets. If you are using the slides, you will also need a projector and the PowerPoint slide presentation in the toolkit.

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 Nepal 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/Nepal> for the latest information and change the answers accordingly in 'Facilitator's Resource: Know the Epidemic Questions and Answers' below.

- If you are using the slides, before the session, set up the projector and get the PowerPoint slides ready for the activity.
- Take about 15–16 sheets of paper and cut each into four pieces.

STEPS

Part 1: Introduction

(1 minute)

1. Introduce the module and activity by telling participants that in the first module of the training they will learn about HIV in Nepal and about their rights specifically related to sexual and reproductive 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 Nepal.

Part 2: How Much Do You Know?

(55 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 Nepal and they will be given two minutes to discuss the answers in their groups. After you call time, each team will give their answer. 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.
5. Divide the participants into teams of 4–5 people. Have 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.
6. Read the first question on the 'Facilitator's Resource: Know Your Epidemic Questions and Answers' or if using the PowerPoint, show the first slide and read the question.
7. Call time after two minutes. Starting with one team, ask each team to give their answer. Write down their answers to avoid getting confused. Go around the room until you have an answer from each team. Then reveal the correct answer provided below or if using the PowerPoint slides, show the second slide. Ask which teams got the right answer

or which team was the closest to the correct answer (check your notes if necessary). Give one point to each team that got the correct answer. For the first question, if their answer is within the range (35,000–43,000), 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?”
- “Which facts are related to the status of women in Nepal?”

Part 3: Conclusion

(4 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 because they are women or transgender) and the different social roles and responsibilities assigned to men and women.
 - “What did you learn about women and HIV in this activity?”
 - “What makes women vulnerable to HIV in Nepal?”

Probing questions: If not already discussed in step 10, ask:

- “How do you feel about the fact that most women who are living with HIV in Nepal acquired it from their husbands? Why do you feel that way?”
- “Why do you think this happens?”
- “What other information would you like to know about HIV in Nepal?”

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 (2015). Nepal: Review in Slides. Available at <http://www.aidsdatahub.org/Overview-in-Slides> [accessed 10 December 2015].
- 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/Nepal> for the latest information, and change the answers accordingly before the session.

1. **Question :** How many people are estimated to have HIV in Nepal?
Answer : 35,000–43,000.²

2. **Question :** If you have 10 people living with HIV in Nepal, how many are women?
Answer : Two.³

3. **Question :** Which groups of people are most affected by HIV in Nepal?
Answer :
 - Sex workers (female, male and transgender).
 - Men who have sex with men.
 - Transgender people.
 - People who inject drugs.
 - Male labour migrants (and their families).
 - Clients of sex workers.⁴

4. **Question :** Of 20 women living with HIV in Nepal, how many say they are sex workers?
Answer : One says she is a sex worker (19 do not).⁵

2. HIV and AIDS Data Hub for Asia-Pacific (2015). *Nepal: Review in Slides*, Slide 5.
3. HIV and AIDS Data Hub for Asia-Pacific (2015). *Nepal: Review in Slides*, Slide 6.
4. HIV and AIDS Data Hub for Asia-Pacific (2015). *Nepal: Review in Slides*, Slide 7.
5. HIV and AIDS Data Hub for Asia-Pacific (2015). *Nepal: Review in Slides*, Slide 7.

5. **Question :** **How do most women in Nepal get HIV?**
Answer : From unprotected sex with their husbands or long-term partners – if their husbands have high-risk behaviours, for example, if they are migrant workers, clients of sex workers, men who have sex with men, and/or people who inject drugs. ⁶
6. **Question :** **If you have 100 people who inject drugs, how many will have HIV?**
Answer : Six. ⁷
7. **Question :** **Of 100 men who have sex with men, how many will have HIV?**
Answer : Four. ⁸
8. **Question :** **If you have 10 sex workers, how many of them were forced to have sex in the last year?**
Answer : Two. ⁹
9. **Question :** **If you have 10 people with HIV, how many of them are getting ART (treatment for HIV)?**
Answer : Two. ¹⁰
10. **Question :** **If you have 10 pregnant women living with HIV, how many of them are getting ART?**
Answer : About three. ¹¹

6. UNDP (2015). *Preventing HIV Transmission in Intimate Partner Relationships: Evidence, strategies and approaches for addressing concentrated HIV epidemics in Asia*, Bangkok: UNDP and UNAIDS (2009). *HIV Transmission in Intimate Partner Relationships in Asia*, Geneva: UNAIDS.

7. HIV and AIDS Data Hub for Asia-Pacific (2015). *Nepal: Review in Slides*, Slide 10.

8. HIV and AIDS Data Hub for Asia-Pacific (2015). *Nepal: Review in Slides*, Slide 10.

9. HIV and AIDS Data Hub for Asia-Pacific (2015). *Nepal: Review in Slides*, Slide 31.

10. HIV and AIDS Data Hub for Asia-Pacific (2015). *Nepal: Review in Slides*, Slide 69.

11. HIV and AIDS Data Hub for Asia-Pacific (2015). *Nepal: Review in Slides*, Slide 70.

Session 1.2

OUR RIGHTS



Introduction: In this session, participants review what are 'rights' and learn what their rights are specifically related to sexual and reproductive health and rights. They discuss what these rights mean in general; what they mean to them as women 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 women 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 Sexual and Reproductive Health Care Services' in the Participant's Handbook and 'Background Information for Session 1.2: Human Rights and Sexual and Reproductive 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: Your Human Rights and Your Sexual and Reproductive Health' in the Participant's Handbook.

STEPS

Part 1: Introduction

(1 minute)

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 women 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 or gender allowed in Nepal?” (Answer: No.)

- “Where is it prohibited?” (Answer: In the Constitution of Nepal and under almost all international treaties.)

3. Now ask the participants: “What rights do you have as women affected by HIV?”

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

Part 2: Your Sexual and Reproductive 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 sexual and reproductive 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 7 groups and give each group 2 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 this right mean to you as women affected by HIV?
 - What 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 ‘Participant Handout: 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:
 - “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.
- “Where do these rights come from?”

Main points:

- They are set out in international agreements that Nepal 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 Nepal’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 fulfil your rights and protect you from rights violations.
 - 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 Nepal.
11. To conclude the session, go around the room and have each participant finish the sentence: “Knowing my rights makes me feel...”

FACILITATOR'S RESOURCE

HUMAN RIGHTS CARDS

1. All people have the right to be treated equality.

2. All people have the right to be treated with dignity.

3. All people have the right to life.

4. No one has the right to treat you cruelly or in a degrading way.

5. The law is the same for all people; it must be applied in the same way to all.

6. All people have the right to seek justice when their rights are not respected.

7. All people have the right to privacy.

8. No one has the right to harm your good name.

9. Everyone has the right to marry and have a family.

10. Everyone has the right to decide freely and responsibly how many children they want to have and when.

11. Everyone has right to health.

12. No one has the right to give you medical treatment without your informed consent or agreement.

13. Everyone has the right to information on any matter that is important to them.

14. No one has the right to discriminate against you based on your sex, gender or any other characteristic.

Session 1.3

WERE HER RIGHTS VIOLATED?



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

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

- Correctly identify rights violations when given descriptions of the experiences of women affected by HIV accessing health care.
- Explain why a specific case is or is not a violation of the woman'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 4: Read the cases out loud.

Higher-Literacy Option: Use the printed worksheet. If you select this option, make photocopies for each participant of 'Worksheet: Is This a Violation of her Rights?' 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 minute)

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 Her Rights Violated?’ In the session they will apply the information on rights that they learned in the last session to stories of women affected by HIV getting health care.

Part 2: Were Her 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 woman'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 ‘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 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?”

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. Give the worksheets to each group so that each participant has a copy. 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 not) a violation of her rights?”

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 woman’s rights were violated in these cases? Why?”
 - “Which cases were the most difficult to decide about? Why?”
 - “Do violations like these happen in Nepal?”

- “Which kinds of rights violations do you think are the most common in Nepal?”
- “Why do you think health care providers violate the rights of women affected by HIV?” Encourage discussion on discrimination based on sex, gender identity and sexual orientation.
- “We looked at cases where only women were involved. Are men usually also involved in these types of situations? Why or why not? Do you think they should be more involved?”

Note to facilitator: Make sure it comes out that men should be equally involved in sexual and reproductive health care. It is gender stereotyping when women alone are made responsible.

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 HER RIGHTS VIOLATED?

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

1. Last week, Shushila had an HIV test at a Voluntary Counselling and Testing centre. The test result was positive. The nurse who did the test grew up in the same village as Shushila's mother-in-law. When the nurse saw Shushila's mother-in-law later that week, she told her Shushila's HIV test results. Were Shushila's rights violated? Why or why not?

Answer: Yes. The nurse violated Shushila's right to privacy by telling her mother-in-law her HIV status. The nurse must keep such information confidential.

2. Kamala 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 Kamala's rights violated? Why or why not?

Answer: Yes. Kamala 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. Kamala 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. After Maiya gave birth, Dr. Rita advised her about breastfeeding her child. Dr. Rita 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. Rita very strongly said, "Maiya, you absolutely MUST take the ART drugs correctly, exactly the way I told you to! Can you do that?" Did Dr. Rita violate Maiya's rights? Why or why not?

Answer: No. Dr. Rita gave Maiya 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 Maiya to do something she did not want to do.

4. Anu went to the district hospital to deliver her baby. She had been on ART during her pregnancy and wanted to have a natural delivery, but when the doctor found out that she is HIV positive, he told her she had to have a Caesarean section so that her child will not get HIV. Anu said that she wanted to deliver the baby naturally, but the doctor insisted that she had to have a Caesarean section or he would send her home. She signed the consent form. Were Anu's rights violated? Why or why not?

Answer: Yes. Anu does not need to have a Caesarean section to deliver a baby without HIV. Her right to make an informed choice about how to deliver her baby was violated even though she signed the consent form because the doctor was forcing her to have a Caesarean section that she did not want by threatening to send her home.

5. Pragya is HIV positive and pregnant. She went to the hospital to deliver her baby. 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 confused about what to do. She didn't want her baby to die, so she signed the consent form for the Caesarean section. Were Pragya'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.

6. Manju sells sex and has been HIV positive for ten years. She is always nervous about how she will be treated when she goes to the hospital. Yesterday, after the doctor examined her and did some tests, he told her he needed to get another doctor. A few minutes later, he comes back with another doctor and asks him to examine her. The new doctor then explains the results of the examination and tests. Were Manju's rights violated? Why or why not?

Answer: No. There is no evidence that the doctor is refusing to treat her. He did examine her. Most likely he went to get another doctor in order to get his help or opinion about her condition. If he were providing better quality care, he would have explained to her why he was going to get another doctor, but not doing so is not a violation of her rights.

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 sexual and reproductive 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 women affected by HIV experience at reproductive and sexual health services in Nepal.



Time : 2 hours and 30 minutes (150 minutes).



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.

STEPS

Part 1: Introduction

(2 minute)

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

(2 hours and 20 minutes)

3. If the participants are not already sitting in a circle, have them sit in a circle. If your participants come from different types of networks – i.e. HIV positive, transgender, sex workers, people who use drugs – have them sit in smaller circles with those from their own type of network.
4. 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.
5. 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 sexual and reproductive 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)
6. 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 woman affected by HIV who has experienced rights violations at sexual and reproductive 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.

7. 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.
8. After everyone who wants to share has done so, thank them for sharing their personal stories with the group. If they are in smaller groups, 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

(8 minutes)

9. Write ‘Rights Violations at Sexual and Reproductive 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 sexual and reproductive health services has this group experienced?”

Possible answers:

 - Discrimination, treated differently from others.
 - 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.
 - Delay going or stop going.
 - Get angry and want to fight.

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 Session 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 4.
- Take four pieces of flipchart paper and write one of the following headings at the top of each paper.

1. **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.
2. **Broken confidentiality**, not keeping information private.
3. **Treatment given without free and informed consent**, being forced or pressured to agree to treatment, including forced or coerced sterilizations or abortions.

4. **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

(1 minute)

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

(52 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 women affected by HIV experience.
 - 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 woman might be able to do to prevent the abuse and protect 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 woman do to prevent this from happening to her?”
 - “What could she do to stop it, if it started happening to her?”

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).

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 woman affected by HIV may decide to stand up for her rights and why it is important to do so.



Time : 1 hour and 10 minutes (70 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 women affected by HIV experience at sexual and reproductive health services to use in Step 1. Post it in front of the room.

STEPS

Part 1: Stand Up for Your Rights! Role Plays

(65 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 woman affected by HIV might be or is being 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 woman takes action to stand up for and protect her rights at the moment that they are being violated at the clinic or hospital.
- All members of the group should be part of the role play – as health care staff, family members or friends of the woman, or other clients.
- You have 15 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. 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. Have 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 she have done to respect others while standing up for herself?”
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

(5 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 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 women affected by HIV not standing up for their rights?"

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

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.

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.

Session 2.4: Mediation has a trained community mediator demonstrate how a case would be handled using the approach to community mediation that is being introduced by organizations such as the Asia Foundation and UNDP. Participants' questions about community mediation are answered and they discuss this option for seeking justice.

Session 2.5: Taking Your Case to the Human Rights Commission teaches participants about the role of the National Human Rights Commission of Nepal (NHRC, or the 'Commission'), how they can file a complaint with the Commission, and what positive solutions the Commission can provide. Participants also discuss their opinions of this option, including what they think the positive and negative sides of filing complaints with the Commission are.

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 Nepal.

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

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.

Session 2.1

OPTIONS FOR SEEKING JUSTICE



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

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

- List at least four options for seeking justice that women 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 : 40 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

(1 minute)

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. 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

(29 minutes)

2. 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.
3. 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*
 - Complain to the Village Development Committee or municipality
 - Make a complaint to the Medical Council, the Nursing Council or the Health Professional Council*
 - Use mediation*
 - Take the case to the National Human Rights Commission*
 - Take the case to court*
4. 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.
 5. 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?”
 6. Now ask them to discuss in their small groups what they think the role of their networks should be in helping women affected by HIV to seek justice when their rights are violated. Tell them that they have ten minutes to discuss.

7. After ten 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 the women to assess their options regarding what to do about a case.
- Help women with the process of filing a complaint.
- Help women 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 woman 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 the women in touch with the National Human Rights Commission.

Part 3: Concluding discussion

(10 minutes)

8. 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 women affected by HIV usually do in Nepal when their rights are violated? Why?”
 - “Do you think women 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?”
 - “What is the downside of doing nothing?”

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

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 15 minutes (75 minutes).

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

Preparation :

- Make copies of 'Worksheet: 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 4). 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

(4 minutes)

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

(60 minutes)

4. Hand out ‘Participant Worksheet: 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 **sexual and reproductive 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 sexual and reproductive 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

(11 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?”

Follow-up 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.

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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: 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: 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. Have the participants 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:
 - (i) Identify the person to whom you should complain.
 - (ii) Go to the office of the person whom you should complain.
 - (iii) Explain what happened.
 - (iv) Ask for what you want.
 - (v) 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:
 - (i) Document what happened and gather any evidence.
 - (ii) Get evidence.
 - (iii) Identify the person to whom you will address you complaint.
 - (iv) Write your complaint letter.
 - (v) Make copies of your letter.
 - (vi) Deliver and register the complaint letter. Write down the registration number.
 - (vii) 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 National Human Rights Commission.
 - “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 District Public Health Office.

- “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 Nepal Medical Council, Nepal Nursing Council or the Nepal Health Professional 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 Registrar of the Nepal Medical Council. The Health Conduct and Ethical Committee will investigate the complaint. They will take action if they decide it is justified. The actions they can take include: warning the doctor; suspending the doctor for some time; and removing the doctor’s licence to practise medicine. They can also recommend that the government file a lawsuit against the doctor or facility. To complain about a nurse, they should write to the Nursing Council, and to complain about any other health professional, they should write to the Health Professional Council. The Nursing Council and Health Professional Council should handle complaints 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.

- **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 take action to remove the licence of the doctor or nurse or 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.
- Other organizations and interest groups who can pressure them to improve service delivery (such as the media or the National Human Rights Commission) may get to know about your complaint.
- It may encourage other women to take action.
- If the problem is addressed as a result, it may prevent other women 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 women 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 women use this approach?” (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 ‘Participant Handout: How to Make a Complaint’.

REFERENCES

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Session 2.4

MEDIATION



Introduction: This session begins with a short discussion of mediation. Then a guest presenter, who is a trained community mediator, will do a demonstration of how a case would be handled using community mediation. This is followed by a question and answer session and a discussion of this option for seeking justice. If a mediator cannot be found, a video about community mediation in Nepal will be shown and then participants will do a role play of a mediation.

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

- Describe the new process of community mediation to resolve disputes.
- Explain at least one type of case that could be solved by mediation.
- Name at least three benefits of community 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. If showing the video: copy of the video, a computer and projector.

Preparation : • As early as possible, identify a mediator who can do the demonstration in Part 2. Contact an organization that works on community mediation in the place where you are holding the training (or contact the mediation centre at the courts) 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 community mediation and their contact information.

Note to facilitator: Make sure that the mediator has been trained as required by the law.

- Review 'Background Information for Session 2.4: Mediation' in the Facilitator's Background Information and 'Handout: Community Mediation' in the Participant's Handbook.
- Make copies of 'Handout: Community 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 and how mediation differs from traditional village dispute resolution. For example, large groups of villagers representing different populations are being trained, so more groups, like women, are represented among the mediators. The process can use one or three mediators - if using three, one is selected by each side and one selected by the mediation team coordinator, etc. (see Step 4 of the video and role-play option).
- If there are no mediators in the location where you are conducting the training, view the video on mediation in Nepal that is in the toolkit. Be prepared to translate the parts in English as needed. Set up your projector and test it before the session.

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 Nepal **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 Community Mediation

(85 minutes)

Guest Mediator Option

3. Explain that some organizations are introducing mediation into villages in parts of Nepal. Tell participants that in this next part of this session, we will have some guest presenters who will help them to understand more about the process of mediation.
4. Briefly introduce the guest presenters by giving their organization’s name and their names and/or allow them to introduce themselves and their organization (for no more than five minutes). Ask them to briefly talk about how mediation is different from traditional village dispute resolution.
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. Read the following case that they will be working to resolve to the whole group:

Three sex workers have gone separately to the Swasthi health clinic to get checked for STIs. When the first one, Kalpana, 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.

Kalpana 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?” Kalpana was furious but said nothing because she wanted to get the test she came for.

When Lalita went to the clinic, she was also treated badly. The nurse said, “Are you here again?” in a voice that made her feel ashamed. She also refused to let her use her pen as if she was contaminated. She was kept waiting for several hours. When she did see the doctor, and was laying on the table with her legs open in the stirrups, he made some comments about her body and her sex life. She was so disgusted, she couldn't wait to leave.

Prabha had also gone to the Swasthi health clinic to get checked because she wants to get pregnant. When she informed the nurse that she was HIV-positive, the nurse 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!” Prabha 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 Kalpana, Lalita and Prabha got together and Kalpana started to tell her story, and then the others told theirs. 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 community mediation centre in the village development committee and filed an application.

The mediation centre called Dr. Sharma, the officer in-charge, and the staff of the clinic, the two nurses, Kamala and Neeta, to come to their office to discuss the situation.

7. Ask if there are any questions about the situation. Then ask for six volunteers – three 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.

**VIDEO AND ROLE-PLAY OPTION (USE ONLY IF YOU CANNOT
FIND A TRAINED MEDIATOR)**

3. Explain that some organizations are introducing mediation into villages in parts of Nepal. Tell participants that in this next part of this session, we will view a video about the process of community mediation in Nepal and then do a role play of a mediation to see how it might work.
4. Show the video 'The Asia Foundation's Community Mediation Program in Nepal'. Translate the sections that are in English as necessary. You may need to stop the video to do this.
5. Ask the following questions:

- "What was the process of mediation that the video showed?"

Possible responses:

- The participants set the ground rules together.
- The process uses three mediators.
- The people in dispute explain the problem from their own perspective.
- The people in dispute say what they want or suggest solutions. They find their own solutions.
- The agreement is written up.
- The people in dispute and the mediators sign the agreement.

- "What other features of community mediation did you notice?"

Possible responses:

- People calm down when they go into mediation.
- The mediators are neutral.
- The mediators don't impose the solution.
- The mediators come from different groups, like women and Dalits.

6. Briefly add to what the participant noticed while watching the video, by adding any points that they did not mention. Also explain that:
 - Both parties must agree to solve the problem using mediation.
 - There will be either one mediator or three mediators. If there is one, both parties must agree to have that person be the mediator. If there are three, then each

party selects one mediator from a photo list. The third mediator is selected by the mediation program coordinator, by the two mediators already selected or by both parties.

- Mediation is officially recognized in Nepal. The agreements are binding. That means the parties must implement what they agreed on.
- Mediation can be done privately for sensitive cases.

7. Now tell the participants that you will read them a case and you will then do a role play mediating the case. Read the case in Step 6 of the Guest Mediator Option. Ask if there are any questions about the situation.

Then ask for six volunteers – three 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. You will act as the mediator. Explain that you are not trained but you will do your best to act as a mediator would.

8. To do the role play, go through the following process (you must remain neutral and not offer any solutions):

- Ask the parties to suggest ground rules. If necessary, you can suggest one, such as “everyone will talk respectfully to each other”.
- Have them agree on the ground rules.
- Ask the women to explain the problem and their expectations from their perspective. Ask the health care workers to listen.
- Clarify and recap what the women said and confirm that you understood.
- Ask the health care workers to explain the situation and their expectations from their perspective. Ask the women to listen.
- Clarify and recap what the women said and confirm that you understood.
- Ask the women what solution they suggest.
- Ask the health care workers what they think about that solution. If they do not agree to it, ask them to explain and to offer some other solutions.
- Ask the women what they think of the solutions offered by the health care workers.
- Continue until they have agreed.
- Take a piece of paper and tell them that you have written up what they agreed on. Recap their agreement.
- Ask both parties to sign the paper and sign it yourself.

9. After the demonstration, ask them if they have any questions.

Both options continue in the same way from this point

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 where it is set up.
- You can select a mediator who may be familiar with your concerns.
- 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 behind closed doors so that it is 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.
- 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.
- Women may fear retribution or violence from their families or the community.
- The personal information of women 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 woman may need to try other options.
- The agreement may not be implemented. Note that it should be implemented within 45 days. If it is not, you can file a petition with the Village Development Committee or the municipality.

Part 3: Conclusion

(10 minutes)

11. To conclude, ask the participants:

- “For those of you who were the ‘disputants’, 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 women 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. 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 COMMISSION



Introduction: In this session, participants learn about the role of the National Human Rights Commission of Nepal (NHRC, or 'the Commission'), how they can file a complaint with the Commission, and what solutions the Commission 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 Commission.

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

- Explain at least three things that the National Human Rights Commission of Nepal does.
- File a complaint with the NHRC.
- Discuss at least two types of solutions that the NHRC can offer.



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



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

Preparation :

- Review 'Handout: The National Human Rights Commission of Nepal' in the Participant's Handbook and 'Background Information for Session 2.5: Taking Your Case to the Human Rights Commission' in the Facilitator's Background Information.
- Make a copy of 'Handout: National Human Rights Commission of Nepal Complaint Form' and 'Handout: The National Human Rights Commission of Nepal', both in the Participant's Handbook, for each participant.
- Consider inviting a representative of the National Human Rights Commission to observe and support the session if you are holding the training in a location where they have an office.

STEPS

Part 1: Introduction

(3 minutes)

1. Tell the participants that this session is about the National Human Rights Commission of Nepal. Ask them the following questions:
 - “How many of you have heard about the National Human Rights Commission?”
 - “Has anyone here filed a complaint with the Human Rights Commission?” 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 Commission.

Part 2: Case Studies: What does the Human Rights Commission Do? (30 minutes)

2. Tell the participants that you are going to read some case studies to them about the work of the Human Rights Commission. After each case study you will ask them some questions.

Note to facilitator: This activity could also be done in small groups if the participants have strong literacy skills.

3. **Use ‘Facilitator’s Resource: National Human Rights Commission Case Studies’** to read the cases and ask the questions. When you have finished ask them:
 - “Based on these case studies, what are the main activities of the Human Rights Commission in Nepal?”

Main points:

- Receiving complaints or cases about human rights violations.
 - Investigating complaints.
 - Investigating situations that may involve a violation of rights (without a complaint being filed).
 - Making recommendations for justice.
 - Educating people about their rights.
- “What kinds of cases does the Human Rights Commission take?”

Main point: Any violations of human rights.

- “What types of solutions can the Human Rights Commission offer?”

Probing question: “In the case studies, what were the solutions?”

Main points:

- Directing the government to do something – e.g. act according to human rights, investigate a crime, discipline a perpetrator.
- Ordering compensation be paid to the victims.
- Conducting an awareness-raising campaign on the issue.
- Working together with the government or community organizations to develop information materials on rights.
- Delivering rights training to the Ministry of Health or to health facilities.
- Holding a meeting with affected women and health care workers to discuss the issues and develop solutions together.

Note that if the perpetrator is a private party, the national human rights commission can draw attention and recommend government to take action against them.

Part 3: How to File a Complaint with the NHRC

(30 minutes)

4. Ask the participants: “For women affected by HIV, what are some cases you could take to the Human Rights Commission?”

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.
5. Tell the participants that you are now going to discuss how to file a complaint with the Human Rights Commission. If you have one or more participants who have filed complaints before, ask them to tell the group how they filed their complaint. Otherwise, ask them: “Does anyone know how to file a complaint with the Commission?”
 6. Picking up on what the participants said, tell them that there are several different ways they can file a complaint with the Commission. List those that have already been mentioned. Add any from the list below that have not been mentioned.
 - Fill out a complaint form and mail it to the Commission.
 - Fill out the complaint form on a computer and email it to the Commission.

- Fill out a complaint form and deliver it to their office in person.
- Call them on their free hotline and tell them your complaint. You can call them 24 hours a day.
- Go to their office and give your complaint orally.

Tell them according to the Human Rights Commission Act they must file their complaint within **6 months** of the rights violation. However, the Supreme Court has ruled that this is invalid.

Ask them: “Where does the Commission have offices?”

Answer: They have offices in Kathmandu and in every region.

7. Then hand out a copy of the complaint form to each participant. Tell them that this form is specific to the Human Rights Commission. 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.
8. Then say: “If you think that you could file a complaint with the Human Rights Commission in Nepal, raise your hand.”

If anyone does not think that they could do that, ask them why. Ask the other participants to come up with suggestions to help them to solve any issues that they raise. Remind them, if the other participants don't, that they can call the Commission at any time and tell them their complaint. It does not have to be in writing.

Part 4: Concluding Discussion

(10 minutes)

9. 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 Commission?”
 - “Do you think it is a good choice for women 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 easy to do. There are many ways to do it.
- The Commission staff are trained in human rights and are sensitive to vulnerable people.
- Action may be taken against the person who violated your rights.
- It can result in important changes in policies, programmes, training, services or laws.
- It can bring national and international attention to the rights violations that women affected by HIV experience.
- It can feel empowering to take action.
- It can send a message to those violating the rights of women affected by HIV.
- It is confidential.
- You may be compensated.
- Government may take the recommendations from the NHRC seriously.
- “What are some possible negative sides of this choice from your point of view?”

Possible answers:

- It may take a long time to get a result.
- There may not be enough evidence for them to act.
- The government may not implement the changes or take the actions that are recommended by the Commission.
- 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).
- “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 on their hot line – they will advise you.

11. To conclude, tell them that the Commission also develops relationships with civil society groups. Ask:

- “Have any of your networks approached the Commission to discuss their issues with them?”
- “If yes, what happened? If not, do you think that would be a good idea?”
- “Has the Commission ever approached you and or included you in any activity or event?”

- “If yes, tell us about it? If not, do you think that would be a good idea?”
- “How can having a relationship with the Commission help women affected by HIV?”

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The case studies are taken or constructed from the following resources:

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FACILITATOR'S RESOURCE

NATIONAL HUMAN RIGHTS COMMISSION CASE STUDIES

Instructions: Read each case study and then ask the questions.

Case 1

A complaint was lodged with the Commission saying that police officers were torturing and harassing lesbian, gay, bisexual, and transgender people. The Commission investigated the complaint and found that there was evidence that this was true, including a medical examination report. After the investigation, the NHRC sent a letter to the Human Rights Cell of the Nepal Police directing them to investigate and take action against the people responsible. The Nepal Police have responded, saying that an investigation is underway and appropriate departmental action will be taken.

Questions:

1. Why was a complaint filed?

Answer: A complaint was filed because police officers were torturing and harassing lesbian, gay, bisexual, and transgender people.

2. What did the Human Rights Commission do?

Answer: They investigated the case. They also sent the police a letter.

3. What was the result?

Answer: They found that there was evidence of torture and harassment. They sent a letter to the Human Rights Cell of the Nepal Police telling them to investigate and take action. The Police said they would do so.

Case 2

In October 2014, there was a protest rally at Mahadevsthan of Hariharpur VDC asking for road maintenance. When the group began throwing stones at the police and set fire to a police vehicle, the Armed Police Force fired into the crowd. Jay Narayan Patel, 42, was shot in the chest and died immediately and two others were injured.

A few days later, the National Human Rights Commission (NHRC) sent its investigation team to Simraungadh, Bara to look into the clash between locals and the police. In January 2015, the National Human Rights Commission recommended

that his family receive Rs 300,000 as compensation; that his three children receive free education up to higher education; that Rs 100,000 compensation be paid to Sah, who was injured; and that the government take disciplinary action against the policeman who led the team and identify and take action against the policemen who fired the shots that killed Patel and injured Sah.

Questions:

1. What happened?

Answer: The police shot into a crowd of protestors and killed a man and injured two others.

2. What did the Human Rights Commission do?

Answer: They sent a team to investigate the case. They made recommendations for what should be done.

3. What did they recommend?

Answer: They recommended that the family of the man who was killed be compensated; that the man's children be educated for free; that the man who was injured be compensated; and that the government take disciplinary action against the policeman who led the team and identify and take action against the policemen whose fired the shots that killed Patel and injured Sah.

Case 3

In February 2013, the NHRC Regional Office in Pokhara organized a workshop for thirty people on the right to health of women living with HIV, female sex workers and women who use drugs. The workshop educated participants on women's rights, human rights related to health, how to claim their rights, and what to expect from health service providers.

Questions:

1. What did the Human Rights Commission do?

Answer: They organized a workshop on the right to health for women living with HIV and women who are sex workers or drug users.

2. What was the goal of the workshop?

Answer: To educate the participants about their rights, how to claim their rights, and what treatment to expect from health service providers.

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 Nepal.

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

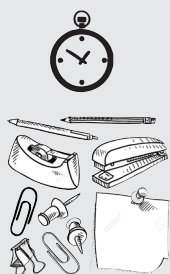
- Describe what some women living with HIV did when they were sterilized without their informed consent and the outcome.
- Explain what a woman or group of women should do if they want to take a case to court.
- Discuss at least two benefits and two drawbacks of taking a case to court.

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: Taking a Case to Court and Getting Legal Aid' in the Participant's Handbook.
- Make a copy for each participant of 'Worksheet: Women Fight Back Against Forced Sterilization' and 'Handout: 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 'Participant Worksheet: Women Fight Back Against Forced Sterilization'.

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.
 - 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 woman decides she wants to take her case to court in Nepal, what should she 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 her network.
 - Find out if other women with the same experience want to join her case.
 - Talk to an organization that provides community legal services or get legal advice from a lawyer.
 - Tell your lawyers if you want your 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 Nepal, if the woman whose rights have been violated wants **compensation**, she or her lawyer must file her case under the **Consumer Protection Act** with the Compensation Committee at the District Administration Office.
 - The claim for compensation must be filed **within 3–5** days of the incident that caused the harm.

- She may also be able to file a complaint under the **Contract Act** for a breach of contract and request compensation for harm done.
- Cases under the contract act must be filed **within two years**.
- If the woman whose rights have been violated wants the health care worker to be held accountable or punished, she or her lawyer can also file a case under the **Consumer Protection Act** with an Inspection Officer or she can report the case to the police, if it is for a serious crime.
- If she does this, the inspector or the police will decide if she has a case. If so, they will file a case on her behalf. If the case is then decided in her favour, then the health care worker could be fined and/or imprisoned.

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 to women?”

Possible answers:

- The Nepal Bar Association.
- The Legal Aid Consultancy Centre.
- Forum for Women Law and Development.
- Consortium for Women’s Rights.

Note to facilitator: The following groups only provide legal aid in certain types of cases:

- Maiti Nepal for trafficked women.
- Raksha Nepal for sexually exploited women.

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 woman/women may get solutions – such as public recognition that their rights were violated and/or financial compensation.

- The woman/women 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 women affected by HIV could get a positive outcome in Nepal? 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 women? Why or why not?”

Session 2.7

WHAT SHOULD SHE DO? DECIDING TO SEEK JUSTICE



Introduction: In this session, participants consider real cases of rights violations of women affected by HIV. They discuss what solutions they would want if they were the woman in the case, and her 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 woman who experiences a specific type of rights violation could seek justice.
- Explain what they think a woman 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: What Should She 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 Participant Worksheet.
- If you will do the higher-literacy option, make enough copies of 'Worksheet: What Should She 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 Health Professional Council.
- Using community mediation.
- Filing a case with the Human Rights Commission.
- 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 to 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 she 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 she 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 (Kamala) to read the case out loud and then to explain to the group what actions they thought that the woman should pursue and why and what outcome she could obtain.

After they present, if there is another group that also worked on Kamala'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 woman who experiences the rights violation who will decide what to do.

9. Follow the same procedure for each of the cases (Mina, Radha and Pratiksha).

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 woman 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 woman herself.

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

Main point: Only the woman herself can decide what to do.

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

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 Nepal is implementing the human rights treaties it has signed.
- Explain how involvement in international human rights reporting and monitoring could benefit women affected by HIV.



Time : 50 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: Participating in the Monitoring of Nepal's Implementation of International Human Rights Treaties' in the Participant's Handbook.
- Make enough copies of 'Handout: Participating in the Monitoring of Nepal'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 women affected by HIV can participate in the monitoring of the international human rights treaties that Nepal 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.

- “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

(35 minutes)

3. Ask the participants: “So the government is guaranteeing these rights. How is this monitored?”

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:

- 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 stakeholders like the UN and NGOs or civil society write alternative reports to provide the committees with more information on how the treaty is being implemented by the government.
- 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 observations,’ 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). Nepal’s first review was in 2011 and the second one was in 2015.
- For the Universal Periodic Review, the National Human Rights Commission in Nepal submits a report to the UN Human Rights Council on behalf of the civil society after wide consultation. Women and girls affected by HIV were included in these consultations in 2015.

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 groups of five. Ask them to brainstorm the following question:

- “How can your networks participate in the process of monitoring how the government is implementing the international treaties it has signed?”

Tell them that they should think about what the network could do **before, during, and 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 them the following questions, taking one answer from each group, and continuing to go around the groups, until they have no more suggestions:

- “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 National Human Rights Commission about getting actively involved in the reporting process. Find out from them 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 National Human Rights Commission or the Women’s Commission, with the UN and with other diplomatic missions (embassies) in Nepal.
- “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 women 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 women 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 Nepal report? Who is coordinating the civil society input in Nepal? **Note to facilitator:** They can get this information from the Human Rights Commission.
- Make a plan for how they will be involved.

MODULE 3

COMMUNITY MOBILIZATION AND ENGAGEMENT WITH THE HEALTH SECTOR: DOING IT FOR OURSELVES!

INTRODUCTION

This module has six sessions. The total time required to deliver the sessions in this module is 6 hours 50 minutes, not including breaks and energizers.

The sessions are:

Session 3.1: Where We Belong brings out the purposes of the organizations that participants belong to in order to identify groups that might be interested in working on rights violations in sexual and reproductive health services. Participants also think about their own roles in the organizations.

Session 3.2: Prioritizing the Problems gives participants the opportunity to think about the roots of the problems they face at sexual and reproductive care settings and then to identify the problems that are a priority for their network groups.

Session 3.3: Engaging with Health Care Service Providers asks participants to discuss why health care providers violate their rights. In small groups, they come up with ideas for engaging directly with health care providers to improve the way they treat women affected by HIV. This is followed by a whole group discussion of their ideas.

Session 3.4: Identifying Solutions has participants work in their networks to brainstorm the other possible solutions that the networks could implement to their priority problems and then identify those they want to implement, including one solution that aims to prevent rights abuses and one that responds to rights abuses.

Session 3.5: Action Planning leads participants through the process of developing a simple action plan to implement the solutions they want to implement.

Session 3.6: Planning for Monitoring and Evaluation enables participants to develop a simple plan for monitoring and evaluating the activities in their Action Plans.

Session 3.1

WHERE WE BELONG

Introduction: In this session, participants first list the organizations that they belong to that work on HIV, rights, gender and lesbian, gay, bisexual and transgender issues in Nepal. Those who are members of the group explain what the group does and what their role in the group is. They then identify those groups that work on rights, stigma and discrimination; improving health care for people affected by HIV; and on gender equality and women's empowerment and discuss their common issues and collective actions. Finally, they identify those that might be interested in working on rights violations in sexual and reproductive health services.



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

- Explain the purpose of organizations they belong to.
- Describe their role in the organizations they belong to and the importance of collective action.
- Name at least two organizations that are likely to be interested in working on addressing rights violations in health care and improving health care services for women affected by HIV.



Time : 50 minutes.

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

Preparation : • Review the session plan.



STEPS

Part 1: Introduction

(5 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 be going through a community mobilization process with them. When they go back home 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.

Give them the example of the community of women affected by HIV.

- “What does ‘community mobilization’ mean to you?”

Community mobilization is a process of encouraging and engaging the community to participate in action for change – from identifying and prioritizing the problems you want to address to making decisions about what to do and evaluating progress.

Explain that through this process, they will decide what issues they might 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.

Tell them that the first step is to know our organizations and ourselves – what are we interested in working on. We will focus on the organizations first and our roles in them.

Part 2: Where We Belong

(35 minutes or longer if there are many groups)

3. Ask the participants to brainstorm a list of all organizations that they belong to that work on HIV, rights, gender and lesbian, gay, bisexual and transgender issues in Nepal. Write their responses on flipchart paper. Continue until you have a complete list.

4. For each group that they belong to, ask them to think about their role in the group:
 - Are you active in the group or not?
 - If you are active, what role do you play?
 - What issues are you active on in the group?
 - If you are inactive, why have you been inactive?

Give them a minute or two to think.
5. Now tell them that you will read the list out loud, one by one. If they belong to the group that you name, they should stand up. Those standing up will explain:
 - The purpose of the group.
 - The kind of work it does.
 - What issues it works on.
 - Where it works.

Then each person will share with everyone the role they play in the organization.
6. Start by reading the name of the first group. If necessary, remind them of what information they should share. Write how many participants belong to the group on the flipchart. Repeat this process for each of the groups listed.
7. Now have them recap by asking:
 - “Which of these group works on the **rights** of people affected by HIV?” Put an ‘R’ next to each of the groups that works on rights.
 - “Which of these group works on **stigma and discrimination** against people affected by HIV?” Put ‘S&D’ next to each of the groups that works on stigma and discrimination.
 - “Which of these group works on **improving health services** for people affected by HIV?” Put an ‘H’ next to each of the groups that works on improving health services.
 - “Which of these group works on **women, gender equality and women's empowerment?**” Put a ‘W’ next to each of the groups that works on gender equality and women's empowerment.
 - “What are your common issues?”
 - “Have any of your groups worked together on these issues?” If yes, ask them to tell the group as a whole about their collective actions.
 - “Why is collective action (or organizations working together) important?”

Part 3: Conclusion

(5 minutes)

8. To conclude this session, ask the participants the following:

- “What do you notice about these organizations?”

Probing question: “What do you notice about the issues that they work on?”

Note to facilitator: Responses will depend on the particular organizations that they are discussing. Comments might be about how many or how few organizations work on certain issues; how many or few are working on women’s issues specifically; and how many or few local groups there are.

- “Which of these groups will be interested in working on the problems we have been talking about in this training?”

If you need to, clarify that you mean issues specifically related to rights and sexual and reproductive health care services for women affected by HIV.

Make a star next to the groups that they think might be interested in these issues.

Session 3.2

PRIORITIZING PROBLEMS



Introduction: In this session, participants discuss the roots of the problems they face at sexual and reproductive 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 women 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 (60 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 women affected by HIV experience at sexual and reproductive health services that the group made in session 1.4 to use in Step 2 and used in the last session.
- Take one piece of flipchart paper and label it 'Why is this happening?'

STEPS

Part 1: Introduction

(4 minutes)

1. 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 the 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 women they know affected by HIV have experienced these.

2. Ask participants if there are any other problems that women affected by HIV face when they go for sexual and reproductive health care. Add anything else they say to the list.

Part 2: What Lies Beneath

(20 minutes)

3. 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 this question 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 women affected by HIV, because of their work or behaviour (i.e. drug use).
- Mistrust.
- Gender, because we are women or transgender.

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.

4. Then ask: “What about us? Is there anything that about us that contributes to the problem or allows it to continue?”

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. Keep this list for use in the next session (3.3 Engaging with Health Care Providers).

Part 3: Prioritizing Our Problems

(35 minutes)

5. Tell participants that the next step is to prioritise the problems and to decide which ones they want to work on in their networks.
6. 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.
7. 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.
8. Explain that in their small groups they are going to agree on one problem that is a priority to them and that they want to work on together.

To make that decision, they should discuss the following criteria and rank the problems from:

- Most to least common.
- Most serious to least serious consequences.
- Easiest to most difficult to change.

Then they should discuss and decide on one problem that they want to focus on that is a very high priority to them. Give them 20 minutes.

9. After 20 minutes, call their attention back to the front. Ask each group to present their priority and why they selected it. After each presentation, ask the other groups if they have any questions or comments. Ask any questions that you have.
10. 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 4: Conclusion

(1 minute)

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

Session 3.3

ENGAGING WITH HEALTH CARE SERVICE PROVIDERS



Introduction: In this session, participants discuss why health care providers violate their rights and how they could engage directly with health care providers to improve the way that they treat women affected by HIV.

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

- Suggest at least two ways that their networks could work with health care providers to improve the way that sexual and reproductive health services are provided to women affected by HIV.
- Discuss which ideas for working with health care providers they like best and why.

Time : 50 minutes.

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

Preparation :

- Review the session plan.
- Find the 'Why Is This Happening' list from the last session for Step 3.



STEPS

Part 1: Introduction

(5 minutes)

1. Tell participants that we will be talking about taking action together as a community to work with the providers of sexual and reproductive health services.
2. Ask the participants:
 - “Have any of you worked with health care workers to protect the rights and improve care for women and girls affected by HIV in your networks?”

If yes, ask those who have to briefly describe what they did and what happened as a result of their work. Then thank them for sharing and note that their experiences will be useful to the group during this session.

Part 2: How We Can Engage with Health Care Providers

(40 minutes)

3. Post the 'Why Is This Happening?' list from the last session. Ask the participants to identify the reasons that have to do with the health care providers specifically. Put stars next to those.
4. Divide the participants into groups of five. Ask them to come up with a list of ideas of what their networks could do to work with health care providers to address these reasons. Tell them to think about each reason and how the network could address it. Give them about 15 minutes. Circulate as they work and help them as needed.
5. Put up the flipchart paper labelled 'Ideas for Working with Health Care Providers'. After 15 minutes, call their attention back to the front of the room. Start with one group and ask them to give you one of their ideas. List it on the flipchart paper. If needed, ask them to explain it. Then go to the next group and get another idea. Keep going around from group to group until you have all of their ideas.
6. 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 women affected by HIV better? Which will change their behaviour towards women affected by HIV?"
 - "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?"
 - "What other comments do you have about these ideas?"
7. Thank them for their ideas and the discussion. Let them know that they will discuss these further in the next session. Keep their list of ideas for working with health care providers for the next session, 3.4 Identifying Solutions.

Part 3: Concluding Discussion

(5 minutes)

8. To conclude the session, ask the participants the following questions:
- “Do you think that working together women affected by HIV can change their situation? Why or why not? What do others think?”
 - “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 3.4

IDENTIFYING SOLUTIONS



Introduction: In this session, participants brainstorm other possible solutions to their priority problems. They discuss their ideas for working with health care providers and their list of other solutions using a set of criteria and identify those that they want to implement through their civil society networks.

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

- Give at least two possible solutions to their priority problem.
- Explain which solutions they want to implement and why.



Time : 1 hour (60 minutes).



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

Preparation :

- Review the session plan.
- Find their list of 'Ideas for Working with Health Care Providers' from the last session for step 3.

STEPS

Part 1: Introduction

(1 minutes)

1. Introduce this session by telling participants that in this session they will think some more about solutions during this activity. They will continue to work in their same groups.

Part 2: Identifying Solutions

(50 minutes)

2. Tell the groups that they should brainstorm any additional possible solutions to the problem that they selected as their priority in session 3.2 (i.e. any additional solutions that they did not list in the last session on engaging with health care providers). They

should make a list of all of their ideas and should be as creative as possible. All ideas are useful at this point. Give them 15 minutes to do this. Circulate while they are discussing and encourage them to be creative. Ask questions to help them clarify their ideas as needed.

3. Post the list of 'Ideas for Working with Health Care Providers' from the last session. After 15 minutes or when they have finished, call their attention back to the front. Go around the groups and get one additional idea from each group and add it to the list under the heading 'Other Possible Solutions'. Keep going around the groups until you have all of their ideas. Ask questions if needed to clarify their suggestions.
4. Now tell them to identify those solutions on the list that their network can implement, either alone or with another group or coalition of groups, from the list of ideas for working with health care providers from the last session and from the list they just made. They should not worry about whether or not there is money to do it at this time.

Then they should 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.

After discussing, they should agree on no more than five solutions that they want to implement. At least one should be a solution that **prevents abuse** and at least one should be a solution that **responds to abuse**. Give them 20 minutes to discuss. Circulate while they are discussing and assist them as needed.

5. After 20 minutes, call their attention back to the front. Have each group present their problem, the solutions that they chose and explain why they chose those solutions. After each presentation, ask the others if they have any questions or comments. You can also ask questions.
6. 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 (9 minutes)

7. 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?”

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 women affected by HIV.

9. To conclude, hand out copies of ‘Participant Handout: Participating in the Monitoring of Nepal’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.

Session 3.5

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 issue they selected in the last session.

Objectives : 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 : 1 hour and 50 minutes (110 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: Action Planning' and 'Handout: 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 can have 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 one of the solutions that they selected in the last session. Explain that they can develop their action plans for the other solutions with their network 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 40 minutes)

4. Handout the copies of ‘Participant Worksheet: Action Planning’ to 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 60 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 3.6

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 (60 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: 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 'Participant Worksheet: Monitoring and Evaluation Plan' and 'Participant Handout: How Do We Monitor and Evaluate Together?'
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. 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.

7. 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?

8. They can write the answers on the worksheet under the appropriate headings on the left. Tell them they have ten minutes.
9. Circulate while they work to help them as needed and to make sure that their indicators are useful, easy to measure and clearly written.
10. After ten minutes or when they have finished, call their attention back to the front of the room.
11. 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).
12. 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.

13. 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.
14. 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.
15. 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.
16. After they have all presented, congratulate them on making monitoring and evaluation plans!

Part 3: Concluding Discussion

(9 minutes)

17. 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?”



75/12 Ocean Tower II, 15th Floor.
Soi Sukhumvit 19 , Klong Toey Nua.
Wattana , Bangkok , THAILAND
10110
Tel : +66 2 2597488-9
Fax : +66 2 2597487
Email: apnplus.communication@gmail.com
Website : www.apnplus.org



Dhobighat, Naya Bato - Lalitpur
P.O. Box No.: 9806, Kathmandu, Nepal
Phone No.: 977-1-5526725



UN House
P.O.Box No. 107, Kathmandu, Nepal
Phone No.: 977-1-5523200
Fax No.: 977-1-5523991, 5523986
Email: registry.np@undp.org



UN House
P.O.Box No. 107, Kathmandu, Nepal
Phone No.: 977-1-5523200
Fax No.: 977-1-5523991, 5523986
Email: registry.np@undp.org