

Capacity Building of Communities, Community Networks, and CSOs

Module - 1 Advocacy

Community System Strengthening under NACP - V



Module - 1

Advocacy



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75
आज़ादी का
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Foreword



राष्ट्रीय एड्स नियंत्रण संगठन
स्वास्थ्य और परिवार कल्याण मंत्रालय
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National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

NACP Phase-V envisages "Keep beneficiary and community in center" of HIV/AIDS epidemic as one of the key guiding principles. This aims to maximum the benefits to its diverse target population in a friendly ecosystem, offering a basket of tailored integrated services across prevention-detection-treatment spectrum. The National AIDS Control Program acknowledges the collaboration and involvement of the communities, people living with HIV/AIDS and civil society organizations as key to elimination of HIV/AIDS related stigma and discrimination and strengthening the HIV response in the country. Under NACP V, Community Systems Strengthening (CSS) as an approach complements NACO's overall vision where every person who is highly vulnerable to HIV is heard and reached out to and every person living with HIV is treated with dignity with access to quality care.

Under CSS, the aim is to identify and build the capacity of the communities, community networks and community organisations to ensure greater meaningful involvement of communities (and their organisations) in planning, implementing, monitoring, and evaluation of NACP. It is expected that these individuals, groups and networks from the community will complement the program through mobilizing the community, increasing demand for NACP services and support in improving the quality of care. NACO, through the model of social contracting already partners with Non-Governmental Organisation (NGOs) and Community Based Organisations (CBOs) for provision of HIV services to our priority populations, and hence, it is envisioned that through further capacity building efforts more community-based organisations will be able to take this partnership to the next level.

The capacity building modules developed under CSS, are designed to equip community, community networks and community-based organisations with the necessary knowledge, skills and tools to augment the HIV response in India. I believe these modules will play a valuable role in increasing the capacities of our communities to work in partnership with the National Program towards achieving the goal of elimination of HIV as a public health threat by 2023.


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सत्यमेव जयते



Preface



राष्ट्रीय एड्स नियंत्रण संगठन
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NACP recognizes the need for community-engaged responses, not just as beneficiaries, but as key partners in action for improving health and well-being. It aims towards elimination of HIV/AIDS related stigma and discrimination. NACP Phase-V, therefore aims to institutionalize the community engagement and meaningful participation at the most granular level in the form of community system strengthening (CSS). CSS will catalase improved health outcomes specifically through strengthening targeted interventions (TI) program, advocacy and rapid response to reducing stigma and discrimination, enhancing treatment literacy, greater involvement of communities in decision making and finally developing structured systems of community-led monitoring (CLM).

Under CSS, creation of the community resource pool at the national and sub-national level is given priority wherein focus is to increase capacities of community, community networks and community based organisations. This is done with the objective to enhance engagement and participation of the community in all aspects of the national program from planning, implementation and monitoring. More recently, substantial contribution is added by the community when engaged through community advisory boards at the district level. While conducting Programmatic Mapping and Size Estimation. Through the principles of GIPA, NACP also recognizes the involvement of PLHIV and affected communities by enabling individuals and communities to draw on their life experiences; thus contributing to reducing stigma and discrimination. Communities also play a pivotal role in enactment of the HIV/AIDS Act 2017 by increasing awareness and creating accountability for furthering the HIV response in the country.

Aligned with the above, the modules have been developed for "Capacity Building of Communities, Community Networks and CSOs" under CSS as part of the Global Fund grant, 2021 – 24. It is intended to intensifies efforts for building capacity and human resources, with the aim of enabling communities and community actors to play a full and effective role alongside health and social welfare systems. The modules are useful not only for the HIV program but can also be referenced by the larger public health programs towards effective community engagement in the country.

(Nidhi Kesarwani)



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सत्यमेव जयते



Message

The fifth phase of the National AIDS Control Programme, aims to attain the United Nations' Sustainable Development Goals 3.3 of ending the HIV/AIDS epidemic as a public health threat by 2030. This has warranted a focused and stronger attention to community involvement in the HIV response in India. Therefore, community system strengthening lays strong emphasis on building capacity and human resources, with the aim of enabling communities and community actors into full partnership with national health and social welfare systems.

There are new overarching strategies that are employed under NACP phase V which complement ensuring access to testing, treatment and care services. There is attention on developing new generation and integrated communication strategy for prevention, testing, and treatment of HIV and STIs. Focus is also laid on promoting launch and scale-up of social protection schemes by Central/State Governments to mainstream people infected and affected with HIV, including the vulnerable population, towards reducing inequalities and promoting inclusions. To reduce HIV related stigma and discrimination, emphasis is on accelerating the notification of State rules in context of the HIV and AIDS (Prevention and Control) Act, 2017, which is the primary legislation protecting and promoting the rights of people infected and affected with HIV. The community of key population and PLHIV will play an important role by spreading awareness, generating demand and supporting in creating an enabling environment for implementation of these strategies, especially by strengthening the process of grievance redressal mechanism.

These modules support in ensuring that information regarding the rights of the community, access to correct and relevant information regarding the programs under NACP and information on social welfare and protection schemes reaches our priority population. Under CSS, the creation of a community resource pool will complement the National level efforts to accelerate and sustain the national HIV response.

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Message

Under NACP phase V, NACO's vision for community system strengthening (CSS) is to ensure meaningful involvement of PLHIV and Key Populations to support the ongoing HIV interventions by building communities capacities and their systems. It is envisioned as an important strategy to improve the program's impact; effectiveness, efficiency, and accountability through better collaboration. It is envisioned for building capacities for reaching the unreached and hidden groups, dissemination of information, and creating an enabling environment for the reduction of stigma and discrimination.

One of the main components of CSS, is to identify and build the capacities of communities, community networks and organizations, it was envisioned to develop capacity building modules based on the needs of the community. As NACO has always involved the community through constant consultation and conversation, the same process has been followed for the development of the above. The topics covered were identified through the mechanism of community needs assessment and finalized through consultation meetings. The 6 thematic areas identified for the modules are: Advocacy; Community networks, linkages, partnerships, and coordination; Resources Mobilization; Demand Generation; Organizational and leadership strengthening; and CLM & Knowledge Management.

The modules for "Capacity Building of Communities, Community Networks and CSOs" are developed covering a range of topics that can be utilised by stakeholders like SACS and implementing partners working with community, community groups and organisations but also for the communities themselves to increase their knowledge and skills to contribute towards the National HIV program. I believe these modules will contribute to strengthening the roles of our priority populations to achieve the highest attainable standards of health, no matter who they are or where they live.


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Acknowledgment

We strongly believe that the modules developed for "Capacity Building of Communities, Community Networks and CSOs" under CSS as part of the Global Fund grant (2021 – 24) under NACP V will intensify NACO's efforts towards meaningful engagement of the communities in the National HIV response in India.

We are grateful for the valuable guidance provided by Ms. V. Hekali Zhimomi (Additional Secretary & Director General, NACO). Ms. Nidhi Kesarwani (Director, NACO) provided her valuable experience in defining the content for the modules. Dr. Anoop Kumar Puri, (DDG – CST, IEC & MS, NACO), Dr. Uday Bhanu Das (DDG – PMR & Lab Services, NACO) Dr. Shobini Rajan (DDG – TI, BSD and STI, NACO), Dr. Chinmoyee Das (ADG – CST, SI & IT, NACO), Dr. Bhawna Rao (DD – IEC & MS & Lab Services, NACO) and Dr. Saiprasad Bhavsar (DD – CST, PMR & SCM, NACO) and SACS officials for their technical inputs and contribution in developing the modules.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
BCC	Behaviour Change Communication
CBO	Community-Based Organization
CC	Community Champions
CSS	Community Systems Strengthening
CLM	Community Led Monitoring
CST	Care, Support and Treatment
COE	Centre of Excellence
CLHIV	Children Living with HIV
DAPCU	District AIDS Prevention and Control Unit
DACS	District AIDS Control Society
DSRC	Designated STI/RTI Clinics
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HCPs	Health Care Providers
HCTS	HIV Counselling and Testing Services
H/TG	Hijra/ Transgender
GANTT	Generalized Activity Normalization Time Table
HRG	High-Risk Group
IEC	Information, Education and Communication
KP	Key Populations
LACs	Link ART Centres
LWS	Link Worker Scheme
MSM	Men Having Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS & STD Control Programme
NHM	National Health Mission
NSEP	Needle-Syringe Exchange Programme
NCT	National Council for Transgender Persons
NGO	Non-Government Organization
OST	Opioid Substitution Therapy
PDS	Public Distribution System
PLHIV	People Living with HIV
PWID	People Who Inject Drug
RTI	Reproductive Track Infection
SACS	State AIDS Control Society
STI	Sexually Transmitted Infection
TI	Targeted Intervention

CHAPTER - 1.0

Introduction, Background and Overview

India is one of the countries in the Asia Pacific region that have recorded significant decreases in new infections among the key populations (KP) and significant increase in providing access to treatment among people living with HIV infection. The strategies adopted by the National AIDS Control Organization (NACO) for prevention, treatment and care have predominantly worked because the National AIDS & STD Control Programme (NACP) has kept the key populations (KP) and people living with HIV (PLHIV) at the center of its response. Working with the key groups, consulting and respecting them as the stakeholders have supported immensely in advancing the response to combat HIV/AIDS and the social ramifications of the epidemic. India in its' fight to end AIDS is at a critical juncture as the fast-track targets and India's commitment to end AIDS by 2030, warrants focused and stronger response from the key players. The key players in this regard are the community members from the key populations such as the female sex workers (FSW), men having sex with men (MSM) and PLHIV. Participation and leadership of the key players from KPs in tandem with a well-integrated national program will take India towards achieving the global goals of ending AIDS by 2030. Towards this purpose the NACP V focuses on Community System Strengthening (CSS) and empowerment and calls for community engagement at different level including cadre of health delivery system, at both NACO and State AIDS Control Society (SACS) level. Community System Strengthening aims to achieve improved health outcomes of NACP specifically for strengthening targeted interventions (TI) program, reducing stigma and discrimination, enhancing treatment literacy, greater involvement of communities in decision making and finally developing structured systems of community-led monitoring (CLM).

One of the main approaches under Community System Strengthening is to develop the capacities of communities and Community Based Organizations (CBO) and Non-Government Organization (NGO). In the year 2021, NACO conducted a series of consultations with the community members and national level stakeholders. These consultations pointed out towards the capacity strengthening needs of the community. The national level consultation also brought out the thematic areas on which training could be imparted. Therefore, in order to develop the capacities of individuals and community-based organizations, module-based trainings have been envisaged. This module and other five modules have created to address the related learning needs of the Community Champions (CCs) and CBOs/NGOs in the field of HIV/AIDS prevention program.

CHAPTER - 2.0

Purpose of Module: 1

Advocacy

This module pertains to advocacy which has an important aspect in creating an enabling environment. The enabling environment is created by advocacy at various levels such as individual, community, organizational and media. Enabling environment driven by advocacy helps in creating an environment as a result of changes in the policy, legal and social systems. These changes in turn help address the social determinants of health and rights. It is expected enabling social, legal and policy environment that may lead to behaviour change, better service access and adherence to ART regime which in turn will help achieve the goals of 95-95-95.

Target Audience of this module

The target audience of this module are the Community Champions and CBOs/NGOs representing and/ or working for the Key Populations (KPs). The key populations who are defined under the Global Fund CSS framework are those groups that meet all three of the criteria below:

1. The population experiences increased risk or burden of disease due to a combination of biological, socio-economic and structural factors;
2. Access to health services that prevent, diagnose, treatment or care for these diseases is lower than for the general population; and
3. The population experiences human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization.

Based on the above criteria, the KPs are defined by NACO as under:

Female Sex Worker (FSW)

Adult women who engaged in consensual sex in exchange for money/ payment in kind at least once as a means of livelihood in the last six months.

Men Having Sex With Men (MSM)

Adult men who had anal or oral sex with more than one male/hijra partner at least once in the last six months.

Hijra/ Transgender People (H/TG)

Sexually active adult person having more than one sexual partner in the last six months and whose self-identity does not confirm unambiguously to conventional notions of male or female gender roles but combines or moves between these.

People who inject drugs (PWID)

Adult men and women who use addictive substances for recreational or non- medical reasons, through injections, at least once in the last six months.

People Living with HIV (PLHIV)

People Living with HIV who require anti-retroviral therapy (ART) to live a healthy life.

The Community Champions and representatives of CBO/NGO may be from these KPs and some of them may also from the general population. They will constitute the training participants whose capacities will be strengthened under the CSS.

CHAPTER - 3.0

Objectives of Training

Module: 1 Advocacy

The master trainers need to keep in mind that the participants are Community Champions and the representatives of a CBO/NGO and need to hone their advocacy skills. Therefore the objectives of this training module are as under:

1. To train participants on the basics of advocacy.
2. To train participants in conducting self and individual advocacy.
3. To train participants in conducting community and organizational level advocacy.
4. To train participants in conducting advocacy with media and social media.

CHAPTER - 4.0

Expected Outcomes

It is expected that after the training, workshop participants will engage in advocacy activities. The overall outcomes are as under:

1. Advocacy strategies/community briefs driven by key and vulnerable populations to inform national strategies, plans and guidelines developed
2. Well informed communities and affected populations engage in activities to improve their own environment.

CHAPTER - 5.0

Principles of the Training Program

The participants of the workshop will be CBO/NGO professionals, activists and community resource persons with varying experience and education. The approaches used for the module cannot be a mere class room lectures kind of one-way interaction; it has to be an approach that respects as well as incorporates their experience, pre-existing knowledge and motivates them to adapt the new learning. Hence, the adult learning approach known as the **Andragogy** will be utilized for developing these modules. According to Malcom Shepherd Knowles (Malcolm Shepherd Knowles was an American adult educator, famous for the adoption of the theory of andragogy) an eminent exponent of the adult learning enunciated following core principles of andragogy are:

1. **Adults need to know** why they need to learn something before learning it.
2. The **self-concept of adult** is heavily dependent upon a move towards **self-direction**.
3. **Prior experiences** of the learner provide a **rich resource for learning**.
4. Adults typically become **ready to learn** when they experience a need to **cope with a life situation** or perform a task.
5. Adult orientation to learning is life centered and they see **education as a process of developing increased competency levels to achieve their full potential**.
6. The **motivation for adult learners is internal** rather than external.

Andragogy reorients adult educators from “educating people to helping them learn”. The methods used may range from isolated instruction within a curriculum or integrated instruction. It may also encompass intentional and unintentional learning situations. The instructions need to be organized by task and present in a manner similar to how it will be used. The learner needs to know why the concept to be learned is important in order for the learner to remain motivated. Despite the learner ultimately having control of learning through self-directed means, the trainer needs to facilitate the opportunities for the learner to experience growth.

ADVOCACY

CHAPTER - 6.0

Methods of the Training Program

The advocacy module covers the subject in great details. The facilitator is required to study the content and if needed do research to be well prepared thoroughly. The facilitator can modify presentation to meet the regional need.

This module is further divided into sub-modules with the activities and direct instructions which can be used to explain concepts. During the activity, the facilitator is expected to explain the practical implications of that activity and link it with the content. The facilitator is expected to address specific topics of immediate concern and then expand to how it can be applied in real life situations as well as for various key populations. Much of the content will be applicable to the experiences of the learners therefore a facilitator is expected to engage in active learning, use the learner experience and incorporate key learning on the spot for the better understanding of participants. Facilitator may also engage in cross learning for example learning from the successes of a particular KP group and identifying key strategies that could be incorporated towards other key groups.

This module is further divided into sub-modules with the activities and direct instructions which can be used to explain concepts. During the activity, the facilitator is expected to explain the practical implications of that activity and link it with the content.

CHAPTER - 7.0

Ethics of the Facilitator

Respect for participants

The workshop participants may come from different geographies, life experiences and diverse KP groups. The facilitator needs to be aware about this diversity and respect is the participants. The respect should translate into his/her/their way of verbal and non-verbal communication. A participant's agency should be fully respected by the facilitator.

Being non-judgemental

The facilitator should make him/her/themselves aware about the diversity of their workshop participants and must be non-judgemental towards them. No participant should be judged on the basis of their sexuality, gender identity, sexual behaviour, being in sex work and their vulnerability to HIV/AIDS.

Equality towards participants

Over and above being sensitive to the diverse participants, a facilitator is also expected to treat all the participants equally. All participants need to be given equal opportunity participate and express their views. Participants can be of varied personality such as introverts and extroverts, sensors and intuiters, thinkers and feelers, judges and perceivers. People from all of these personality type needs be given equal opportunities to participate in the workshop.

Respecting confidentiality

Team building and group work creates a comfort zone for the participants in which participants may share their deeply personal insights and stories. The facilitator has to ensure that post training, they are not sharing these insights by naming any participant. Maintaining confidentiality of the participants and proceedings is an important ethic to be followed by the facilitator.

Main Module Title	Advocacy
Module Objectives	1. To train participant on the basics of advocacy. 2. To train participants in conducting self and individual advocacy. 3. To train participants in conducting community and organizational level advocacy. 4. To train participants in conducting advocacy with media and social media.
Expected Learning Outcomes	(1) Advocacy strategies/community briefs driven by key and vulnerable populations to inform national strategies, plans and guidelines developed (2) Well informed communities and affected populations engage in activities to improve their own environment.

1.Holton, E.F., Swanson, R.A. & Naquin, S. (2001). Andragogy in practice; Clarifying the andragogical model of adult learning. Performance Improvement Quarterly, 14 (1), 118-143

2. Andragogy - Malcolm Knowles Submitted by Steven R. Crawford, scrawf@odu.edu at

CHAPTER - 8.0

1.1 Basics of Advocacy

Session: 1.1	Basics of Advocacy
Learning objectives of this session	1.To familiarize participants with the concepts of advocacy
	2.To teach steps of advocacy
Duration	2 Hours
Tools	Presentation, Flipcharts and Pen
Methodology	Presentation, discussion, group work and role-play

Session Outline

Instructions to Facilitators

This session will involve participative learning. The facilitator is expected to engage the participants to brainstorm and present their experiential understanding of techniques of advocacy. This module has pre-decided content which the facilitator is expected to revise beforehand and if need be, refer to the resources mentioned. Activities are conducted before the knowledge sharing via presentation. The facilitator is expected to weave the activity learning in the content.

Facilitator’s Lecture Content

What is Advocacy?

In simple words, Advocacy is an act or process of supporting a cause or a proposal; the act or process of advocating someone or something (Merriam-Webster dictionary). Advocacy is a tool to influence programmatic and policy matters which can bring about a change in a community, society and larger systems. Advocacy is a popular strategy which is being used by organizations, CBOs, individuals all over the world to bring about a change in the field. Advocacy is based on the field situations, action required, therefore it is planned and deliberate in nature.

The scope of advocacy is much wider in nature; it may be aimed at a small community, larger geographical area or even an entire country. For example, environmental movements typically advocate for pro-environment steps at the individual, household and local level as means to achieve the changes at the national and global level. Similarly in the field of HIV/AIDS program, advocacy is done at several levels from communities to govt. offices to bring about a change which will add to the overall goal of achieving 95-95-95 targets at the national level.

Advocacy is based on the ground realities and lived experiences of people but most importantly it is based on the fundamental rights of people that are enshrined in the constitution of India. Advocacy is a way of reminding authorities that action needs to be taken to facilitate rights of the people.

Advocacy is one of the most important pillars in the field of HIV/AIDS. Many gains in our field are due to the sustained advocacy efforts by CBOs and activists alike. Advocacy can be both, an on-going proactive advocacy work until the objectives are met or it can be a response to a situation that has emerged in our field. Community champions and CBOs need to engage in advocacy activities at several levels viz at the community, organizational and media.

Remember what is not an Advocacy

Promoting individual or an organization: Such an action is promotion or a pitch therefore it is not advocacy.

- I Information, Education and Communication (IEC): A campaign to make people aware and informed about HIV/AIDS is not advocacy however a campaign (advocacy) to invest more in certain kinds of HIV/AIDS intervention can be categorized as advocacy.
- I Project implementation: Project implementation is organizational commitment to the funder therefore it not an advocacy, however evidence generated and outcome data can help develop an advocacy pitch.
- I Fund raising: Fund raising is a part of regular work of an organization to sustain itself therefore it is not advocacy. There is however a possibility that organizations may be asked to write grants for advocacy projects.

How do you identify Advocacy gap?

You identify advocacy gap based on certain facts, field situation, framework of people's rights, legal provisions and policy guidance available pertaining to that subject. This analysis is based on what is the current situation, what is the level desired and what is the gap. You also identify the reasons behind the gap. Once you have identified the gap, your further action to conduct advocacy can be planned.



Activity: 1

10 Minutes

Case Situation

A town having a total population of 10 lakhs has six targeted interventions, two each for FSWs and MSM, one each for H/TG and PWID. While there are well established TIs for KPs in this town, there is a peculiar challenge of KPs not accessing STI services in the appropriate, registered hospitals. Instead, they choose to go to private doctors whose qualifications are dubious and some are even known to be quacks. When the CBO working with the KPs have investigated the issue, they have learnt that KPs feel that in these appropriate, registered hospital, they are made to wait longer, are segregated and feel that the allied staff is disrespectful and abusive. All the 6 TI implementing CBOs have been experiencing this challenge.

Questions

- What are the possible gaps here? (Ans: knowledge gaps about correct and free treatment)
- Why are those gaps existing? (Ans: Rumours, perception, no exposure to information)
- What needs to be done about this situation? (Advocacy with the hospital staff, talking to the community)

Advocacy Gap Analysis Worksheet

Current Situation:(1) In a community there have been rampant complaints of stigma and discrimination against the children of PLHIV in their local school. As a result of this, children are dropping out of school.

Situation (2) In a basti a few women who are “suspected to be sex workers and living with HIV” are denied access to community toilet by a few local goons.What should be the situation: As per the HIV/AIDS Act, 2017 there should not be any kind of discrimination against PLHIV or their children.

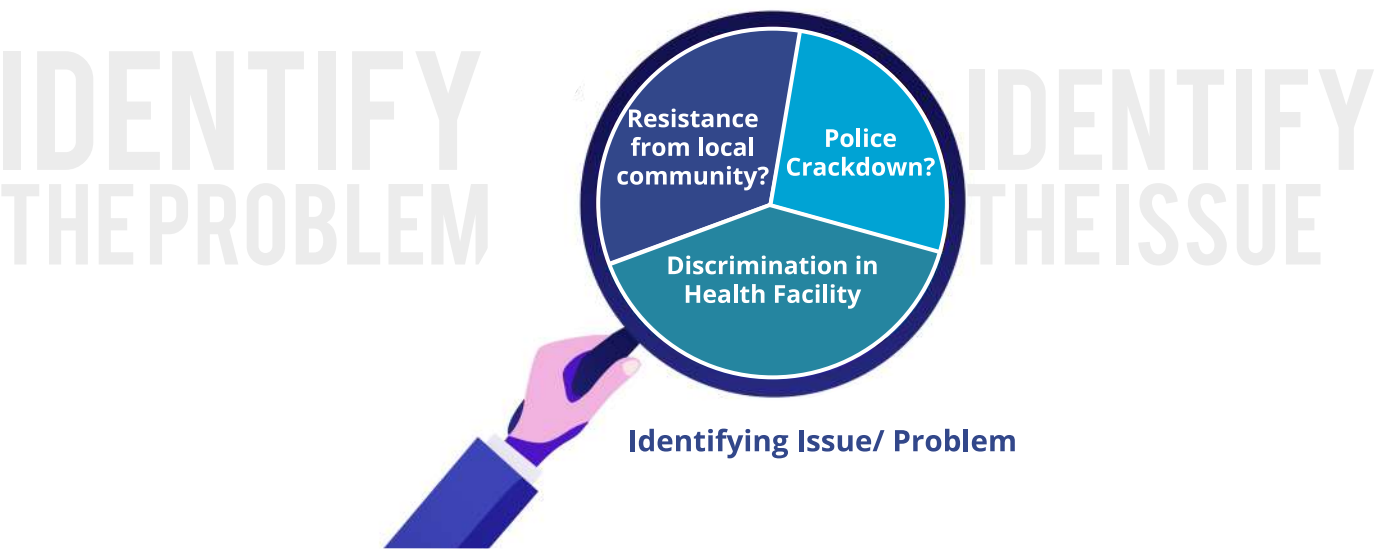
What is the situation in this community?	
Why is this happening?	
What needs to done?	
Who will do it?	
How will it be done?	
What resources will you require?	
How will you monitor the advocacy efforts?	

What are the steps of Advocacy Work?

There are simple 8 steps in accomplishing advocacy work.

Step: 1 Identifying Issue/ Problem

You select an issue or problem you want to address. If you are working with KPs in a particular area/town/ district you could select from a multitude of issues or problem areas for conducting advocacy efforts. You have to bear in mind that even though it may seem that every problem or issue is important, you have to prioritize what you will be working on.



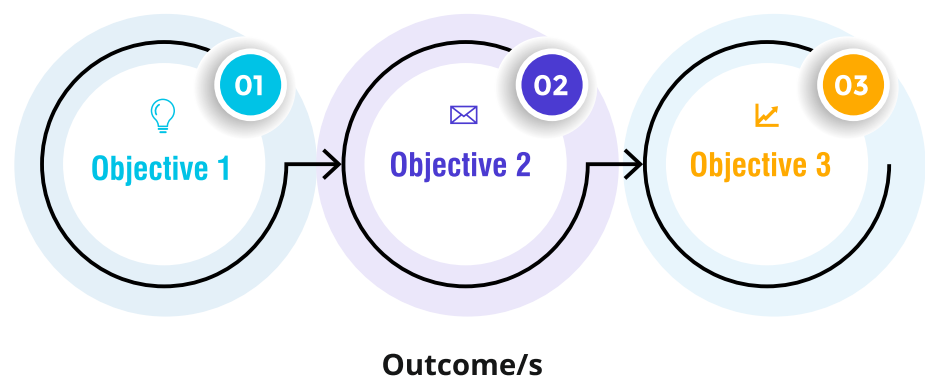
Step: 2 Analysing and Researching the issue/ problem

You have to analyse and research the issue/ problem is as it helps in developing the objectives of your work. You need to use available data, research on that issue or conduct even field investigation or situation analysis to understand the problem. You must familiarise yourself with the rights of KPs, HIV/AIDS (Prevention & Control) Act 2017, Transgender persons (Protection of rights) Act 2019 Act and NALSA judgement as well as the NACP strategy documents, as these documents help in forming compelling arguments (summary documents presented in the annexure).



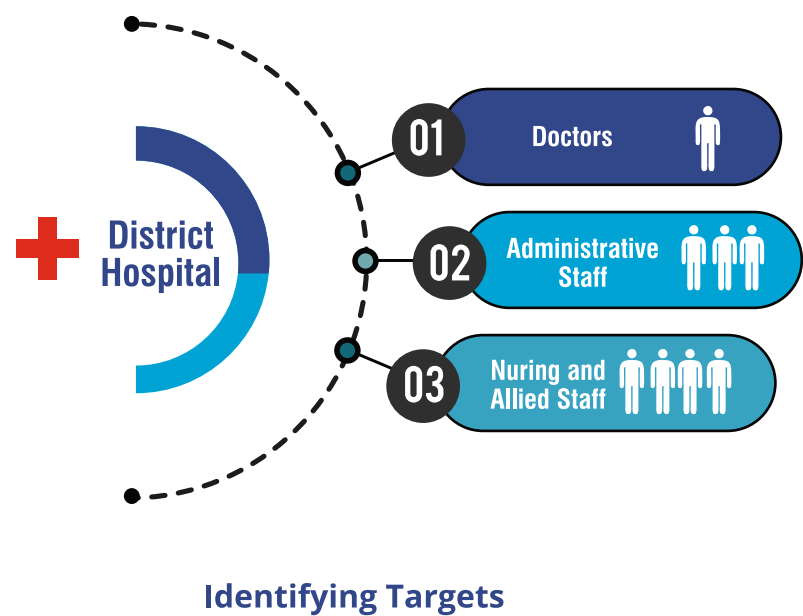
Step: 3 Developing Specific Objectives

You have to develop the specific objectives of your work; it is normally what you would like to see as the outcome of the advocacy that will bring about a change in the existing issue or a problem.



Step: 4 Identifying Targets

You have to identify who you are going to target-right people, institution or policies for your advocacy efforts will help you in achieving the results.



Step: 5 Identifying Resources

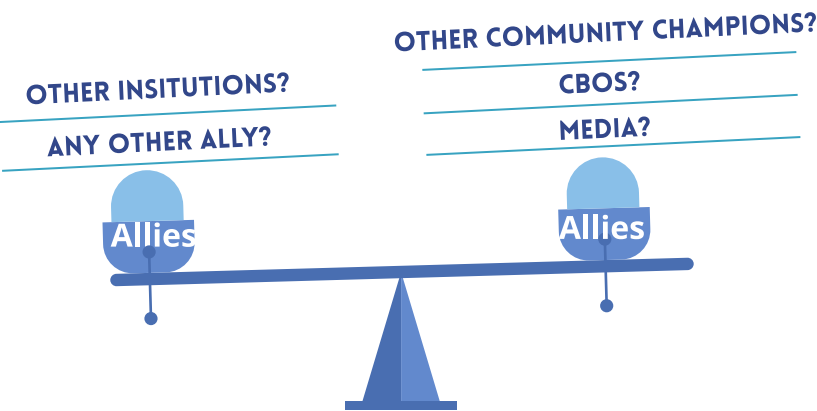
You have to identify financial, human and material resources required to accomplish your advocacy work. Advocacy may involve costs like materials, travels, consultations, experts and honorariums therefore identifying resources and planning for them is equally important.



Identifying Resources

Step: 6 Identifying Allies

Advocacy work becomes more powerful when you have more allies to support your work. A community champion/ CBO along with allies presents a very powerful front and can jointly influence for bringing about a desired change.



Identifying Allies

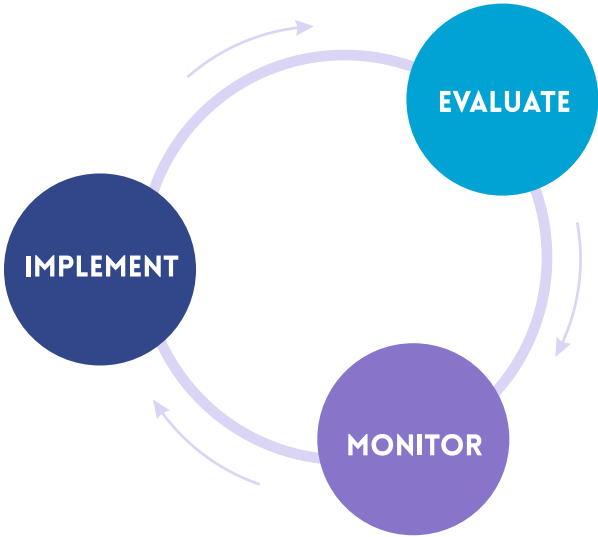
Step: 7 Preparing a Plan

Creating a plan for implementing advocacy work is highly recommended as some of the advocacy work may require sustained efforts for achieving desired change. A plan also enables you to plan your resources.

S.N.	Activities for Year1	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
		w1	w2	w3	w4	w1	w2	w3	w4	w1	w2	w3	w4	w1	w2	w3	w4
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	

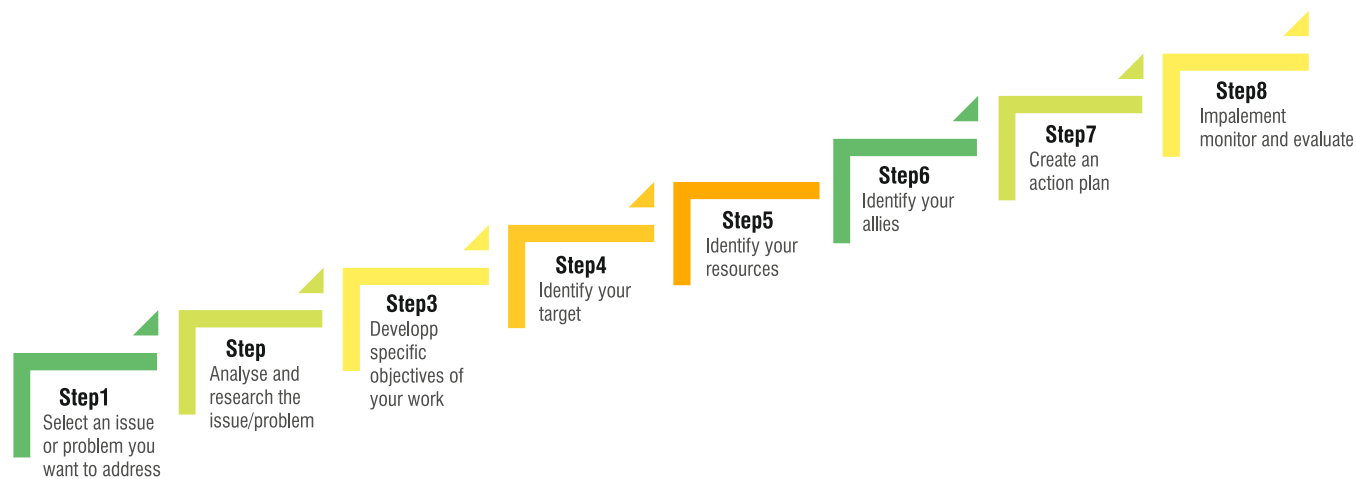
Step: 8 Implement, Monitor and Evaluate

After all the previous steps are accomplished, advocacy needs to be implemented by people assigned with this responsibility. You need to continuously monitor and evaluate whether advocacy is achieving the desired outcome or not.



Implement, Monitor and Evaluate

Steps of Advocacy Work at a Glance



Source: An Advocacy in Action- A Toolkit to support NGOs and CBOs Responding to HIV/AIDS by International HIV/AIDS Alliance

Method and Tools of Advocacy

Advocacy can be classified into two categories, Direct and Indirect methods of Advocacy. Direct method is when you are using direct, personal narratives, in person petitions and meetings, consultations, seminars and representations to influence certain issues. Whereas, Indirect methods are influencing through policy briefs, research papers and via mass media.

S.N.	Advocacy methods	Direct	Indirect
1.	Self-Advocacy	Sharing personal narratives in public forums comprising officials, Kps	Sharing personal narratives in media including print, television, radio and social media for a wider audience
2.	Individual Advocacy	Representing the KP/affected community on a specific-issue in person petition and meetings	
3.	Community Advocacy	Community to community, community to external stakeholder meetings and consultations	
4.	Organizational Advocacy	A combination of 1, 2, 3 and 5. Experience sharing, research and advocacy workshops; conference participation	Policy Briefs
5.	Media Advocacy	Directly engaging with media for advocacy, conducting advocacy workshops for sensitization on why and how to represent community and their issues pertaining to HIV/AIDS experiences	

Impact of Advocacy

This matrix explains how the outcome and impact of advocacy is generated

Level at which Advocacy challenge has emerged	Who are identifying and responding to it?	Who are possible stakeholders?			What methods will be used?	Expected outcomes	Expected impact
		Community	Private	Public			
Local	Community champions, activists and CBOs, allies	KPs, PLHIV, population at risk for HIV	HCPs, Gatekeepers other Independent players	Law enforcement agencies, District Collector DHO, Civil Surgeon, District Hospital, HOD- STI/ARTDPACU, DACS officials, media	Petition with suggestions, consultative meetings, training programs, media advocacy programs	Immediate	Change of people; community as well as officials may not sustain the change brought out by advocacy therefore actions need to be sustained on a regular basis
District	Community champions, activists and CBOs, allies	KPs, PLHIV, population at risk for HIV	DAPCU	District Collector, DHO, Civil Surgeon, District Hospital, HOD- STI/ARTDPACU, DACS, SACS officials, media	Petition with suggestions, consultative meetings, training media advocacy programs	Immediate	
State	Community champions, activists and CBOs	KPs, PLHIV, population at risk for HIV	HCPs, Health Facilities, Labs	SACS officials, State Health Department, media	Petition with suggestions, policy briefs, consultative meetings, seminars, media advocacy programs	Immediate	Long term sustained response
National	Community champions, activists and CBOs	KPs, PLHIV, population at risk for HIV	HCPs, Labs, Private Workplaces	Entire NACO and Health system	Policy briefs, consultative meetings, seminars,	Immediate	Long term sustained response



Activity: 2

20 Minutes

Case Situation

India has committed itself to the global targets of ending AIDS by 2030 and achieving 95-95-95 (95% of those living with HIV to know their status, 95% of those who know their status to be on treatment and 95% of those on treatment to be virally suppressed). The Government of India via the Ministry of Health and Family Welfare and the National AIDS Control Organization is committed to develop a comprehensive response to achieve this target with the help of the State and District AIDS Control Societies (SACS & DACS), CBOs and NGOs and private sector players. In a high prevalence state/district QWE, achieving this target of 95-95-95 is particularly challenging as among the KPs, testing is low (60%). Not just this, 30 percent of people who have tested positive are lost to follow-up and only 20 percent of people on ART have undetectable viral load. In general the CBOs and NGOs have reported the issues of stigma and discrimination, a general mistrust of the health system and poor adherence in the community. The SACS of QWE has called a meeting of CBOs, NGOs and Community Champions to work to address various challenges that may be hampering achievement of 95-95-95. The Community Champions and CBOs have decided to engage in advocacy in district QWE.

Questions

- Help Community Champions and CBOs to:
- To develop a problem statement for which advocacy is required.
- To prepare stepwise advocacy plan.
- To identify methods of advocacy.

CHAPTER - 9.0

1.2 Basics of Self Advocacy

Learning objectives of this session	1. To teach the role and importance of Self Advocacy 2. To teach steps of Self Advocacy
Duration	30 Minutes
Tools	Tools Presentation, Flipcharts and Pen
Methodology	Presentation, discussion, role plays and group work

Instructions to Facilitators

This session will involve participative learning. The facilitator is expected to engage the participants to brainstorm and present their experiential understanding of techniques of Self Advocacy. This module has pre-decided content which the facilitator is expected to revise before-hand and if need be, refer to the resources mentioned. Activities are conducted before the knowledge sharing via presentation. The facilitator is expected to weave the activity learning in the content.

Participants can read, underline key messages and share their quick views on this advocate. You can ask anyone to volunteer for self-advocacy.

Activity: 1

10 Minutes

Case Study:1 Karuna’s Story

I was co-infected with HIV and hepatitis C through needle sharing, I’m now on methadone and on antiretroviral treatment for my HIV. But in my country, Mauritius, drug users cannot access treatment for hepatitis C. I do live a very healthy life, and I work as a peer educator in a local NGO. I was the first peer educator in my country. During my first year of work, the organisation and I faced discriminatory remarks because they employed a drug user to work. Even so, we continued working together and up to now there are now more than 30 peers around the island of Mauritius.

Now I also represent women living with HIV for my country and I participate in international and regional conferences. My message is never give up! We are all human beings and have equal human rights. We need to fight and make people realise that WE ARE ALL EQUAL.

<https://www.avert.org/living-with-hiv/stories/karuna>



Show this video and discuss the self-advocacy aspects.

https://www.youtube.com/watch?v=8W1oBY3Qy_g
<https://www.youtube.com/watch?v=UNvY52NBrk4>



What is Self-Advocacy?

Self-advocacy is the ability to speak-up for yourself and the things that are important to you. Self-advocacy means you are able to ask for what you need and want and tell people about your thoughts and feelings.

Self-advocacy means you know your rights and responsibilities, you speak-up for your rights, and you are able to make choices and decisions that affect your life.

Who is a Self-Advocate?

- Someone who says what they think and feel.
- Someone who speaks-up for things they believe in.
- Someone who knows and understands their rights and responsibilities.
- Someone who takes responsibility for their own life.
- Someone who makes decisions that affect their life.
- Someone who helps to improve their life.
- Someone who tries to change the way things are done.

How do you Self-Advocate?

- You need to decide what you want to speak-up about.
- You need to plan how you are going to speak-up.
- You need to speak-up for yourself.
- You need the freedom to be able to make basic choices about your life.
- You need to be given the authority to be the expert on your life; you are the one who has to live your life so you should be able to make decisions which affect you.
- You need to have support to make and achieve your goals, the final decision should be yours but it is good to have other people to help you.
- You need to be responsible for your decisions. You need to try to make the best choices and fix those that did not work.
- You need to believe you are able to do the things in your life that are not working and work towards the things that are important to you.



Source: <https://selfadvocatenet.com/what-is-self-advocacy/>

Importance of Self-Advocacy in Our Field

In the field of HIV/AIDS prevention Self-Advocates have played a very important role in giving a face to this highly stigmatizing disease. They have volunteered to openly speak about the disease when no one wanted to speak and be seen as a PLHIV. Their stories of battling the disease and stigma have provided immense courage to the other infected and affected persons. Self-advocates often make their representations on national and international forum to impact the policies at the global level. Their vocal advocacy towards stigma free services, free medication, community support, supportive legislations and social entitlements have brought about a lot of policy changes in India. These advocates have engaged with KPs, PLHIVs and their families shared their personal stories and have given strength and guidance to scores of people.

How does Self-Advocacy work?

- A person, champion or a community representative who is confident and self-assured, volunteers to advocate/speak up is an ideal self-advocate. Such a person is fearless and is ready to deal with the consequences that come with being an advocate.
- Self-advocates share their personal narratives and stories of their life as KP, PLHIV and also share experiences of the HIV/AIDS Program.
- Self-advocates give a message of hope for the future.
- Self-advocates share their experiential learning and views on what more needs to be done. They make important contributions towards shaping policies by participating in state, national and international level consultations and seminars.
- Sharing personal stories in media, social media and you tube and presence in key meetings are some of the ways in which advocates engage in self advocacy.

Steps to do Self-Advocacy

- **Step: 1** Deciding to speak up is a decision you need to make based on your ability to deal with the consequences that come after revelation of your sexual, gender identity, sex work, drug use, mental health condition or even PLHIV status. You should be aware about your rights.
- **Step: 2** Planning what to speak; it could be about the issues that concern that you think deserve attention and will be for your and your community's great good. A what, when, where, how, why, who and now is a good way of recording your key self-advocacy points.
- **Step: 3** Selecting an occasion to speak is important as some occasions like the World AIDS Day, National Consultations Provide a plat for to get noticed by officials and common public alike.

- **Step: 4** Selecting a particular media to speak is as important- you can select from a range of multiple mediums such as print, electronic and social media. Your advocacy method gets tailored as per the medium.
- **Step: 5** You can share messages of free treatment, hope and support in your advocacy.
- **Step: 6** Keeping yourself updated and engaged of rights, acts and policies in advocacy efforts will make you a very effective and powerful community champion.

CHAPTER - 10

1.3 Basics of Individual Advocacy

Learning objectives of this session	1.To familiarize and teach the role and importance of individual advocacy 2.To teach steps of individual advocacy
Duration	30 Minutes
Tools	Presentation, Flipcharts and Pen
Methodology	Presentation, discussion and group work

Instructions to Facilitators

This session will involve participative learning. The facilitator is expected to engage the participants to brainstorm and present their experiential understanding of techniques of individual advocacy. This module has pre-decided content which the facilitator is expected to revise before-hand and if need be, refer to the resources mentioned. Activities are conducted before the knowledge sharing via presentation. The facilitator is expected to weave the activity learning in the content.

Lecture Content for the Facilitator

In individual advocacy a person or group of people concentrate their efforts on just one or two individuals. According to the group Advocacy for Inclusion ***"Advocacy is having someone to stand beside you if you think something is unfair or that someone is treating you badly and you would like to do something to change it."***

There are two common forms of individual advocacy - informal and formal advocacy. When people like parents, friends, family members or agencies speak out and advocate for vulnerable people may be called informal advocacy. Formal advocacy more frequently involves organizations that pay their staff to advocate for someone or for a group of individuals.

With respect to KPs and PLHIV an individual formal advocacy is a standard method of addressing challenges and removing barriers. The health workers, ORWs and CBO staff continuously formally engage with the health care providers and DAPCU for highlighting cases that require official intervention.

Steps to do Individual Advocacy

Step: 1 First thoroughly understand the issue by speaking with the aggrieved person and discuss the matter with your team. One or two health workers or CBO personnel can seek a meeting with the concerned authority and communicate their concern.

Step: 2 Draft a letter citing the entire incidence, consequences and seek intervention. You can also offer a solution/ suggestion from your side if it is required. Letter should be on an official letter head.

Step: 3 If the aggrieved party has formally complained to you, you can attach copy and any other documents.

Step: 4 Applicant can sign and submit along with copies submitted to other relevant authorities. At the time of submitting this letter you can take the received stamp from the relevant office.

Step: 5 You can follow up and send reminder letters if the matter is not resolved.

Step: 6 If the matter is resolved, then write a formal letter acknowledging and appreciating official action.



Source: <https://cedwvu.org/resources/types-of-advocacy/>



Activity: 2

15 Minutes

Draft a letter to DAPCU to report a matter regarding a KP PLHIV.
Decide the matter and then expand it as per the given format.

Template for Advocacy Letter Type: Advocacy Letter with Govt. Officials

Date
To,
Shri/ Shrimati /Dr. _____
_____ (Designation)
_____ (Department)
_____ (Place District)

Dear Sir/ Madam,
Greetings from__

I am/ We are representing the **community group/ CBO** working for the welfare of the **community** (name). We have been working with the community for HIV prevention for past ____ years. We would like to highlight the **problems** faced by the community at the **govt. facility (name and location)** on a regular basis. Our community members have shared that they **experience__ (share the issues)__** and (facts, evidence supporting the cause).

As a result of this, the community has been experiencing__ (state the impact). We are concerned that this issue is likely to have **state** the impact on **__ (what)**.

We would request you to look into this matter and facilitate **__ (mention the action required)**. I/ we will be happy to extend any cooperation with you in order to find a solution to the above stated challenges.

Looking forward to your favorable response.

Thanking you,
Yours sincerely,

Name
CBO/CC
Address and Stamp

Enclosed: Any complaint copy/media report
CC: Copies sent to__

CHAPTER - 11

1.4 Basics of Community & Organizational Advocacy

Session: 1.4	Basics of Community & Organizational Advocacy
Learning objectives of this session	1.To familiarize and teach the role and importance of Community Advocacy
Duration	45 Minutes
Tools	Presentation, Flipcharts and Pen
Methodology	Presentation, discussion, group work activity and role-play

Instructions to Facilitators

This session will involve participative learning. The facilitator is expected to engage the participants to brainstorm and present their experiential understanding of techniques of Community and organizational Advocacy. This module has pre-decided content which the facilitator is expected to revise before-hand and if need be, refer to the resources mentioned. Activities are conducted before the knowledge sharing via presentation. The facilitator is expected to weave the activity learning in the content.

Activity: 1

10 Minutes

Case Study: CBO of H/TG (Interview excerpts)

Lavanya clarified that the ration card issued by the Ration Kruti Samiti is a social entitlement, which is very hard to secure as Hijras lack documented proof of residence and family. Getting these ration cards was very important, as through PDS they could get fixed quota of ration including rice, sugar and kerosene at a concessional rate (rice 1 rupee a kg). Since most of the Hijras lacked identity cards, their applications were organised under the letterhead of CBO. Lavanya and other members of Godavari Sanstha went to the ration office and requested the officer in following words:

Sir we do not want ration card as an identity proof but we want ration card for food grains.'

Due to the fear of Hijras, the ration officer would not visit their homes for survey. Godavari Sanstha offered to support this officer with the survey. This officer agreed to visit the homes of Hijras on this condition that he would be supported by CBO members in this exercise. Ration officer surveyed homes of Hijra and noted a house of guru and his disciples as a family unit and one household for the ration card. After this exercise pink ration cards were issued to Hijra households. Lavanya said that their efforts in convincing and supporting ration officer has yielded good results as now ration officer does not have an issue in coming over to conduct surveys of Hijra household for ration cards. Lavanya says that ration card has ensured food security for the community members.

In similar way they advocated with the Union Bank. Lavanya said that with the Bank Manager, they mostly focussed on the social service aspect of their CBO which convinced the manager who allowed opening of the bank accounts with minimal documents. This bank helped on the basis of CBOs documents and enabled a no frill account up to rupees 1 lakh for savings account for community members.



Activity: 2

10 Minutes

Case Study: Community Advocacy Needs (Discussion Excerpts

Ganesh and Santosh are Health Coordinators at a CBO which is working on the health and human rights of a marginalized group in a metropolis city. The CBO also implements TI and also have a PLHIV support group. In their over 15 years of experience, both Ganesh and Santosh seen HIV programs moving from challenges of ART, CD-4 testing to easy availability and accessibility to ART, CD-4 testing and Viral load monitoring. They both feel that while the HIV/AIDS related services have improvised drastically, the awareness on HIV prevention and transmission is so low that very young PLHIVs, as young as 18 years have no knowledge about HIV and how they got this infection.

Even the fear and stigma persist which adversely impacts health of KPs. They feel that even as the HIV programs have drastically improved, there is a need to change the attitude of the community members. They require more education on the benefits of free testing and treatment services, drugs, ART adherence, U=U and social entitlements. They feel time has come for community to take full advantage of free services and lead a normal healthy life. While a mass media campaign might be good for awareness, for KPs, CBOs and community advocates contribute immensely towards creating not just an enabling environment but also a support system for testing, treatment and adherence.



Discuss these case studies and the type of advocacy (Case study 1 - Community to local stakeholder, 2- community to community)

Lecture Content for the Facilitator

Community Advocacy is an important aspect in bringing about a change at the local and community level. Even at the community level the process of advocacy remains the same. Meetings with the officials and explaining your issue and challenge is first step. Community members must utilize DAPCU meetings to raise their issues. Before Community Champions and CBOs highlight issues, its' important for them to have a discussion on how they can present their issues and seek desired action/ cooperation from various stakeholders.

Form groups as per participant's understanding of KP issues and assign them this task.
Group-work



Activity: 1		Group in Focus		20 Minutes
S.N.	Issues for Advocacy	What are issues for your group	With whom will you raise?	How will you raise?
1	Rights of KP (take up any)			
2	Access to Prevention Services			
3	Access to treatment services			
4	Social entitlements			
5	Health issues other than HIV			

Organizational Advocacy



Activity: 1

15 Minutes

Have a discussion among your group regarding which organizations/CBOs engage in regular organizational advocacy by using this worksheet

Worksheet

Organization Name	Representing Which KP group?	What Issues they raise?	What Advocacy Methods they use?	Any Successful examples of their Advocacy?
1.				
2.				
3.				
4.				
5.				

Alternate Activity 1:

15 Minutes

Role Play

Seek four volunteers from the participants. Two participants will represent an organization and two participants will represent a govt. department. These four participants have to discuss amongst themselves (1) advocacy issue of an organization (2) officials/ HCPs with whom advocacy has to be done.

Lecture Content for the Facilitator

At times community and organizational advocacy are used interchangeably as many CBOs/NGOs working for KPs and PLHIV are also founded and run by community members themselves. The reach and impact of such organization is not limited to local communities but at regional and national level as well. These organization are also recipients of local and national level grants which allows them to engage in at various levels and use direct and indirect advocacy strategies. Such organizations have a well-established monitoring and evaluation system, therefore are able to generate evidence to engage policy makers. Large organizations and CBO have separate department and trained professionals to carry out their advocacy work on a full-time basis. CBOs and NGOs are also part of networks that enables them to carry out pan-India collective advocacy for rights.



Organizational Advocacy Framework

Advocacy type	Level		
	Local/ District	State	National
Self-Advocacy	Advocates at the local level who are a part of any organization engage in self-advocacy. Some of these advocates are also on media thus their reach is far and wide at the state, national and even at international level		
Individual Advocacy	Local level, TI level, with DAPCU, District administration		
Community Advocacy		With SACS	
Organizational Advocacy		With SACS, Law enforcement agencies, HCPs, Network based collective advocacy	National level consultations, disseminations, participation in think tanks and resource groups, engagement with NACO, policy and research briefs, legal matters
Media Advocacy	Local media	State level media	National level media, social media

CHAPTER - 12

1.5 Basics of Media Advocacy

Session: 1.5	Basics of Media Advocacy
Learning objectives of this session	1.To familiarize and teach the role and importance of media advocacy 2.To teach step of media advocacy
Duration	90 Minutes
Tools	Presentation, Flipcharts and Pen
Methodology	Presentation, discussion, group work and testimony sharing

Instructions to Facilitators

This session will involve participative learning. The facilitator is expected to engage the participants to brainstorm and present their experiential understanding of techniques of Media Advocacy. This module has pre-decided content which the facilitator is expected to revise beforehand and if need be, refer to the resources mentioned. Activities are conducted before the knowledge sharing via presentation. The facilitator is expected to weave the activity learning in the content.



Source:

The Media and HIV/AIDS: Making a Difference, UNAIDS, 2004
https://data.unaids.org/publications/irc-pub06/jc1000-media_en.pdf

Activity 1:

10 Minutes

This is an open discussion on participant's observation and experiences regarding media advocacy. The facilitator can ask following questions:

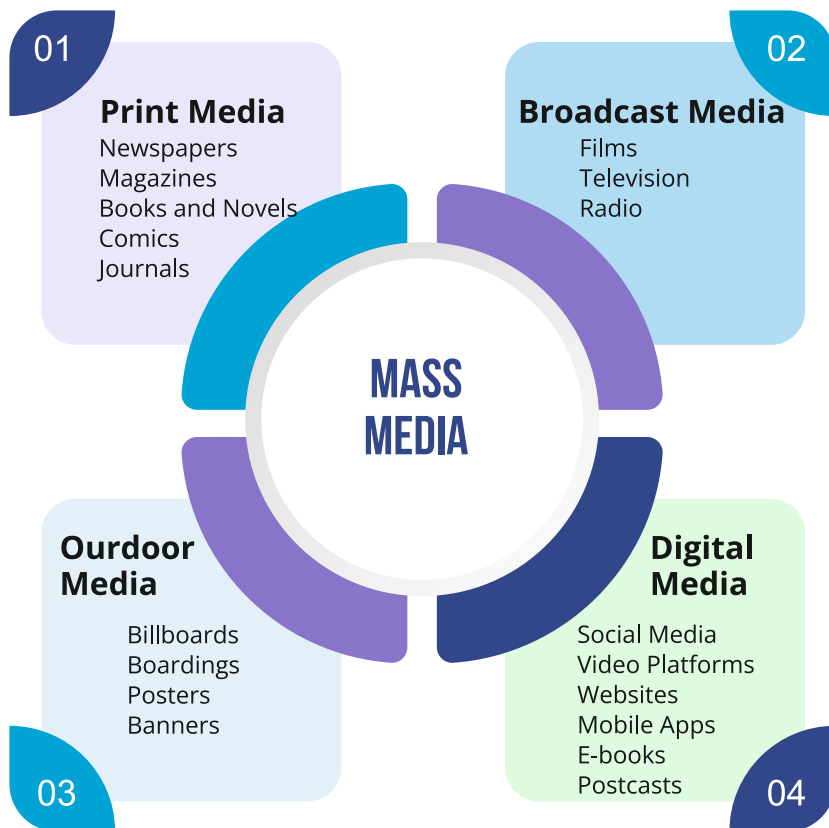
- Do we need media and reasons why?
 - Is media playing any role in health sector?
 - Does media cover issues of KP, PLHIV?
 - What issues are covered?
 - What are the trends in media coverage of these issues?
 - Does media have a role to play in ending AIDS?
- With this discussion, the facilitator will move to the lecture content.

Lecture Content for the Facilitator

According to UNAIDS (2004), media have a pivotal role to play on the fight against AIDS. It is often said that education is the vaccine against HIV. Media can do following towards HIV/AIDS:

- Talk about HIV/AIDS
- Create a supporting and enabling environment
- Challenge stigma and discrimination
- Promote HIV/AIDS services
- Educate and entertain
- Mainstream the issue
- Put HIV/AIDS on the news agenda and encourage leaders to take action
- Share resources
- Build capacity

There are broadly four means of mass media that are used in talking about the issues of HIV/AIDS.



Why Should Community Champions and CBOs engage in Media Advocacy?

- Media plays an important role in creating an enabling environment as they have a wider reach, therefore can easily reach people with their message.
- Through media all the messages pertaining to behavior change, testing and treatment as well as community's issues and rights, their portrayal in media can be communicated.
- Certain issues such as the rights related violations, stigma and discrimination, when reported in media, makes authorities more accountable to the community.

Preparation for engaging in Media Advocacy

- Prepare a plan in case you are planning to have an advocacy campaign.
- Keep the data, advocacy, case details ready.
- Keep those Community Advocates ready who can talk to the media as well people who can give testimony.
- Keep a resource directory ready in case there are any queries from media or media users.
- Be prepared for a backlash from anyone after the advocacy campaign or activity has been accomplished.

Steps of Conducting Media Advocacy

Step:1 Identify the target audience: Identifying the right set of audience is necessary to make the campaign effective. Age, gender, socio-economic class, language, religion and geographical areas are key factors of target audience. Once the audience is identified, they should be compartmentalised into the above factors. The end sets of the audience may have multiple combinations of these factors present and with a deeper understanding of their functioning, you will be able to customize the most suited campaign.

Step: 2 Mind your language: The language addressing a marginalised community should always be appropriate and respectful. Thorough research should be done to grasp any alternate language, terminologies, their meaning and usage while using it during an Advocacy campaign. If there are too many terminologies, jargon or abbreviations, it is advised to make a glossary for the audience to be able to grasp the information.

Step: 3 Design your Content: The content refers to the tone, the complexity of the text, the design aesthetics, the figures of speech, the graphics and illustrations used and the overall effect of it all. The content is the best way to manage the thin line between a large audience and a specific audience. While designing content following points have to be considered.

- 1) **Note down the attributes to focus:** Always note the attributes to the target while forming an article and then ensure all the necessary points are covered.
- 2) **Text:** Use simple text and make it crisp. Unless the article demands it, avoid using complex language to reach out to a bigger audience.
- 3) **Graphics:** Always understand the tone of the message to denote the right image with it.
- 4) **Print Media** gives the option to be descriptive or brief depending on the mode of sharing information. The other types of media advocacy options may have limited options to share detailed information.
- 5) You can create multiple designs using **www.canva.com**

Step: 4 Identifying and publishing/posting it on the right media: Choosing the right media type and then the channel to share your content is important to be efficient and relevant and to ensure the efforts put are directed towards an upward movement. Connect with the right spaces and platforms that will ensure you get appropriate visibility. For example, if an article is focused to cover financial repercussions of the marginalisation of a community, the target audience would be those that access media for financial information such as Financial Newspapers, Magazines, etc.

Advocacy on Different Media

Print & Electronic Media Advocacy

- Identify key newspapers and tabloids who are popular in your district.
- Sensitize the editor and journalists on the work that you or your organization is doing with the key populations. Share the importance of your work by referring to India's commitment to end AIDS. Emphasise on how the NACO program via SACS is working with the KPs at the grass-root level.
- Build relationship with sensitive and community friendly editors and journalists. Contribute articles and share latest knowledge of HIV/AIDS program with them.
- Organise capacity building program for media personnel. This should focus on scientific information, latest legislation and expected appropriate reporting language by media.
- Invite media personnel on key community events like the World AIDS Day, International Women's Day, International Sex Workers' Day, Transgender Remembrance Day, Pride Month, International Day Against Homophobia and Transphobia. You could also invite them to other fun community events.
- Be available to give quotes and share photos/ make TV appearances-identify a strong spokesperson or a community advocate who is comfortable in doing so. Also identify some of the openly out and comfortable self-advocates who can give testimonies to the media.
- Helps in reducing stigma and discrimination among youth and general population.
- Share any published data, research papers and other resources.
- **Prepare a press release:** In order to make a press release follow the below steps:
 - a) Identify necessary press platforms, brands and fetch the necessary points of contact. You may use LinkedIn/ Social media to get contacts.
 - b) Create a document sharing all the necessary information along with an introduction to your entity, the need for the article to be published and the expected outcome.
 - c) Share this document with the identified contacts at the earliest, while it is relevant. The over-availability of information may lead to reduced priority to marginalised conversations. This is the Advocacy team's responsibility to ensure they push their envelope and get the article visibility via a release.

Examples of Testimony



Nicholas Snow

Nicholas Snow, 52, maintained regular HIV tests his entire adult life and always used barrier methods. Then, one day, he had a “slip” in his sexual practices.

A few weeks later, Nicholas began experiencing severe flu-like symptoms, a common sign of an early HIV infection. Five months after that, he had his diagnosis: HIV.

At the time of his diagnosis, Nicholas, a journalist, was living in Thailand. He has since returned to the United States and lives in Palm Springs, California. He now attends the Desert AIDS Project, a medical clinic devoted entirely to the treatment and management of HIV.

Nicholas cites a common problem when it comes to HIV transmission: **“People describe themselves as drug- and disease-free, but so many people who have HIV don’t know they have it,”** he says.

That’s why Nicholas encourages regular testing. **“There are two ways of knowing a person has HIV — they get tested or they get sick,”** he says.

Nicholas takes daily medication — one pill, once a day. And it’s working. **“Within 2 months of beginning this medicine, my viral load became undetectable.”**

Nicholas eats well and exercises often, and besides an issue with his cholesterol level (a common side effect of HIV medication), he’s in great health.

Being very open about his diagnosis, Nicholas has written and produced a music video that he hopes encourages people to be tested regularly.

He also hosts an online radio show that discusses, among other things, living with HIV. **“I live my truth openly and honestly,” he says. “I don’t waste any time or energy hiding this part of my reality.”**

<https://www.healthline.com/health/hiv-aids/true-stories-living-with-hiv#Nicholas-Snow>



Activity 2:

5-7 Minutes

Call two volunteers who can volunteer to give testimony on any of the following:

- (1) Positive experience in a govt. run Covid care or vaccination center or experience of vaccine.
- (2) Experiences related to using a socially useful product like solar cooker or earthworm based vegetable recycling bin.

Social Media Advocacy

Social media is a very powerful advocacy tool as it reaches a wider audience and action is almost very quick.

An example: Impact of Social Media Advocacy

There was an incidence of atrocities against transgender women in a north-eastern state. The local media reported this incidence while using objectionable language and revealed identities of TG women against whose human rights were violated. An eminent CBO decided to conduct social media advocacy to address this situation. A solidarity note was circulated on Instagram and tweeter. The concerned CBO also offered to work with the police and media to sensitise them in order to prevent such incidences from taking place. Relevant Hashtags were used.

Impact

The local authorities immediately responded to this advocacy action. They underwent sensitization program and showed their further commitment to understand community issues. They also shared picture of their workshop and thanked the local activists and CBO for their support on social media platform tweeter.

This is comparatively a newer form of advocacy emerging after the Internet boom in the late 2000s. Along with the content there are some more attributes that are to be considered and followed while using Social Media for Advocacy.

1) Hashtags: These are keywords that denote the essence of the content you are communicating. Clicking on a hashtag redirects you to a webpage with collated content where the same hashtag has been used. Reversely, the audience seeking content about a particular topic will end up on your content. The best way to use the hashtags is to use the perfect combination of common widely used hashtags to get more visibility and some unique hashtags to ensure your content does not dissolve in the abundance of related content. There are various tools that may be used to identify the best hashtags but the accuracy level varies. For eg. If you have content talking about an event that is aiming to nurture Young Queer Leaders, use the hashtags #Youth #Young #LGBTQ+ #Leadership. You also should use brand building hashtags such as #EQueL #TheHumsafarTrust



2) Tagging: this action denotes hyperlinking a different webpage that the main content can redirect the audience to. Tagging is done to ensure cross promotion during a collaboration, redirection from a glimpse to a detailed content. You can tag a page for an organisation or a person. Tagging also helps in notifying the followers of those tagged to get a chance to view your content and increases visibility of your content.

How to tag? Type the special character “@” and then type the name of the profile you want to tag. For eg. @UnitedNations and then suggestions will drop down. Select the right suggestion to tag.



The Humsafar Trust
 748 followers
 2w •

The Humsafar Trust recently collaborated with [BMC Software](#), an Information Technology & Services company, as a part of HST's engagement plan with corporate companies.

BMC Software is active in supporting charitable programs, humanitarian efforts, and sustainable projects that advance digital literacy, digital interventions, and technological equity under the [#BMCCares](#) their worldwide program that empowers employees to make a real difference in the communities where they live and work.

The Humsafar Trust strongly supports such commitment to [#Diversity](#), [#Equity](#), and [#Inclusion](#) (DEI) via various formal and Informal sensitization sessions, awareness sessions, & community support initiatives.

The Humsafar Trust was actively supported by [#BMCCares](#) for a pilot campaign for providing education, upskilling & livelihood support to 50 LGBTQ+ individuals in India. [#BMCCares](#) also teamed up with The Humsafar Trust to donate laptops to the marginalized LGBTQ+ communities to promote digital literacy & digital accessibility.

The Humsafar Trust is proud to partner with BMC Software in providing support to the marginalized [#LGBTQ+](#) population in India and we look forward to welcoming and engaging with similar organizations and helping them create inclusive workplaces.

[Sakaar Anand Wendy Rentschler Chaula Diwanji](#)

[Tinesh Chopade Sudhanshu Latad \(He/ His/ Him\)](#)

[#Lesbian](#) [#Gay](#) [#Bisexual](#) [#Transgender](#) [#Equity](#) [#Equality](#) [#DiversityAndInclusion](#)
[#CSR](#) [#CorporateSocialResponsibility](#) [#SafeSpace](#) [#InclusionAtWorkplace](#)
[#Transman](#) [#Transwoman](#) [#Queer](#) [#HumanRights](#) [#EqualityAtWorkplace](#)
[#education](#) [#community](#) [#sustainable](#) [#informationtechnology](#)

There are various platforms of advocacy that may be used to make a difference. Let us know a little more about them:



Whatsapp

This is essentially a Messaging application which claimed popularity and became mainstream and thus became an effective tool for Advocacy at a mass level.

Type of Content: Short messages, Images, Videos (Small files), Links, Google Forms, Meeting invites, Stories, etc.

The attention span given to a Whatsapp notification is very less and thus the content has to be very crisp in order to have the maximum result. Too long and descriptive content may get overlooked as Whatsapp is looked at as a means of communication.

In case text is not your best strength, a video message is a great way to use Whatsapp to send a message. Voice Notes also make it easy for direct communication with a bigger audience, it is a tool to send an audio message.

Since this is a Messaging application - Hashtags and Tagging are not the tools to be used on this platform.

Broadcast Lists can be made upto 256 people per list to ensure one message goes out to 256 individuals in one go. Please note this is different from a Group chat. This is a one way communication model. Community events, facilities related information can easily be shared on Whatsapp.



Activity 1:

10 Minutes

Create a Whatsapp Broadcast of relevant audience. Share an image along with the rightfully designed caption and broadcast it. The broadcast message should be as long as your screen size. You may also broadcast a Video or Audio message.

Steps:

- a) Open the Whatsapp Application
- b) Tap on the three dots on the top right corner of the screen.
- c) Tap on New Broadcast
- d) Select the contacts you would like to add to the broadcast for receiving the message.
- e) Once you are done, tap on the Green Tick on the right bottom corner
- f) You can name the broadcast list in case there are various types of lists you wish to make.
- g) The Broadcast chat opens.
- h) Create a nice broadcast message and share it here.



Facebook

There are various features on Facebook that act as advocacy tools in different forms. Most importantly it can help you create a community like Yaariyan which is a secret facebook group LGBTQ+ youth and their allies.

Profile: This is a tool to be used by an individual to create their presence on Facebook, interact with relevant individuals, follow relevant pages, participate in relevant groups, share the content that they need to amplify and wish to bring conversations about. Anything posted via a profile will reach only the people added as friends. Others will view the content only if they specifically visit the profile's timeline.

Page: Pages are generally created to share content about a certain initiative/ organisation/ interest. A single individual via a profile can handle multiple pages as the Admin of the page. The admin has complete access to how a page functions, the content shared and furthermore. The page tool helps an individual create a separate entity for specific conversations and act separately. This can also be managed by multiple people together where the accessibility and controls may be customised for every admin of the page. Pages have a better reach for content as they appear on the feeds of people who have interacted with similar content. Combining this with smart use of Hashtags and appropriate tagging helps the content to be reached to maximum audience and create a bigger momentum.

Know more here:



https://www.facebook.com/help/282489752085908/?helpref=popular_topics

Groups: This feature is offered by Facebook for like minded individuals to connect and interact, share content and have discussions. Groups accessibility may vary depending on whether they are Open groups or Secret groups which are accessible via invitations only. The reach of content sharing in a group is limited to its participants and is more efficient to use if the content you are sharing and the group interests are aligned. The conversion rate for sharing content in a group is high since this is a focused set of audience who are interacted with by an individual often. Hashtags may not be the best tool to be used with this feature however, Mentions and Tagging helps with the visibility of content shared.

Know more here:



https://www.facebook.com/help/1629740080681586/?helpref=popular_topics

Stories: This feature helps create an advertisement of the detailed content and acts as a predecessor to the main post. This is an efficient tool. It consumed the lowest amount of time to reach a large audience. The content in this has to be as effective and as summarised as possible. Use of audio, stickers give it more focus and increase consumption of content.



Instagram:

The features offered by Instagram and Facebook are similar.

Profile: The feature of follow and follow back helps content stay relevant to its users. One gets to view the information that they have decided/ followed to see from a particular source.

Story: Instagram story is a popular tool to bring attention to a topic by a glimpse image. You can redirect a story to a link, music, video, image, content, etc. 3 seconds is the average attention span given to a story on how it looks in the first glimpse. The agenda for a story is to catch attention and not share information.

Instagram Live: You can collaborate with upto 3 profiles and do a live telecasted interaction with this feature. This is an efficient tool for information dissemination in an interactive mode.

Reels: This is an unexplored territory for Social Work and Advocacy however has proved to be a great feature for the Entertainment industry to reach out to a huge chunk of audience.

Facebook and Instagram Boost: This is a feature provided by Facebook Creator Studio to offer a paid option to promote content more and give higher visibility. Using the Creator Studio one can pay to boost their post and it will show up in the feeds of relevant audiences even if they are not following you. The charges vary depending on the tenure, the audience affected, etc. This is done using AI Algorithms that Meta has in place.

Influencers: These are individuals with a high following/ subscribership and can influence a big chunk of the audience to advocate for your cause. These influencers generally collaborate in the form of creative content to bring up the message.

You can effectively find communities, build communities by selecting and posting right content and bringing right community advocates.

Activity 2:

10 Minutes

Make a story, add stickers, add audio and redirect it to an Instagram post talking about a detailed Advocacy initiative.

Steps:

- a) Open the Instagram Application.
- b) Tap on the + icon on the top right corner and select the Story option.
- c) You can then either pick an image already captured or select the camera option to click a fresh photo.
- d) Once you have selected the image, there are 5 features on the top right side:
 - Add Brand Partnership** - This is for adding a funder or sponsor.
 - Aa**: This feature lets you add text to your story image.
 - Sticker**: You will get multiple options to make your post creative and interactive. Pick the suitable option and accord.
 - Filter**: This feature lets you beautify the image you wish to put on your story.
 - Three dots**: This feature lets you save the image and also free hand draw on the image.
- e) Tap on Your story to upload the image.



Twitter

It is considered to be a formal, official space to make declarations. Every relevant organisation, body, entities have an official Twitter account. Twitter is a great avenue to mark your presence and stand a chance to get recognised. A post on Twitter is called a Tweet. This Tweet has a character limit of 280 characters. To ensure the most efficient use of letters is done, photos can also be used to share more data beyond character limit. Always use relevant and popular hashtags on Twitter for getting recognised. Twitter can take up local issues to national level and draw necessary official response.



Activity 3:

10 Minutes

Steps:

- a) Open the Twitter app on your phone.
- b) Tap on the + Icon on the right bottom corner and select the suitable option of a Photo or a Tweet.
- c) Type in the tweet. Please ensure this gives maximum detail in the least amount of words. Do not bother on punctuations, and focus on giving out the complete message.
- d) Once you are done forming the tweet, tap on the 'Tweet' option on the right top corner for it to post. Please note you cannot edit a tweet. If you make an error, delete and post again.





Youtube

This is an ideal way of sharing video content on your platform. This may not have a quick consumption rate but the consumption is upward for a longer time. With use of right keywords, with SEO (Search Engine Optimisation), the video content makes relevant progress on the Advocacy Front.

The content should be very detailed and not exaggerated. It also should be engaging and not one sided to ensure a full view by the viewers. Similar to Twitter, the platform engages in the 'Follow' feature called Subscribe. Subscribers get notified whenever there is new content up. You can schedule a video to go online, Make a Playlist to stitch together content in a sequence to be viewed. This type of advocacy has a permanent view and is claimed to be an effective tool. A large bank of videos on Youtube comes handy for information to be disseminated to the audience.

For more help follow this:



<https://support.google.com/youtube/answer/57407?hl=en&co=GENIE.Platform%3DDesktop>

Home Based Activity: Upload advocacy videos with appropriate description. Tag correct accounts and make a playlist to add this video to it. Also, share this link with an appropriate caption on other social media platforms for cross platform promotion.



LinkedIn

This is a great platform to interact with professionals. LinkedIn has a formal impression and this can be used for right advocacy. If corporate is something your entity engages with or is your advocacy focused towards, this becomes a great tool to use. LinkedIn adds credibility to your organisation's Public Image along with Twitter. Right tags, Formal Content and appropriate branding are the top 3 ways to ensure maximum exposure to your advocacy campaign.

Home Based Activity: Identify potential corporate entities that can engage with your cause as CSR. Identify credible individuals from that organisation. Make a post and tag the right people and pages in the post at the end. Add appropriate hashtags.

Steps:

- a) Open the LinkedIn application.
- b) Tap on + option at the bottom center.
- c) Add necessary attachments such as photos/ videos/ documents and a caption to back the post.
- d) Add necessary hashtags and mention the right stakeholders for more visibility.
- e) Tap on Post on the top right corner to post the content.

Media Advocacy

Applying Your Training Knowledge To Key Populations: Examples and Practice

Preparing for Media Advocacy Step-wise	Media Advocacy				
	FSW	MSM	H/TG	PLHIV	PWID
Advocacy topic	Unlawful arrest	Derogatory terms used by the local news papers	Denial of access to malls	TV Channels/Newspapers are not writing about HIV treatment sufficiently	Stigma and Discrimination in health care settings
Who is doing this advocacy?	Community Champions/ CBO representative who is articulate and is comfortable in talking to media - Nari Shakti Mandal, Lal Tekdi, Wadala, Mumbai, Maharashtra	Community Champions/ CBO representative who is articulate and is comfortable in talking to media	Community Champions/ CBO representative who is articulate and is comfortable in talking to media	Community Champions/ CBO representative who is articulate and is comfortable in talking to media	Community Champions/ CBO representative who is articulate and is comfortable in talking to media
Choose your medium for advocacy: Newspaper, TV or Social Media	Local news paper		TV Channels/ Newspapers	TV Channels/ Newspapers	
Method of advocacy (will change as per the per medium)	Writing an incidence report and contacting the local newspaper, giving statements to journalists.		Contacting the		
What is the incidence?	Kamala, 30 years was visiting an old friend Rukmini Amma in a basti when a group of 5-6 male policemen barged in Rukmini Amma's house accusing them of sex work beat them up and put Kamla in the lock up.				
Where this happened?	Lal tekdi basti, Wadala				
Who was involved?	Kamala a 30 year old FSW, Rukmini Amma 60 years old.				
What was the result of this?	Both Kamala and Rukmini Amma are in the lock up, leaving Kamala's two daughters 14 and 12 all alone.				
What is your point of view?	Kamala was on a social visit to an old friend and a mere suspicion of sex work cannot be a ground for arrest. The arrest was on some tip offs to police by some neighbours who did not want Rukmini Amma, an erstwhile sex worker to live in the Basti. The policemen were not accompanied by a woman constable. Kamala and Rukmini Amma's arrest is unlawful hence they should be released as soon as possible.				

Media Advocacy

Applying Your Training Knowledge To Key Populations: Examples and Practice

Preparing for Media Advocacy Step-wise	Media Advocacy				
	FSW	MSM	H/TG	PLHIV	PWID
What are your suggestions for this?	Nari Shakti Mandal works closely with FSWs on a TI program. This organization also watches out for minors in sex work. We are also regularly interacting with the community leaders. Police can take the community leaders in confidence instead of randomly arresting women.				
Which official/ key person you will contact?	Journalist doing community story, call up/ visit the newspaper office and speak about an urgent situation of an unlawful arrest of a woman.				
What are you expecting out of this advocacy?	That senior police officials take note of this, take further right action to release Kamala.				
Once a desired outcome is achieved, how will you share the outcome?	If Kamala is released, we will write letters thanking the police and the news paper; we will tell FSWs regarding their rights and measures to protect again unlawful arrest.				
If the desired outcome is not achieved then what will you do?	We will follow up both with the police and media and ensure that the developments related to Kamala's case is regularly followed up.				

Annexure

Policy Brief

Title: informative and engaging
Written by author, institution
Executive statement/Summary/Aim

Outline your aim and main message - what you want to say and to whom - in two sentences. The aim should address your policy objective.

Key messages and recommendations

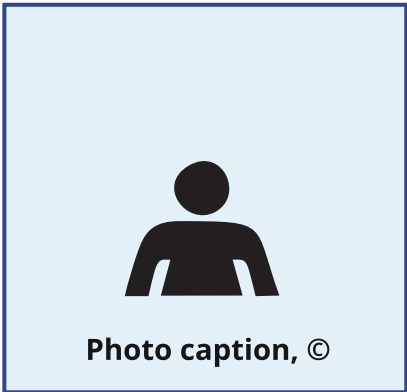
- Problem:
- Recommendation 1:
- Recommendation 2:
- Recommendation 3:

Introduction/Problem/Context

Outline the problem and any relevant contextual information and political background. State why the problem is urgent and important. Use evidence and infographics to support your argument.

About the study/project

A brief outline of the aims of the study/project and what you did to address the problem. Only include methods if they strengthen your argument. Quotes of people in your target audience who support your recommendations work well.



Study results, conclusions and recommendations

Tell your audience what you want them to do about the problem using subheadings for each recommendation and evidence from your study to back up your recommendations. Make sure the recommendations are:

Short

Practical and realistic

Concrete – avoid generic recommendations

Based on evidence from your study/project

Clear and easy to understand

Written so they start with a verb, e.g. Use..., Engage....

Recommendation 1: clear, snappy title that clearly tells your audience what they should do

Recommendation 2: clear, snappy title that clearly tells your audience what they should do

Recommendation 3: clear, snappy title that clearly tells your audience what they should do

Chart title: example bar chart

Opinion piece (optional)

Including an opinion-piece from an authoritative voice has been shown to increase the likelihood of the policy brief being shared. Highlight your opinion piece by using a different colour or a box so readers can clearly see it is different from the other evidence. Use a photo of the authority giving the opinion piece if possible.

“Use quote marks to show it is an opinion piece”

Limitations (optional)

Acknowledgements

Thank contributors and organisations who helped with the project. Acknowledge the funder.

References/more information

Only include a maximum of four sources where readers can find further information. Give the web addresses of publications and dates for when they were last accessed if possible.

Author AA, Name of article, Name of journal, Issue and volume nos, Month YYYY

Author AA, Name of article, Name of journal, Issue and volume nos, Month YYYY

Author AA, Name of article, Name of journal, Issue and volume nos, Month YYYY

Author AA, Name of article, Name of journal, Issue and volume nos, Month YYYY

Publication details: ©London School of Hygiene & Tropical Medicine, November 2015.

Disclaimer: The views expressed in this publication are those of the author/s and should not be attributed to [your organisation] and/or its funders” – not always needed but useful if the brief contains negative statements.

Rights Related Information and Resources

The HIV/AIDS (Prevention & Control) Act, 20th April, 2017

This is an Act to provide prevention and control of the spread of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) and for the protection of human rights, care, support and treatment for HIV/AIDS. The act seeks to prevent and control the spread of HIV /AIDS, prohibits discrimination against persons with HIV /AIDS, provides for informed consent and confidentiality with regard to their treatment, places obligations on establishments to safeguard their rights, and creates mechanisms for redressing their complaints.

Prohibition of discrimination against HIV positive persons: The act lists the various grounds on which discrimination against HIV positive persons and those living with them is prohibited. These include the denial, termination, discontinuation or unfair treatment with regard to: (i) employment, (ii) health care services, (iii) educational establishments, (iv) the denial or discontinuation of, or unfair treatment with regard to, access to, or provision or enjoyment or use of any goods, accommodation, service, facility, benefit, privilege or opportunity dedicated to the use of the general public or customarily available to the public, whether or not for a fee (v) residing or renting property, (vi) standing for public or private office (vi) the denial of access to, removal from, or unfair treatment in, Government or private establishment in whose care or custody a person may be; (vii) provision of insurance (unless based on actuarial studies), (viii) the isolation or segregation of a protected person; (IX) HIV testing as a pre-requisite for obtaining employment, or accessing healthcare services or education or, for the continuation of the same or, for accessing or using any other service or facility:

Prohibition of certain acts: No person shall, by words, either spoken or written, publish, propagate, advocate or communicate by signs or by visible representation or otherwise the feelings of hatred against any protected persons or group of protected person in general or specifically or disseminate, broadcast or display any information, advertisement or notice, which may reasonably be construed to demonstrate an intention to propagate hatred or which is likely to expose protected persons to hatred, discrimination or physical violence.

Informed consent for undertaking HIV test of treatment: The act requires that no HIV test, medical treatment, or research will be conducted on a person without his informed consent. The informed consent for HIV test shall include pre-test and post-test counselling to the person being tested. Informed consent for an HIV test will not be required in case of screening by any licensed blood bank, a court order, medical research, and epidemiological purposes where the HIV test is anonymous and not meant to determine the HIV status of a person. Establishments keeping records of information of HIV positive persons shall adopt data protection measures.

Disclosure of HIV Status

No person shall be compelled to disclose his HIV status except with his informed consent, and if required by a court order.

no person shall disclose or be compelled to disclose the HIV status or any other private information of other person imparted in confidence or in a relationship of a fiduciary nature, except with the informed consent of that other person or a representative of such another person

The informed consent for disclosure of HIV-related information is not required where the disclosure is made (a) by a healthcare provider to another healthcare provider who is involved in the care, treatment or counselling of such person, when such disclosure is necessary to provide care or treatment to that person; (b) by an order of a court that the disclosure of such information is necessary in the interest of justice for the determination of issues and in the matter before it; (c) in suits or legal proceedings between persons, where the disclosure of such information is necessary in filing suits or legal proceedings or for instructing their counsel; Informed consent not required for conducting HIV tests in certain cases such as court determined legal matter, medical research, epidemiological surveillance and screening in blood banks.

Disclosure of HIV-positive status to partner of HIV-positive person.

No healthcare provider, except a physician or a counsellor, shall disclose the HIV-positive status of a person to his or her partner. However, a healthcare provider, who is a physician or counsellor, may disclose the HIV- positive status of a person under his direct care to his or her partner, if such healthcare provider (a) reasonably believes that the partner is at the significant risk of transmission of HIV from such person; and (b) such HIV-positive person has been counselled to inform such partner; and (c) is satisfied that the HIV-positive person will not inform such partner; and (d) has informed the HIV-positive person of the intention to disclose the HIV- positive status to such partner:

- Provided that disclosure under this sub-section to the partner shall be made in person after counselling:
- Provided further that such healthcare provider shall have no obligation to identify or locate the partner of an HIV-positive person:
- Provided also that such healthcare provider shall not inform the partner of a woman where there is a reasonable apprehension that such information may result in violence, abandonment or actions which may have a severe negative effect on the physical or mental health or safety of such woman, her children, her relatives or someone who is close to her.

Duty to Prevent Transmission of HIV

Every person, who is HIV-positive and has been counselled in accordance with the guidelines issued or is aware of the nature of HIV and its transmission, shall take all reasonable precautions to prevent the transmission of HIV to other persons which may include adopting strategies for the reduction of risk or informing in advance his HIV status before any sexual contact with any person or with whom needles are shared with:

Provided that the provisions of this section shall not be applicable to prevent transmission through a sexual contact in the case of a woman, where there is a reasonable apprehension that such information may result in violence, abandonment or actions which may have a severe negative effect on the physical or mental health or safety of such woman, her children, her relatives or someone who is close to her.

Confidentiality of Data: Every establishment keeping the records of HIV-related information of protected persons shall adopt data protection measures in accordance with the guidelines to ensure that such information is protected from disclosure.

Role of the central and state governments: The central and state governments shall take measures to: (i) prevent the spread of HIV or AIDS, (ii) provide anti-retroviral therapy and opportunistic infection management for persons with HIV or AIDS, (iii) facilitate their access to welfare schemes especially for women and children, (iv) formulate HIV or AIDS education communication programmes that are age appropriate, gender sensitive, and non-stigmatizing, and (v) lay guidelines for the care and treatment of children with HIV or AIDS. Every person in the care and custody of the state shall have right to HIV prevention, testing, treatment and counselling services.

Role of the Ombudsman: An ombudsman shall be appointed by each state government to inquire into complaints related to the violation of the Act and the provision of health care services. The Ombudsman shall submit a report to the state government every six months stating the number and nature of complaints received, the actions taken and orders passed.

Guardianship: A person between the age of 12 to 18 years who has sufficient maturity in understanding and managing the affairs of his HIV or AIDS affected family shall be competent to act as a guardian of another sibling below 18 years of age. The guardianship will be apply in matters relating to admission to educational establishments, operating bank accounts, managing property, care and treatment, amongst others.

Court proceedings: Cases relating to HIV positive persons shall be disposed off by the court on a priority basis. In any legal proceeding, if an HIV infected or affected person is a party, the court may pass orders that the proceedings be conducted (a) by suppressing the identity of the person, (b) in camera, and (c) to restrain any person from publishing information that discloses the identity of the applicant. When passing any order with regard to a maintenance application filed by an HIV infected or affected person, the court shall take into account the medical expenses incurred by the applicant.



Source: www.prsindia.org

Bill Summary

The Transgender Persons (Protection of Rights) Bill, 2019

- The Transgender Persons (Protection of Rights) Bill, 2019 was introduced in Lok Sabha on July 19, 2019 by the Minister for Social Justice and Empowerment, Mr. Thaawarchand Gehlot.
- **Definition of a transgender person:** The Bill defines a transgender person as one whose gender does not match the gender assigned at birth. It includes trans-men and trans-women, persons with intersex variations, gender-queers, and persons with socio-cultural identities, such as kinnar and hijra. Intersex variations is defined to mean a person who at birth shows variation in his or her primary sexual characteristics, external genitalia, chromosomes, or hormones from the normative standard of male or female body.
- **Prohibition against discrimination:** The Bill prohibits the discrimination against a transgender person, including denial of service or unfair treatment in relation to: (i) education; (ii) employment; (iii) healthcare; (iv) access to, or enjoyment of goods, facilities, opportunities available to the public; (v) right to movement; (vi) right to reside, rent, or otherwise occupy property; (vii) opportunity to hold public or private office; and (viii) access to a government or private establishment in whose care or custody a transgender person is.
- **Right of residence:** Every transgender person shall have a right to reside and be included in his household. If the immediate family is unable to care for the transgender person, the person may be placed in a rehabilitation centre, on the orders of a competent court.
- **Employment:** No government or private entity can discriminate against a transgender person in employment matters, including recruitment, and promotion. Every establishment is required to designate a person to be a complaint officer to deal with complaints in relation to the Act.
- **Education:** Educational institutions funded or recognised by the relevant government shall provide inclusive education, sports and recreational facilities for transgender persons, without discrimination.
- **Health care:** The government must take steps to provide health facilities to transgender persons including separate HIV surveillance centres, and sex reassignment surgeries. The government shall review medical curriculum to address health issues of transgender persons, and provide comprehensive medical insurance schemes for them.
- **Certificate of identity for a transgender person:** A transgender person may make an application to the District Magistrate for a certificate of identity, indicating the gender as 'transgender'. A revised certificate may be obtained only if the individual undergoes surgery to change their gender either as a male or a female.

- **Welfare measures by the government:** The Bill states that the relevant government will take measures to ensure the full inclusion and participation of transgender persons in society. It must also take steps for their rescue and rehabilitation, vocational training and self-employment, create schemes that are transgender sensitive, and promote their participation in cultural activities.
- **Offences and penalties:** The Bill recognizes the following offences against transgender persons: (i) forced or bonded labour (excluding compulsory government service for public purposes), (ii) denial of use of public places, (iii) removal from household, and village, (iv) physical, sexual, verbal, emotional or economic abuse. Penalties for these offences vary between six months and two years, and a fine.
- **National Council for Transgender persons (NCT):** The NCT will consist of: (i) Union Minister for Social Justice (Chairperson); (ii) Minister of State for Social Justice (Vice-Chairperson); (iii) Secretary of the Ministry of Social Justice; (iv) one representative from ministries including Health, Home Affairs, and Human Resources Development. Other members include representatives of the NITI Aayog, and the National Human Rights Commission. State governments will also be represented. The Council will also consist of five members from the transgender community and five experts from non-governmental organisations.
- The Council will advise the central government as well as monitor the impact of policies, legislation and projects with respect to transgender persons. It will also redress the grievances of transgender persons.



Source: <https://prsindia.org/billtrack/prs-products/prs-bill-summary-3282>

NATIONAL LEGAL SERVICES AUTHORITY (NALSA) VS. UNION OF INDIA

citation:

AIR 2014 SC 1863

court:

SUPREME COURT OF INDIA

judges:

K S RADHAKRISHNAN & A K SIKRI

KEY FACTS:

This case was filed by the National Legal Services Authority of India (NALSA) to legally recognize persons who fall outside the male/female gender binary, including persons who identify as “third gender”.

ISSUES & DECISION:

The Court had to decide whether persons who fall outside the male/female gender binary can be legally recognised as “third gender” persons. It deliberated on whether disregarding non-binary gender identities is a breach of fundamental rights guaranteed by the Constitution of India. It referred to an “Expert Committee on Issues Relating to Transgender” constituted under the Ministry of Social Justice and Empowerment to develop its judgement.

This was a landmark decision where the apex court legally recognised “third gender”/transgender persons for the first time and discussed “gender identity” at length. The Court recognised that third gender persons were entitled to fundamental rights under the Constitution and under International law. Further, it directed state governments to develop mechanisms to realise the rights of “third gender”/transgender persons.

Defining “Third Gender”

The Court upheld the right of all persons to self-identify their gender. Further, it declared that *hijras* and eunuchs can legally identify as “third gender”.

The Court clarified that gender identity did not refer to biological characteristics but rather referred to it as “an innate perception of one’s gender”. Thus, it held that no third gender persons should be subjected to any medical examination or biological test which would invade their right to privacy.

Fundamental Rights

The Court interpreted ‘dignity’ under Article 21 of the Constitution to include diversity in self-expression, which allowed a person to lead a dignified life. It placed one’s gender identity within the framework of the fundamental right to dignity under Article 21.

Further, it noted that the right to equality (Article 14 of the Constitution) and freedom of expression (Article 19(1)(a)) was framed in gender-neutral terms (“all persons”). Consequently, the right to equality and freedom of expression would extend to transgender persons.

It drew attention to the fact that transgender persons were subject to “extreme discrimination in all spheres of society” which was a violation of their right to equality. Further, it included the right to express one’s gender “through dress, words, action, or behaviour” under the ambit of freedom of expression.

Under Articles 15 and 16, discrimination on the ground of “sex” is explicitly prohibited. The Court held that “sex” here does not only refer to biological attributes (such as chromosomes, genitalia and secondary sexual characteristics) but also includes “gender” (based on one’s self-perception). Thus, the Court held that discrimination on the ground of “sex” included discrimination on the basis of gender identity.

Thus, the Court held that transgender persons were entitled to fundamental rights under Articles 14, 15, 16, 19(1)(a) and 21 of the Constitution. Further, the Court also referred to core international human rights treaties and the Yogyakarta Principles to recognise transgender persons’ human rights.

Further Directions

The Court held that public awareness programs were required to tackle stigma against the transgender community. It also directed the Central and State Governments to take several steps for the advancement of the transgender community, including:

- 1. Making provisions for legal recognition of “third gender” in all documents**
- 2. Recognising third gender persons as a “socially and educationally backward class of citizens”, entitled to reservations in educational institutions and public employment.**
- 3. Taking steps to frame social welfare schemes for the community**

SIGNIFICANCE:

This is a landmark decision because it is the first to legally recognise non-binary gender identities and uphold the fundamental rights of transgender persons in India. The judgement also directed Central and State governments to take proactive action in securing transgender persons’ rights.



Source: <https://translaw.clpr.org.in/case-law/nalsa-third-gender-identity/>

Women's rights Sex worker's Rights

In the landmark judgment of the Budhadev Karmaskar case in the year 2011, the Supreme Court of India said unequivocally that sex workers are human beings with a right to life under Article 21 of the Indian constitution, and that no one has the right to assault or murder them. They are also entitled to a life of dignity in view of Article 21 of the Constitution.

The Immoral Traffic (Prevention) Act. 1986

The Immoral Traffic (Prevention) Act, an amendment of SITA, was passed in 1986. According to IPTA sex workers can practice their profession but activities including pimping and running a brothel are considered a punishable offence.

Under Section-03 running a brothel or allowing premises to be utilized for a brothel is illegal. Under section 2(a) 'Brothel' has been defined as any house, room, or place which is used for prostitution.

Under Section-04 any person who makes an earning from prostitution is punished. Even family members are not exempt from this clause.

Under Section-05 it is illegal to procure, induce, or abduct a person for prostitution.

Under Section-06 of this act brothel owners are subject to prosecution if found guilty of leading the trade and such activities are deemed illegitimate. If it is their first offense, brothel-owners will be imprisoned for three years and if they forcibly hold someone in their brothel and exploit the sex workers they will be imprisoned for a minimum of seven years. Since IPTA criminalizes brothels, women who wish to work as sex-worker should pursue it alone.

Section-07 regulates that this practice cannot take place within a 200-meter radius of any public place. To participate in prostitution lawfully, sex-worker must choose an isolated location. This Act has made sex workers more vulnerable by forcing them to work in the bleakest, most unseen areas of cities, where they are silently exploited and abused. Where their voices aren't even heard.

Under Section-08 sex workers who solicit their services or seduce others will be arrested under this section of IPTA.

Another important law is that Sections 372 and 373 of the Indian Penal Code prohibits the trafficking of children for prostitution.



Source: <https://www.womensweb.in/2021/08/sex-workers-rights-in-india-july21wk5sr/>

Women's Rights with respect to Police Arrests

- a. Police cannot ask a woman unaccompanied by a male, to get down from her car after sunset (unless a female police officer is present).
- b. Police cannot arrest a woman at night (after 6 pm and before 6 am) unless it is an emergency/ exceptional circumstances. Even if a woman police officer is present (Section 46(4) of Criminal Procedure Code). If the police need to arrest a woman at night, they need an arrest warrant from the Magistrate. Remember: Again, in "exceptional circumstances," police need not follow the above rule. 'Exceptional circumstances' would generally mean if the woman has committed a very serious crime, or if she might abscond, or if precious time will be lost in a case requiring urgent investigation.
- c. A woman can be arrested only by a female police officer (as far as possible).
- d. A male police officer cannot physically touch a woman (even if he has to arrest her in the absence of a female officer).
- e. Only a female police officer can physically search a woman and has to maintain strict decency.
- f. A woman cannot be called to the police station for interrogation. Police have to go to her house, with a female officer (as far as possible).
- g. You can have a lawyer present with you during police interrogation.

Rights of an arrested woman

- a. You cannot be arrested without warrant, unless you are suspected of having committed a cognizable offence
- b. You have the right to know the reason for your arrest
- c. You have the right to inform any member of your family/friends about your arrest
- d. You can remain silent in police custody
- e. If you are arrested for a bailable offence, you can get bail at the police station itself
- f. Only a female officer can physically search you
- g. If you are being detained in police lock-up, you have to be put in a separate cell for women. A female police officer has to be present in the police station 24x7

Right to know the reasons for arrest

Every person has the right to know the reason for his/her arrest. If the police have arrested you without an arrest warrant, they have to tell you the reason for your arrest. If they arrest you with a warrant, the reason for arrest will be in the warrant.

If you have been arrested for a bailable offence, the police must also inform you that you have the right to get bail at the police station itself. Every person arrested has the right to ask and view the arrest warrant and the conditions of such arrest.

Right to inform family about arrest

It is mandatory for the police, and especially with women arrested, to inform her relatives or friend or anyone else whom she specifies about the arrest, the reason for arrest and the whereabouts of where she has been detained.

Duration in Police Custody

Any person arrested and placed in the custody of the police must be produced before the nearest Magistrate within 24 hours of the arrest. If the Magistrate believes further custody is necessary for the investigation, he/she can allow further custody for the period as he/she thinks fit. However, if the Magistrate feels that custody is not necessary, the Magistrate will order the police to release you on bail.

Right to a Lawyer

Yes, every person who is arrested has the right to consult a lawyer. Yes, you can have a lawyer present with you during police interrogation. However, he/she cannot be present throughout the entire interrogation. Your lawyer can always be just outside the room where you are being interrogated, so that you can consult him/her for any help. Every woman and child has the right to free legal aid (legal services). For details on where and how to apply, you can see the website of the National Legal Services Authority.



Source: <https://www.womensweb.in/2021/08/sex-workers-rights-in-india-july21wk5sr/>

Section 377 judgement, September 6th, 2018

Navtej Singh Johar and Others versus the Union of India

In this case, the supreme court of India decriminalized intercourse by two consenting adults. The supreme court overruled the previous judgement given in Suresh Kaushal case and declared Section 377 as unconstitutional as it violated articles 14, 15, 19 and 21 of the constitution.



Source: https://main.sci.gov.in/supremecourt/2016/14961/14961_2016_Judgement_06-Sep-2018.pdf

Package of Services Provided Under NACP-IV

Prevention Services

1. Targeted Interventions for High Risk Groups and Bridge Population (Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgenders/Hijras, Injecting Drug Users (IDU), Truckers & Migrants)
2. Needle-Syringe Exchange Programme (NSEP) and Opioid Substitution Therapy (OST) for IDUs
3. Prevention Interventions for Migrant population at source, transit and destination
4. Link Worker Scheme (LWS) for HRGs and vulnerable population in rural areas
5. Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI)
6. Blood Safety
7. HIV Counselling & Testing Services
8. Prevention of Parent to Child Transmission
9. Condom promotion
10. Information, Education & Communication (IEC) & Behaviour Change Communication (BCC).
11. Social Mobilization, Youth Interventions and Adolescent Education Programme
12. Mainstreaming HIV/AIDS response
13. Work Place Interventions

Care, Support & Treatment Services

1. Laboratory services for CD4 Testing and other investigations
2. Free First line & second line Anti-Retroviral Treatment (ART) through ART centres and Link ART Centres (LACs), Centres of Excellence (COE) & ART plus Centres.
3. Pediatric ART for children
4. Early Infant Diagnosis for HIV exposed infants and children below 18 months
5. HIV-TB Coordination (Cross- referral, detection and treatment of co-infections)
6. Treatment of Opportunistic Infections

NACP-V Strategy Booklet

Overview of NACP Phase-V (2021-26)

NACP Phase-V is a Central Sector Scheme, fully funded by the Government of India, with an outlay of Rs 15471.94 crore. The NACP Phase-V aims to reduce annual new HIV infections and AIDS-related mortalities by 80% by 2025-26 from the baseline value of 2010. The NACP Phase-V also aims to attain dual elimination of vertical transmission, elimination of HIV/AIDS related stigma while promoting universal access to quality STI/RTI services to at-risk and vulnerable populations.

The specific objectives of the NACP Phase-V are as below:

a. HIV/AIDS prevention and control

- i. 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention
- ii. 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load
- iii. 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV
- iv. Less than 10% of people living with HIV and key populations experience stigma and discrimination

b. STI/RTI prevention and control

- i. Universal access to quality STI/RTI services to at-risk and vulnerable populations
- ii. Attainment of elimination of vertical transmission of syphilis

Under NACP Phase-V, while the existing interventions will be sustained, optimized, and augmented; newer strategies will be adopted, piloted, and scaled-up under the programme to respond to the geographic and community specific needs and priorities. The HIV and AIDS (Prevention and Control) Act, 2017 will continue to be the cornerstone of the national response to HIV and STI epidemic in NACP Phase-V. The Act will be the enabling framework to break down barriers driving delivery of a comprehensive package of services in an ecosystem free of stigma and discrimination.

Guiding Principles of NACP Phase-V (2021-26)

Eight guiding principles will be central to strategies and activities to attain the specific targets.

1. Keep beneficiary and community in center
2. Break the silos, build synergies
3. Augment strategic information-driven planning, implementation, monitoring, and mid-course corrections
4. Prioritize and optimize through high-impact programme management and review
5. Leverage technology and innovation as critical enablers
6. Enhance and harness partnership
7. Integrate gender-sensitive response
8. Continue fostering technical arrangements and institutions

Collaboration with public and private sectors

NACP Phase-V will build upon the systematized convergence with the existing schemes of Central Government including synergy with National health programme, related line Ministries as well as State Governments through mainstreaming and partnership extending the reach of various HIV related services in a cost-neutral way. The collaboration framework of NACP Phase-V includes continued strategic engagement with private sector.

Goal 1: Reduce annual new HIV infections by 80%

NACP Phase-V will accelerate reduction in new annual HIV infections through a basket of strategies tailored to the high-risk, at-risk, and low-risk population groups.

1. Continue and evolve the existing peer-led targeted interventions (TI) and Link Worker Schemes (LWS) strategies for integrated services
2. Promote evidence-backed comprehensive prevention packages tailored to location and population
3. Strengthen the population size estimation and field epidemiological intelligence for coverage expansion and saturation
4. Expand and intensify the coverage of NACP interventions including OST among Injecting Drug Users (IDU)
5. Universalize the NACP interventions in prisons and other closed settings through a mix of service delivery models.
6. Pilot and scale models for community-based integrated service delivery models
7. Redefine and expand coverage among the bridge population
8. Develop and roll-out new generation communication strategy suitable to current context
9. Cover 'at-risk' HIV negative through comprehensive prevention packages to keep them negatives
10. Develop and scale-up sustainable models for 'at-risk' Virtual Population
11. Maintain and augment the behavior change communications for general population
12. Sustain focus on adolescent and youth population

Goal 2: Reduce AIDS-related mortalities by 80%

NACP Phase-V will build upon the strong momentum from previous phases and further accelerate the reductions on AIDS-related mortalities through strategies directed across care continuum.

1. Maintain the existing models of HIV counselling and testing services (HCTS) and expand through strategic scale-up
2. Develop and roll-out tailored communication campaigns focusing on risk perception and HCTS uptake
3. Augment the existing HCTS models with efficient approaches for active case findings promoting early detections
4. Appropriately adapt evidence-backed newer technologies to supplement existing models
5. Maintain existing care, support, and treatment (CST) services models and expand further through sustainable manner
6. Continue provisions of high-quality ARVs through differentiated service delivery models improving through sustainable manner
7. Focus on rapid ART initiation and advanced HIV disease management augmenting quality of care
8. Suitably update the treatment guidelines periodically
9. Address linkage loss at all levels
10. Optimize the uses of public sector laboratories for viral load measurements
11. Offer integrated service delivery packages to 'at-risk' people and PLHIV
12. Prioritize sexual and reproductive health services for women at increased risk of HIV infection and women living with HIV
13. Bring efficiencies and improve linkages through single window service delivery models
14. Maintain and expand laboratory quality assurance system

Goal 3: Eliminate vertical transmission of HIV and Syphilis

The NACP Phase-V takes into the account the global guidance towards elimination of vertical transmission of HIV and Syphilis.

1. Augment comprehensive synergy with NHM for testing of pregnant women for HIV and syphilis
2. Strengthen the primary prevention through coordinated actions
3. Introduce and scale-up dual test kits (HIV & Syphilis) to fast-track progress on the dual elimination
4. Strengthen linkage from screening facilities to confirmatory centers and subsequently to the treatment centers
5. Strengthen retention and on-ART adherence among eligible WLHIV
6. Prioritize family planning services for eligible PLHIV
7. Strengthen the early diagnosis of infants and all children living with HIV (CLHIV)
8. Engage with private sector augmenting their role in attainment of dual elimination
9. Strengthen the strategic information in the context of HIV positive pregnant women/mother
10. Prepare strategic roadmap to guide actions towards attainment of validation of elimination of vertical transmission

National AIDS and STD Control Programme (NACP) Phase-V (2021-26)

Goal 4: Promote universal access to quality STI/RTI services to at-risk and vulnerable populations

1. NACP Phase-V will reinforce the STI/RTI component not only in terms of elimination of vertical transmission of HIV and syphilis but also to augment access to quality STI/RTI services through maximizing its system and opportunities for shared delivery models.
2. Strengthen the strategic information on STIs
3. Maintain the existing model of Designated STI/RTI Clinics (DSRCs) augmenting the role
4. Develop and implement integrated communication strategies
5. Dovetail dual testing at HCTS centers
6. Promote active case findings facilitating early detections
7. Improve collaboration with NHM on STI/RTI services provisions and reporting
8. Strengthen and streamline private sector engagement on STI/RTI management
9. Suitably update the STI/RTI management guidelines periodically
10. Augment the laboratory capacities
11. Strengthen the supply chain management

Goal 5: Eliminate HIV/AIDS related stigma and discrimination

NACP Phase-V will build upon the gamechanger initiatives of NACP-Phase IV (Extension) to accelerate the progress on elimination of HIV/AIDS related stigma and discrimination.

1. Undertake bottom-up institutionalized community system strengthening
2. Accelerate the notification of State rules and appointment of Ombudsman in the context of the HIV and AIDS (Prevention and Control) Act, 2017
3. Undertake sensitization of related stakeholders on HIV/AIDS related stigma and discrimination
4. Design and implement communication strategy on elimination of HIV/AIDS related stigma and discrimination
5. Enhance strategic information on HIV/AIDS related stigma and discrimination
6. Engage with State governments promoting launch and scale-up of social protection schemes.

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