

“Speaking Out”

**A Toolkit for
MSM-led Advocacy**

Adaptation Version for Cambodia





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- Vicente S. Salas



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Introduction

1 • What is this toolkit all about?

a. The toolkit is adapted from the “Speaking Out” Global Toolkit produced by the Global Forum on MSM and HIV. It was created to fill a need for MSM and their supporters to engage in advocacy locally as a means to reduce HIV infections, deaths, stigma and discrimination and to enjoy basic rights to health care, expression and freedom from discrimination and violence, in order to secure fulfilling, meaningful futures .

b. The toolkit builds on other tools and resources, while being specifically focused on ideas, concepts and exercises that build on MSM and LGBT community energy; it believes that people, organizations and

networks can start where they are , and assumes that skills are wide-ranging, adaptable and take time to develop and hone; and it uses a broad human rights framework.

c. It also provides a useful framework for conceptualizing about advocacy goals, methods, strategy, and design and monitoring of advocacy related work and activities.

d. It assumes that people start with analyzing their own personal and community issues and problems, looking at root causes and effects, and try to address these in their own ways, guided by processes and skills learned in the toolkit.

2 • Who is it for, who can use it?

a. The tool is primarily intended for Grassroots Activists in Cambodia—those living and working in the community where change is desired to happen

b. It is for MSM and MSM supporters who would like to incorporate MSM-related advocacy into their current work, or enhance the work they are doing

c. Those interested to advocate for MSM and LGBT rights as Human Rights

d. It assumes that at least some of the participants being trained in the use of the toolkit have basic literacy skills, a rudimentary understanding of advocacy, a consciousness and sensitivity to sexual orientation and gender identity issues

3. How can it be used ?

a. Sections of the Toolkit: Each section begins with a concise introduction, key points and goals for the section or chapter

- Introduction and Background to Advocacy work in Cambodia
- Key Terminology Used
- Specific Thematic Focus areas relevant to MSM, HIV and LGBT in Cambodia—
 1. Understanding Sexuality, Gender, Sexual Orientation, Gender Identity and Gender Expression
 2. Stigma and Discrimination (including self-stigma)
 3. Service Availability and Access—both health, legal and job services
 4. Policy Environment and Relevant Laws
 5. Facing Violence, Hostile environments and Exclusion in the family
 6. Self-Care and Community
 7. Documentation and Research
- Advocacy Cycle and Plan of Action
- “How-to” Guides and additional Resources for Communication and Lobbying
- Notes and Tips for Facilitators: General Notes on Planning and Using the tools, Brain storming Approaches, Organizing and Facilitating Role Plays
- Hand-outs for the Exercises

b. The tool is similar to a cookbook-offering a range of recipes for action that orient participants to core concepts with ideas for building advocacy campaigns

c. May be used in its entirety, in planning and managing an advocacy campaign

d. Training potential advocates

e. Users can pick and choose sections, activities and exercises that make sense to them at any time

f. May be used in short training episodes (i.e., half a day or less) or in longer and more comprehensive training sessions, spread continuously over several days, or intermittently, over a longer period of time.

4. The Conceptual Framework for a toolkit

Six major areas/themes for advocacy are: (1) Self-Awareness and Understanding about Sexuality, Sexual Orientation, Gender Identity and Expression; (2) Stigma and Discrimination, (3) Services, (4) Policy Environment, (5) Self-Care and Community, and (6) Documentation and Research. A grounded understanding of “Advocacy”, developing an Advocacy Plan, Communication skills training and a Resource list, comprise the other sections.



The “Flow” for each section is as follows:



Background

1 Policy and Socio-cultural context for Sexual diversity in Cambodia

a. Cambodia is a “neutral” country in terms of its recognition of sexual diversity¹. It has no punitive laws for homosexual behavior, and there are no laws recognizing same-sex partnerships or relationships. Ages of consent are the same for both males and females.

b. “Gays” (or gender variant persons) have been recorded to exist since ancient times, and are described in the only existing document from the 12th century, written by a visiting Chinese diplomat².

c. However, there are also deeply ingrained cultural norms that illustrate how men and women should behave, which have been codified into the “Chbap Srey” (Rules for Women) and the “Chbap Pros” (Rules for Men). Until recently these were taught in schools and were very influential in their descriptions of how men and women should behave. There are also numerous Cambodian proverbs and sayings that reflect accepted gender norms

d. The concept of “homosexuality” as understood in the West is not necessarily directly transferable or understandable in the Cambodian context³; there are no words in the Khmer language to describe homosexual, heterosexual, bisexual, “Gay” or “lesbian” behavior. One word often used is “katoey” which has a derogatory connotation, and considered an insulting word. The Buddhist dictionary describes “katoey” as a person with both male and female genitalia. It is also used to describe those who may be

(biologically) a man or a woman, but who display personality or behavior of the opposite sex. “Katoey” is said to have its origins in ancient Khmer language and the term is used widely in Thailand.

e. In recent years, particularly with HIV/AIDS programming and public health interventions, the acronym “MSM” is used commonly by NGOs and the health sector, and while this describes a set of behaviors, “MSM” has been appropriated by many young Khmer males to describe who they are, rather than simply what they do with their same-sex sexual partners. Outside of the NGO sector and HIV/AIDS the term “MSM” is not widely known or commonly used. Many other local terms referring to sexuality and gender expression have been identified and documented, and these seem to be continuously evolving.

f. In the urban areas, there is an emerging Gay (and Lesbian) identity, as evidenced by the current terms in use to describe themselves. (Social Protection Research 2012, “Out of the Shadows” 2002). LGBT Pride activities were first held in 2004. In 2009, an informal network of LGBT activists (Rainbow Organization Cambodia or RoCK) was organized.

1 Caceres, Carlos et al. Review of Legal Frameworks and Situation of Human Rights related to Sexual Diversity in Low and Middle Income countries. UNAIDS, 2009

2 Zhou Daguan (Chou Ta-kuan), The Customs of Cambodia, 1296. Edited and newly translated from the French by Michael Smithies. The Siam Society, Bangkok, 2006. ISBN 974-8298-51-5. Note: I have put the word “gay” in quotation marks. Other translations (from the original Chinese, or other French translations, such as that of Pelliot and Paul, from 1987 and 1992 respectively,) use the word, “catamite” instead of “gay”.

3 Tan, Phong. 2008. Ethnography of Male to Male sexuality in Cambodia. HIV/AIDS Prevention Program, UNESCO, Phnom Penh.

g. In 2004, the late King Father Norodom Sihanouk issued a statement on his personal website in support of same-sex marriage, noting that "as a liberal democracy, Cambodia should allow 'marriage between man and man... or between woman and woman.'" He said he had respect for homosexual and lesbians and said they were such because "God loved a wide range of tastes."⁴ In December 2012, Prime Minister Hun Sen issued a statement in support of LGBT persons, stating not to discriminate against them, "...as this was their destiny".

h. Despite these statements of tolerance, it is clear that LGBT (and MSM), particularly male to female transgender, experience high levels of discrimination, physical violence and exclusion from their families, schools, workplaces, health facilities and public parks. Two laws and policies (the Anti-trafficking law, and the Commune Safety Policy) have been used arbitrarily to separate same-sex partners, arrest people on suspicion of being sex workers, gang members or drug users, or to stop them from congregating in public places.⁵

2. The HIV and MSM context in Cambodia

a. Cambodia has made significant progress in bringing down HIV prevalence rates nationwide, from 3.0% in 1997 to 1.9% in 2003, to 0.7% in 2010. (UNGASS report) It is also cited for providing almost universal access to ARV treatment.

b. The Cambodian epidemic now appears to be concentrated in "Most At Risk Population" or "MARPs" (MSM, people who inject drugs and "entertainment workers"). In the latest studies done (BROS Khmer, FHI, 2010) HIV rates in MSM in Phnom Penh were 3.4%, twice that of other males. The difference was more pronounced in Siem Reap, where 4.9% of MSM were HIV positive compared to 1.2% in other males. In some subgroups of "MSM" (i.e., those between 35-44 years), HIV rates are 14%; those in the younger age groups, have HIV rates of 0.8-1.5%. Self-identified "long hair" MSM have comparatively higher rates of HIV than those who claim to be "short-hair MSM" (3.6% vs. 3.1%).

c. There is also growing acknowledgement that Male to Female Transgenders need to be considered as a separate group in terms of HIV prevention and health programs, and should not always be "lumped" under the "MSM" umbrella. In 2011, WHO published "Prevention and Treatment of HIV and STIs among MSM and Transgender people—recommendations for a Public Health Approach", in recognition of the higher vulnerability and specific health needs of Transgender people and to their justified demand for an independent constituency in the global AIDS response.

d. One gap is the lack of regular surveillance data on HIV rates among MSM and Transgender persons. MSM have been included only once in national HIV sentinel surveillance (2005). (MSM and TG Report Card for Cambodia, IPPF-UNFPA-MSMGF-RHAC, 2011).

e. Resource Allocation and Expenditures for MSM in Cambodia are low relative to the HIV burden among them, and 100% of prevention resources for MSM, and for MARPs are from foreign donors. (NAA and National AIDS Spending Assessment 2010)

f. On the positive side, the highest policy-making body, the NAA, has developed a National Strategic Framework and Operational Plan for MSM (2008-2011). The NAA specifically mentions Transgender in the 2009 "National Guidelines for STI and HIV Response among MSM and Transgender in Cambodia", though the document does not make any particular distinctions with regards to specific needs and interventions. In 2012, a representative from the "MARPs community" was included in the CCC membership. This community representative however also represents other MARPs communities and not only MSM and Transgender.

4 <http://news.bbc.co.uk/2/hi/asia-pacific/3505915.stm>, February 20, 2004

5 Salas, V and Srorn, S. "An Exploration of Social Exclusion of Lesbian, Gay and Transgender persons in families and communities in some areas of Cambodia and their ways of coping". Social Protection Coordination Unit, Council for Agricultural Research and Development (SPCU-CARD) and the Rainbow Organization Cambodia. May 2013, in press.

g. One project involving HIV Positive MSM is being implemented by CPN Plus. The coordinator of this project notes, "...in our group there are 250 and about 220 are on ART (in five provinces). They don't want to disclose (their HIV status) because they are talked about and there is gossip within their own MSM community, they fear that their colleagues (i.e. who work with them in beauty business) will tell other clients or their boyfriends that they are HIV positive. These are challenges within the community. Services (health and HIV) are generally available to our group but people are mobile and have to look for work in other places. Also one challenge is the unwillingness of some provincial level officials to share the data and information about

MSM and TG who are HIV positive. Also many of the HIV positive MSM and TG have mental health and drug use problems, unstable behaviors, and some if they are HIV Positive just do not care, if they transmit HIV to others..."

h. However it is not known what % of the estimated 40,000 PLHA on ART are MSM or TG, and the extent of reach of the HIV positive MSM project is limited. And like all other MSM and HIV projects in the country, it is funded exclusively through external donor money.

3. SOGI (Sexual Orientation and Gender Identity) and Human Rights in Cambodia

a. The country is a signatory to many International conventions that focus on Human Rights of all citizens, but implementation and monitoring of compliance is still weak. "Human Rights" is considered a sensitive issue and the Government has made clear its displeasure and disagreement with reports on the Human Rights situation made by local and international NGOs, the UN OHCHR and by the Special Rapporteurs. Furthermore, human rights organizations and activists are consistently labeled as anti-CPP, anti-government, and pro-opposition party.

b. Achievements have also been made in the field of gender equality, chiefly in improving the disparity in literacy rates between men and women. Gender is consistently understood to include men and women, on their roles and responsibilities within the Cambodian cultural context but there is little discussion on Sexual orientation and on the inclusion of gender-variant persons who are subject to stigma and discrimination based on cultural and personal norms

c. One Human Rights organization, CCHR, started a SOGI project in 2010 and published situation reports

on LGBT rights in Cambodia. Organizations working on Human Rights and/or Gender still face challenges when dealing with Cambodians who do not conform to the expected gender norms, and who have different sexual orientations, such as LGBT. Leaders of these NGOs say that they are working "for all Cambodians" but issues of violence and discrimination perpetuated by the family on LGBT children or partners are considered as "private matters", and the NGOs also express an inability to respond appropriately to LGBT specific concerns, such as forced marriages and separation of same-sex partners who are consenting adults.

d. While there are developments that are contributing to raising awareness of SOGI (such as, for example, the Yogyakarta Principles, the ASEAN SOGI Caucus, and even the GFATM SOGI Strategy), the responses are just beginning; one positive note is the inclusion of Lesbians and Transgenders in the National Action Plan to Prevent Violence against Women (2013-2017), the first time that these persons have been acknowledged to exist, and specifically mentioned in a national plan.

Terms and Definitions

Key Terminology Used:¹

Asexual Someone who does not feel sexual attraction. It is different from celibacy, which is what people can choose.

Bisexual Someone emotionally and sexually attracted to men and women. Some Cambodians use a colloquial term, “Sim pi” to refer to this.

Gay Is used to describe both men and women whose emotional and sexual attraction is directed towards people of the same sex. The word “Gay” is referred to “homosexual” as the latter term can have negative connotations and linked to the time when homosexuality was considered to be a sickness or a mental disorder. Some persons say that “Gay” is a western influence and not relevant in Asia; the fact is that sexual orientation transcends culture. In recent years the use of “Gay” applies mostly to males as women prefer to use “Lesbian”

Gender Refers to the social and cultural roles, expectations, appearances and activities of what is considered to be male or female in a specific context; it defines one’s perception, feeling or identity

Gender Expression How one shows one’s gender identity usually expressed through appearance, clothing, movement, body language, way of speaking, voice, etc. in terms of what is culturally accepted as masculine or feminine

Gender Identity Refers to each person’s deeply felt internal and individual experience of gender, which may or may not correspond to the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of Gender, including dress, speech and mannerisms.

Heterosexual Someone emotionally and sexually attracted to a person of the opposite sex or gender

Homosexual Someone emotionally and sexually attracted to a person of the same sex or gender. As a general term, Homosexuals include both Gay Men and lesbians.

Intersex People who are born with a combination of male and female genitals that are either fully or partially developed. Intersex people are usually assigned a gender at birth. This process is often arbitrary and many intersex people choose either to identify with a different gender later in life, or choose to embrace their identity as an intersex person who is both male and female. Intersex is a biological variant and not a sexual orientation, nor does it refer to sexual behavior. Approximately one in every 2000 persons is born intersex.

Lesbian Is a term used for women who identify as Gay. “Gay” has largely been associated with Men, so many women prefer a separate term applied specifically to a woman’s sexual orientation. In Cambodia several terms have emerged, including “sbian”, “LG”, “LB” and “LT”.

LGBTI Is an inclusive acronym commonly used to talk about the entire Lesbian, Gay, Bisexual, Transgender and Intersex population. Transgender and Intersex is often linked with the lesbian, gay and bisexual group because they face similar struggles in being harassed or discriminated against due to their gender expression. However, transgender and intersex persons may be gay, heterosexual or bisexual.

¹ References: Yogyakarta Principles Document; and “Understanding and Challenging Stigma towards MSM: A toolkit for Action”. Cambodia adaptation (PACT & ICRW, 2010)

MARP Acronym for “Most at Risk” Populations for HIV. In Cambodia these populations include MSM and Transgender, people who inject drugs, and entertainment workers

MSM Is an acronym for “Men who have Sex with Men”. MSM is a behavioral term used to refer to biological males who have sex with other males. This term does not imply that MSM and Transgender necessarily have a sense of identity based on this, although many have such an identity. Many MSM are married. In Cambodia the meaning of MSM seems to have been translated into “pros slan pros” which means, “Men who love men” hence it is frequent to hear some people say, “I am MSM”

Pride Is not being ashamed of oneself, and/or showing who you are and your pride to others by “coming out”, advocating for equality, etc. It means being honest and comfortable with who you are as a person and your sexuality.

Sex The biological distinction between men (males) and women (females) and refers to the external biologic characteristics of a person at birth.

Sexuality Encompasses a range of feelings, expressions, sensations, meanings, practices, related to sex, desire and pleasure; it expresses who we are as Human and sexual beings at a particular point in time, either by ourselves or with partners.

Sexual Behavior Refers to any action, any activity related to sexuality. It does not necessarily follow one’s sexual orientation, or gender identity. The range of sexual behaviors is vast, from holding hands in a romantic way to various types of sexual intercourse.

Sexual Orientation Refers to each person’s capacity for profound emotional, and sexual attraction to, and intimate and sexual relations with, individuals of a different gender, or the same gender, or more than one gender. Three sexual orientations are commonly recognized: Bisexual, Heterosexual or Homosexual.

Transgender Is used to describe people who

identify their gender as the opposite of their biological sex. Transgender people often feel that they are trapped in the wrong body. There are both male to female as well as female to male transgenders.

Transsexual People who have had some type of surgical alteration to genitals and/or hormone treatment to change their bodily appearance in alignment with their gender identity.

Transitioning Refers to the state of a person who is temporarily “in-between” or in the process of changing one’s sex officially; in some countries people who feel they have a different sex than they one they are born in can be supported to change, through medical and surgical means; this can take many months or years. This implies voluntary choices and methods of changing.

Transvestites Also known as “Cross dressers”, they usually wear clothes worn by people of opposite biological sex. They however do not usually identify themselves as having a different gender identity from their biological sex. The motivations for dressing vary, but most enjoy it and may experience sexual excitement from it.

Some Local terms in current use - A quick note on language:

Language is constantly evolving. New terms are developed and can first start being used and understood in a small group of peers, before becoming more widely used and adapted. During this time the meaning may be retained or it may be modified. Some words are adapted straight from the foreign source, others are given a Khmer modification, and others are purely invented, for example “SIM pi” (which refers to having two SIM cards in one phone, and is used by many younger Gay and Lesbians to mean a person who enjoys sex with males and females). This is a term which would never have been in use had dual-SIM phones not been invented!

Some words are more popular in particular sectors (i.e., the use of “MSM” is often confined to the public health and the HIV sectors).

Interestingly, in Cambodia, “MSM” has been translated literally, and expanded into “Pros Slan Pros” (Men Loving Men), which no longer simply describes the sex act between two males but also puts in other elements, such as desire, emotions, affection, intimacy, love, etc.

Some words may also lapse into disuse or obscurity. The origins of specific words are not often known, but certainly many words are invented, in order to allow for close communication between peers without other persons around them understanding what they are talking about—a sort of a “coded” language. Some also refer to words that are used by the royal family and the elite among themselves, and which are generally not used by outside of royal circles. Some older persons have claimed that “even during the time of the Khmer Rouge, we had this type of language that only we can recognize”. This is not a phenomenon only in Cambodia, but has been very clearly shown in different countries and cultures

across time. People devise ways to communicate about themselves and their activities if there is stigmatization or discrimination, so secrecy is needed. The context as well as the persons one are relating to at a particular point in time is likewise important. Thus people might describe others as, “Short hair by day, long hair by night”.

As much as possible words used should not be derogatory and must be acceptable to the persons. Some other groups also object to the use of words by those considered “outsiders” and they can appropriate certain words for their own use. For example, “kathoe” has a derogatory connotation and considered insulting when used generally but when in use by peers within an MSM and Transgender network, it can be considered acceptable or may be used jokingly and teasingly. Thus the context, the tone, manner of speaking, and intent behind use of the word can be just as important as the word itself.

A few selected words in Khmer (written according to English pronunciation) and their explanation and use is in the list below :²

Bros slan bros Men who love, (i.e. sexually intimate) with men

Khteuy A human being with sex organs, half male, half female (*Buddhist Institute dictionary, Chuon Nat*); a “sexually deficient individual”; a person with genitals of both sexes; a man who dresses like a woman, or a woman who dresses like a man

LG, LB Lesbian Girl, Lesbian Boy – generally used by younger, urban lesbians to differentiate feminine acting lesbians (LG) from Masculine acting ones (LB)

Luk Kloun Men who sell sex (to both men and women)

MSM short hair Man who is characterized as “100% man” but who has sex with other men, long hair or short hair; also known as “reng peng” or, Man who identifies as man and wears male clothing but who has some feminine behaviors, and who has sex with other men, long hair or short hair, also known as “tuon phloun”

MSM long hair Man who identifies as a woman and wants to look like a woman

Pede Male Homosexual, contracted from “Pederast”

Reng Peng Male with masculine character, firm, strong, energetic, tough and performing heavy work

Sbian Lesbian—mainly in use by some academics and urban dwellers

SIM PI, SIM BAY Literally, “two SIM cards” or “three SIM cards”, referring to persons who have sex with, or are intimate with partners of the opposite sex or their own sex, (SIM Pi) ; and transgender persons or those of a different sexuality other than male or female (SIM Bay)

Srey slan Srey Women/females who love (sexually intimate) with other Women

Srey Sros Literally, “beautiful lady”

Toun Phloun Men who possess a personality similar to women, being mild and reserved, tending to shy away from violence, avoiding heavy work, and preferring light, domestic work

² Most definitions in this table are from Phong Tan, “Ethnography of Male to Male sexuality in Cambodia”, UNESCO Cambodia 2008; “Understanding and Challenging Stigma towards MSM and Transgender-A toolkit for Action” (PACT Cambodia & ICRFW, 2010)

Advocacy

A common theme across definitions of advocacy is an engagement with power structures to bring them into better service of communities that need their support. Citizens and communities touch leaders and policy makers to make positive change happen. *Advocacy is a particularly powerful and meaningful tool for communities that have been systematically excluded and underrepresented, like MSM and Transgender as well as LGBT communities.*

The International HIV/AIDS Alliance defines advocacy in the following way: “Advocacy is speaking up, drawing a community’s attention to an important issue, and directing decision makers toward a solution.”

In Cambodia, some definitions include those by PACT: “Advocacy is a strategic series of actions designed to influence those who hold governmental, political, economic and private power to implement public policies and practices that benefit those with less power and fewer resources (affected group)”; the National Democratic Institute (NDI) defines Advocacy as “the process that involves a series of political actions conducted by organized citizens in order to transform power relationship”. A joint definition of several NGOs (ADHOC, LWF, PACT) in 2006 defines Grassroots Advocacy as “actions demanding a solution to a common problem by lobbying and influencing decision makers for change”

The term “advocacy” does not translate easily into Khmer¹. In a report done in 2000, Marston states, “...this does not mean that “advocacy” is inappropriate in Cambodian culture, but it may imply the lack of a firm tradition of public forums in which, following established conventions, problems can be resolved through socially acceptable conventions of negotiation. Advocacy is most often translated into Khmer as “tosu mite” (“struggle/opinion”) though it

is recognized that this term is inadequate. One (NGO) proposed the term “kesahabrotegatkhar”, or “cooperation” which contrasts dramatically with the concept of “tosu mite”...it is perhaps typical of the dynamic in Cambodia that it will tend to take either the form of cooperation with government or debate in which there is a risk of seeming in opposition to the government and in alliance with opposition parties”. Marston also points out that it is a mistake to make a sharp distinction between private and public forums, and stressed the importance of personal (private) lobbying efforts.

Another phrase used is “**SvengRokKarkamTro**” (“just need support”) –Other activists consider this phrase too “soft” and “passive”. These are most often used by NGOs and government, and health groups who perceive that more strident words might alienate powerful people.

Advocacy is also a powerful tool that can yield positive social change. Whatever the result of individual advocacy campaigns, the process is always valuable.

Advocacy interventions ensure that MSM and Transgenders are perceived as an integral part of the solution to the HIV epidemic, not mere vectors of transmission. For MSM and HIV-related advocacy projects, long-term goals can include a review of current laws and drafting new legislation for rights protection-just as the Blue Diamond Society did in its successful submission of a petition to the Supreme Court of Nepal. This may also include repealing anti-sodomy laws, thereby legalizing sex between men, as was recently accomplished in India with the reading down of Indian Penal Code Section 377.

¹ From Marston, J: Impact of Human Rights Advocacy (Report No. 37, SIDA/Forum Syd, September 2000) – A report on the evaluation of six human rights NGOs in Cambodia

More short-term goals might include lobbying with the country's health minister and AIDS control mechanisms for inclusion in program services and affirmation of the rights of MSM and Transgender. Projects can be local as well.

This chapter of the handbook is composed of seven exercises geared toward orienting participants to what advocacy means, some key skills for getting started on exploring advocacy as an action direction, an overview of the unique challenges advocacy work presents for HIV/AIDS and MSM and Transgender, and a listing of resources for those who would like to explore advocacy in more depth. The scope of this toolkit does not allow for a full introduction to advocacy, nor is that the intention, as many such introductions already exist. Instead, it seeks to give participants a taste for the advocacy processes, to begin the process of brainstorming around identifying issues and target populations for advocacy in their locales, and to provide direction and resources for taking larger-scale projects forward. Participants

should consider running similar facilitated discussions in their own areas.

An advocacy campaign can be described as being composed of a common set of core steps, with some variation in different conceptualizations of the advocacy process. This toolkit does not attempt to provide a comprehensive introduction to each of these steps; rather, it prioritizes a set of steps that can get communities started immediately on their own campaigns. It goes to just enough depth to give participants a feel for the processes and skills that comprise advocacy, recognizing that they will most likely want to follow each step more comprehensively over the course of their actual campaign. The toolkit provides direction to the resources required for them to do so. The details of the Advocacy Cycle are in Chapter 11 of the toolkit.

Key Points

- MSM and Transgender are integral to ending the HIV epidemic
- Fear, silence and Homophobia drive the HIV epidemic
- Advocacy is possible wherever and whoever you are
- Advocacy can happen right now—start where you are

Chapter Goals

By the end of the chapter, participants will be able to:

- Define Advocacy
- Map local challenges
- Identify primary and secondary causes and effects of the challenges
- Map local power structures
- Define and Identify viable advocacy targets
- Explore specific fears and challenges relating to MSM related advocacy
- Build a vision of a successful advocacy campaign in the locality
- Complete a self-assessment and identify pre-existing community strengths
- Develop an understanding of the main components of an advocacy plan or campaign
- Provide an overview of the advocacy process and planning, focusing on the identification of challenges including internal fears and challenges, and “getting ready” to be an advocate.





Exercise 4.1 – “What is Advocacy?”

Purpose

Participants develop an understanding of what advocacy is through some concrete examples of the various forms it can take

Goals

At the end of the exercise, participants will be able to:

- Articulate a definition of advocacy
- Cite a specific example of advocacy in action
- Understand differences between advocacy actions and targets
- Differentiate between individual and systemic advocacy

Materials

Case studies and articles

1. HIV Positive transgender female, arrested by police while sitting in a public park at night with her friends, and released upon the intervention of NGOs
2. Impact of a statement made by PM Hun Sen a day after Human Rights day 2012.
3. Local Officials in some provinces are able to provide “family books” to same-sex couples and their biologic and/or adopted children living in their own communes, though the legal status of these couples is unclear and there is no recognition of marriage between same-sex partners.

Process

1. Facilitator gives Background
2. Break into small groups and distribute cases, discuss the following questions:
 - What specific forms of advocacy are described?
 - Who was the target of the advocacy?
 - Who were the agents who carried out the advocacy work?
 - What were the positive immediate effects? The negative ones?
3. The Group then reports back
4. Facilitate a discussion:
 - Advocacy works, sometimes in unexpected ways
 - Effective advocacy efforts have a clear target and involve many people
 - Results can be far-reaching
5. Write a definition, or review various definitions on a flip chart

Note to Facilitator

Differentiate between individual and systemic advocacy, between targets of advocacy work, and beneficiaries





Handout 4.1

Case Study 1:

The case of HIV positive Transgender arrested in a public park

One night in July 2013, near the corner of the Sedona hotel and Wat Phnom, at 8:15pm, about 20 police driving two vehicles and motorbikes tried to arrest the Gay and Transgender people, for unknown reason. They ran after the Transgender people, handcuffing them and pulling off the wigs. Nine Transgenders were arrested and were taken to a police station in Daun Penh, where they took the naked pictures of Transgenders. They forced Transgenders to do humiliating things like “jump like a frog”. They forced them to do modeling laughed at them, and harassing them sexually. They forced them to promise not to dress like the opposite sex and not to come to the hotel, the public place, in the next two weeks. They were then set free at different time (10pm, 11pm, 00 am, 01am).

Two among nine are living with HIV/AIDs and taking ARV medicine. They were afraid of telling the police about their HIV status because they are afraid that Police will share this information to others, especially transgenders’ friends. They could not use their HIV drug for two weeks. They were getting very sick. Upon learning of the arrests, a CBO working in the area (MHC) then contacted the MSM and Transgender network (BC). BC also sought the assistance of two NGOs—the WNU and CLS to ask for legal advice and support. Staff of WNU and CLS visited them while in detention at the “Social Action Center” run by a government agency, the MOSAVY. The Network of Positive persons (CPN+) was also contacted and they made sure their friends in detention were able to continue taking their ARVs. These NGOs (WNU, CLS) provided food and counseling support and had a lawyer and coordinator meet with the center officers. They also sent letters to the judge and the police chief, explaining the situation of the sex workers. The judge ruled that there was no reason to keep them in detention at the center, and they were finally released.





Handout 4.1

Case Study 2:

Prime Minister gives supportive speech after Human Rights Day Celebration (2012)

December 10, 2012—International Human Rights Day. Celebration of this event in Cambodia included extensive media coverage about LGBT persons and appeals that they should not be discriminated against, as they are also human beings and deserve respect. LGBT rights activists and NGO leaders were featured on national TV. The following day, Prime Minister Hun Sen issued a statement, saying that He had heard requests from gay Cambodians that they be able to enjoy the same rights and freedoms as others.

"There are gays and lesbians in every country, so there should be no discrimination against them just because of their destiny," ...he appealed to society to show respect for gay people, saying, "Most of them are good people and are not doing alcohol, drugs or racing vehicles."

Government Ministers were previously against inclusion of lesbians and transgender into the national strategies of the Ministry of Women's Affairs. However, some of the advocates and activists mentioned the news article about the Prime Minister's speech to the staff and undersecretaries of the Ministry, and the Minister also learned about this. Following the news of the speech, the Government Ministers were more open to discussion about LGBT and invited comments from LGBT rights groups to provide feedback into the drafts of the strategy. Now, feedback from some of the activists present at these meetings is that the Ministry of Women's Affairs (MOWA) will specifically mention Lesbian women and Transgender persons in the National Action Plan to Prevent Violence on Women- (2013-2017)





Handout 4.1

Case Study 3:

Laws can't stop lovers marrying

(Phnom Penh Post, May 20, 2013), p. 1 – 2

Cambodian law prohibits same-sex marriage, but that did not stop RosRavuth, 52, from marrying her long-time partner “Sinoun” 38. They have lived together in Kandal Province for 20 years, ever since the couple obtained the permission—if not the blessing – of local authorities to marry. According to Ravuth, “When I made the request, the commune and village chiefs pressed me about whether I really wanted to get married, and if we would live with and care for each other forever.... I replied that I was sure that I loved her, and that we would live together even if we are the same sex.” A month later, the local authorities granted a marriage permission letter and they celebrated their wedding despite objections of some relatives. “We were so happy and a lot of guests came to our wedding, because many of them had never seen a same sex marriage”. A year after the marriage ceremony, Ravuth and her wife received their Marriage certificate. Ravuth now works in a garment factory to support Sinoun and their three adopted children.

While article six of the 1989 marriage law specifies that “Marriage shall be prohibited to a person whose sex is the same sex as the other”. Marriage is also prohibited to one whose penis is impotent, those suffering from leprosy, TB, cancer or venereal diseases which are not completely cured, the insane and those possessing mental defects. LGBT activists say that over 15 gay or lesbian couples have obtained marriage certificates—documents that identify one partner as a “husband” and the other as “wife”. Chou Bun Eng, Secretary of State of the Interior Ministry, notes that it is not necessary to amend the Marriage Law, stating “*Our law on marriage says a man and a woman are to be married, but when there is a marriage between a woman and another woman, you just register one as a man and the other one as a woman... we don't talk about supporting them, but never ban them.*”

Many others have been given family record books; documents that Cambodian law mandates all families keep to identify spouses and biological as well as adopted children. Some of them also have ID cards that recognize them as poor families eligible for government aid.





Exercise 4.2 – “What are the local challenges facing MSM and LGBT?”

Purpose

Introduce the process of identifying issues faced by the community. A more detailed exploration of problems and issues follows in the next sections

Goals

At the end of the exercise, participants will be able to:

- Generate a list of 3 to 5 issues and challenges facing the community
- Group issues into categories
- Understand the process for identifying and prioritizing issues
- Understand what makes an issue viable for advocacy

Materials

Flip chart paper
Pentels or markers

Process

1. Facilitator gives Background, sets up a flip-chart
2. Facilitator draws a circle in the middle of the chart, labeling it “Problems experienced”. Ask the group to reflect on challenges and issues faced by MSM, and LGBT in their communities.
3. S/he then invites participants to briefly mention one problem or issue, which s/he writes down on the chart, connecting it to the circle by a line
4. Similar problems are grouped together or written in the same cluster by the facilitator; for example the categories may be issue-based:
 - Stigma and Discrimination in...
 - Access to services (Health, HIV, or Other)
 - Availability of Services (Health, HIV or other)
 - Self-Acceptance
 - Facing Violence and Exclusion in Family and Community
 - Police and Local Authorities don't listen
 - Lack of DocumentationOr Clusters may also be social-group or institution-oriented, such as:
 - Problems in the Family
 - School
 - Workplaces
 - Community/Neighborhood
 - Public Parks
 - Clinics
5. Summarize at the end of the session

Note to Facilitator

When grouping core issues, keep in mind to discuss which issues are viable for advocacy work (i.e., something that someone can do something about). Some criteria to apply to selecting an advocacy issue can be:

- Will a solution to this problem result in real change to the lives of people?
- Is this an issue which we can resolve individually or collectively?
- Is this a problem that is easily understood?
- Can we tackle this issue with resources available?
- Is this an issue that will NOT divide us?





Exercise 4.3 – Problem Tree: Causes and Effects

Purpose

Identify a major issue or problem, analyze its multiple causes and effects and possible solutions

Goals

At the end of the exercise, participants will be able to:

- Explore in more detail a list of 3 to 5 issues and challenges facing the community (from previous exercise)
- Understand the causes and effects (impact) of the problem or issue, the range of stakeholders, and the type of solutions (short, medium or longer term)

Materials

Flip chart paper
Pentels or markers
Stick-ons, tape
Sample exercise: Problem tree with causes and effects. (See illustration below)

Process

1. Facilitator gives Background, sets up the sample exercise, and explains the diagram with the illustrative case.
2. Divide the participants into small groups, each group can work on one problem or issue
3. At the roots of the tree participants reflect and write the different causes of the problem or issue. On the crown they can write the effects. Encourage deeper thinking about the causes—keep on asking, “Why” for each.
4. Summarize at the end of the session.

Note to Facilitator

Some factors can be circular—they can be both causes and effects of the problem, such as “discrimination”.

Note that some of the issues and problem analysis have surfaced other stakeholders who are important; the solution to the problem requires advocacy actions, these may be either short term (immediate and can address the surface issues) while others may be more long term and address systemic issues. Some require a combination of solutions

The important thing is to involve the affected populations in the discussion of the problems and issues and the perceived causes and effects.

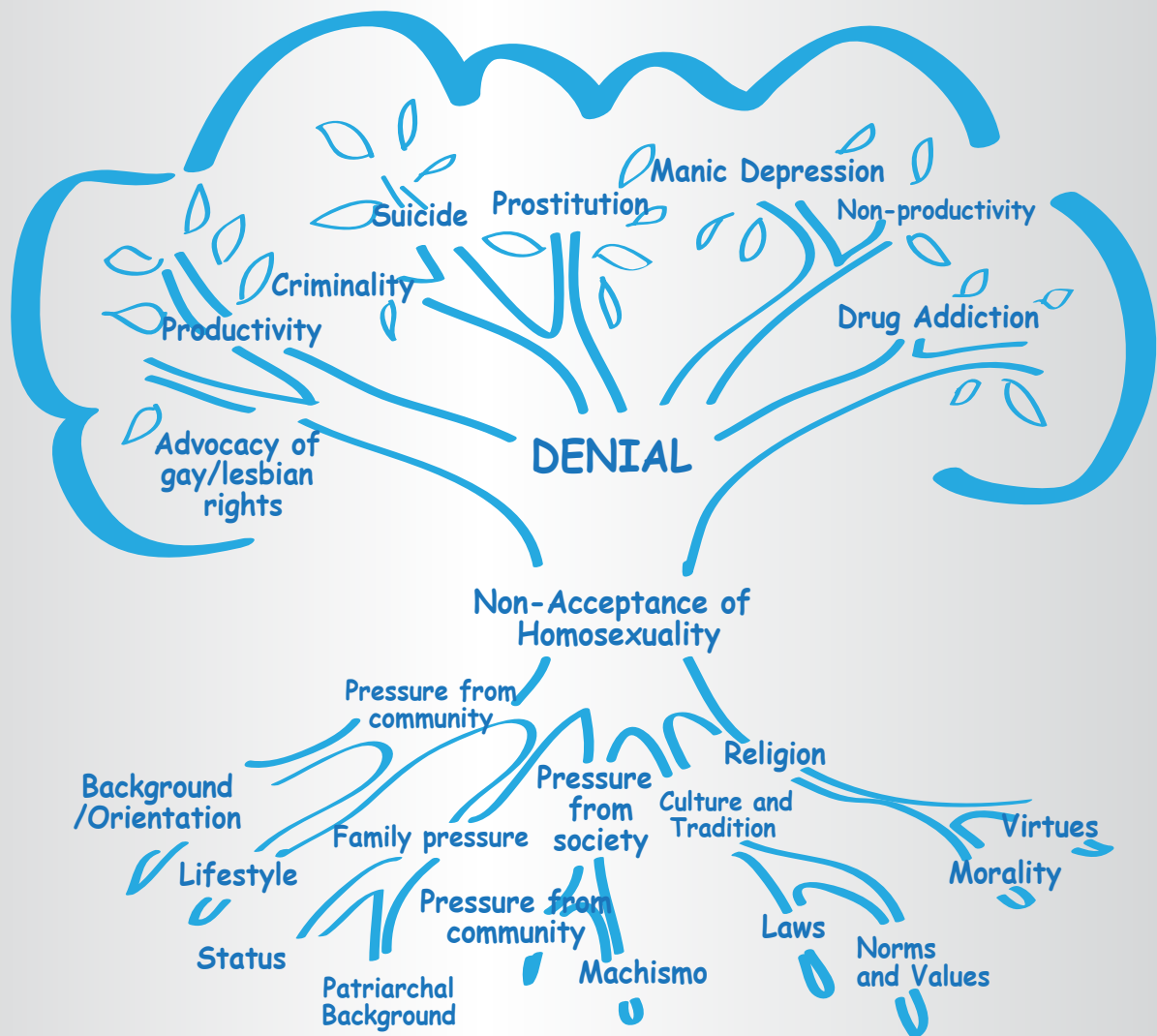




Handout 4.3

Problem Tree showing the cause and effects of non-acceptance of homosexuality.

Reference: Adapted from PHANSUP partnership meeting, Philippines, May 1997



Sample Problem Tree: Illustration from "Tools Together Now" on Problem Trees and Cause-Effect relationships (International HIV/AIDS Alliance) — tool 30, page 99.





Exercise 4.4 – Identifying Advocacy Targets- Who makes the decisions? Who helps them, who might they listen to?

Purpose

To introduce participants to the concepts of stakeholder analysis, primary target and secondary target identification for advocacy work. This exercise highlights the importance of approaching problems from multiple directions, and illustrates how advocacy involves multiple options.

Goals

At the end of the exercise, participants will be able to:

- Analyze their local power scenario vis-à-vis identified advocacy issues
- Differentiate between the multiple players comprising the pyramid of influence
- Draw connections between advocacy issues and power structures

Materials

Handout - "Stakeholder Relationships "

Process

1. Break into groups and have each choose an advocacy issue to be analyzed (i.e., social discrimination against MSM and Transgenders; lack of MSM-specific services in clinics and in the national AIDS strategy, etc.). Use the issues surfaced from Exercise 4.3 ("Problem Tree - Identifying Causes and Effects").
2. Explain that once advocacy issues have surfaced, it is critical that groups identify the power structures that support their regulation and enforcement.
3. Identify the decision makers who have the actual responsibility to make the decisions to change or address these problems. Then identify the opinion leaders who can influence these decision makers.
4. All policy makers depend on a group of advisers or specialists, without whom they cannot operate. They make decisions based on advice they receive, the political regime around them, and their own personal beliefs and ideologies. They may also listen to interest groups, constituencies, lobbies, and donors. Their own family and friends might also influence them. Furthermore, they may be influenced by the information they receive in the media, and more importantly, how it is reported.
5. Map the information as a pyramid of actors and influences using the handout provided below. Example:5





Handout 4.4

Stakeholder Relationships





Exercise 4.5 – Power Analysis

Purpose

To systematically prioritize targets for advocacy based on a set of criteria.

Goals

At the end of the exercise, participants will be able to:

- Understand the key factors for determining potential advocacy targets.
- Prioritize advocacy targets in their own locales

Materials

Handout (Table below)

Process

1. Once the key power audiences have been identified, the group members should analyze their positions on MSM, their key motives and their accessibility. Distribute table below and ask participants to fill it out to the best of their knowledge. Part of the first column is done as an example.
2. Facilitate a short discussion about the audiences identified. Questions should include:
 - Are they MSM supporters, allies, or uncommitted?
 - Might they be afraid of the MSM issue?
 - Why do they have the stance on MSM that they do?
 - What is their agenda, either stated or implicit?
 - What constraints do they face that might make it difficult for them to move from their position on MSM? These may be ideological or personal, cultural or social. They might be financial (e.g., for monetary gain) or political, based on the views of their supporters, patrons, and voters.
3. Assess how easy it will be to gain access and present the evidence or case. Which actors in influences would be difficult to convince on your issue, and why? Which may be easier to approach, and could be effective influences? Bring out interesting and new angles and approaches (e.g., by linking your issue with their priority concerns).
4. Create a list of individuals in the community who possess influence and garner local respect, such as local political leaders, businesspeople, and religious leaders. Do you know any of them personally? These people are powerful entry points.





Handout 4.5

	Key Targets and Influential persons for Advocacy (first column is filled out for reference)	
Target	<i>Commune chief of village</i>	
Ease of Contact	<i>Yes, we are neighbors and know each other for many years</i>	
Easy to convince?	<i>Not sure but has listened to opinion of commune councilors and teachers</i>	
Target listens to, or influenced by?	<i>By his wife and by the school teacher as well as head monk of pagoda</i>	
Strategy to influence target	<i>Try to meet first with head monk and teachers about MSM and Transgender and LGBT issues, invite to the LGBT Pride event, ask supportive monks in WatBotum to explain about Buddhism and tolerance</i>	
Any Connections?	<i>We are friends with his son</i>	
Other Comment	<i>Village chief may not be aware his son is gay and terrified of being found out, though he loves his son very much</i>	





Exercise 4.6 – Visioning Exercise

Purpose

To assist groups in building a vision of what successful advocacy could look like in their community. This will build enthusiasm and confidence for achieving a long-term goal.

Goals

At the end of the exercise, participants will be able to:

- Build a vision of what a successful advocacy project might look like in their area, based on the main problems and issues identified in the Problem Tree exercise

Materials

Issues and Problems identified in the Problem Tree exercise
Stick-ons and Paper
Tape

Process

1. Divide the participants into small groups. Each group may be assigned a problem or an issue that has been listed in their “Problem Tree”
2. Explain to participants that while problems and issues have been identified together with the causes and effects, this is just a start.
3. The key thing is to IDENTIFY what needs to be changed.
4. Ask them to reflect, “How would this issue look like if there was a change? What would be the situation then?”
5. Give an example—using the Problem Tree in Exercise 4.3 as a sample, the change might be, “More Understanding and Acceptance of persons with different sexual and gender identity, such as MSM and Transgender, gays and lesbians”. This phrase now becomes an OBJECTIVE –the change that one would like to see in the future.
6. Ask the group to do the same with the other problems identified, and to discuss briefly within their group:

What kind of commitment does each individual/group feel will be needed in order to achieve this vision or objective?

How can we help support each other in achieving this goal?





Exercise 4.7 – Being ready as an Advocate

Purpose

To have the participants assess the individual as well as collective knowledge and skills they possess as a group and see them in the context of the knowledge and skills required for effective advocacy. The importance of this lesson is helping groups to come to the realization that they can start with what they have, where they are right now.

Goals

At the end of the exercise, participants will be able to:

- Self-assess skills and knowledge and understand challenges and opportunities
- Articulate examples of skills that could be useful for getting ready to do advocacy

Materials

Flipcharts with the objectives of the advocacy clearly written out (as based from the Problem Tree and the Previous exercise), and in the format shown below (Handout)

Paper
Markers
Tape
Post it

Process

1. Divide the group into several small groups, of about five to six persons per group. Each small group works on one problem or issue
2. Ask them to reflect and discuss,
What does it mean to be “Ready” to meet the Objective?
What are the Challenges and the Opportunities?
3. Each person may write one challenge or one opportunity on one post-it, they may write up to three challenges and Opportunities each, they can discuss within the group, if the challenges and opportunities are similar they can be merged

Challenges and Opportunities may then listed on two columns, one list with challenges, another opposite it with the opportunities. On the bottom row (columns joined together), the group can identify what knowledge and skills might be needed to respond to the challenges and opportunities.
4. Display the challenges and opportunities, Knowledge and skills flipchart and ask others to go around the room, market-place style, review what has been written, and ask questions where needed.
5. Note the opportunities and relate these to the existing skills in the group. For example there may be opportunities to raise awareness through various channels, what skills might be needed for this?





Handout 4.7 - Challenges and Opportunities-Being Ready as An Advocate

Objective(s) of Advocacy:

Challenges

Opportunities

Knowledge and Skills needed to respond



AN INTRODUCTION TO ADVOCACY: TRAINING GUIDE

Academy for Educational Development (AED)
<http://www.globalhealthcommunication.org/tools/15>
This training guide introduces the concept of advocacy and provides a framework for developing an advocacy campaign. The guide is designed for a workshop setting, but can also be used as a self-teaching device. Divided into twelve modules, the guide presents general information on advocacy training.

ADVOCACY FROM THE GROUND UP: A TOOLKIT FOR STRENGTHENING LOCAL RESPONSES

Asia Pacific Council of AIDS Service Organizations (APCASO)
http://apcaso.org/index.php?option=com_content&view=article&id=28&Itemid=66
The tool kit provides a guide to a wide range of activities with resources and reference materials for both trainers and participants. It is intended to broadly elaborate on the concept of advocacy and how it plays a key role in effective HIV interventions and AIDS services. It is currently being used to structure advocacy capacity initiatives for the ongoing Community Advocacy Initiative (CAI) project.

A-SQUARED ADVOCACY TRAINING MANUAL

United States Agency for International Development (USAID)
<http://www.healthpolicyinitiative.com/index.cfm?ID=publications&get=pubID&pubID=343>
The manual draws from numerous HIV and advocacy resources and materials from the Asia-Pacific region, and it integrates innovative approaches to advocacy and involvement in the policy development process that are specific to HIV epidemics in Asia, particularly China, Thailand, and Vietnam.

DEMANDING CREDIBILITY AND SUSTAINING ACTIVISM: A GUIDE TO SEXUALITY-BASED ADVOCACY

Global Rights http://www.globalrights.org/site/PageServer?pagename=wwd_initiatives_lgbti
This Guide explains the human rights standards that are most relevant to the protection of LGBTI communities in terms that are easy to grasp and framed within a broad human rights context. By providing case studies, it helps illustrate how those standards are applied in real life. And it includes exercises to help advocacy organizations and activists better understand the complex social constructs that define our notions of gender, sexual health, and human sexuality.

HIV/AIDS ADVOCACY GUIDE

International Planned Parenthood Federation (IPPF) <http://www.ippfwhr.org/en/node/283>

In confronting the challenges of the HIV/AIDS epidemic, this guide explains how advocacy can be a powerful tool in supporting prevention and treatment efforts and reducing the stigmatization of people living with HIV/AIDS.

ADVANCING THE SEXUAL AND REPRODUCTIVE HEALTH AND HUMAN RIGHTS OF PEOPLE LIVING WITH HIV

International Planned Parenthood Federation (IPPF)

<http://www.ippf.org/en/Resources/Guides-toolkits/Advancing+the+Sexual+and+Reproductive+Health+and+Human+Rights+of+People+living+with+HIV.htm>
With input from networks of people with HIV worldwide, the guidance package explains what global stakeholders in the areas of advocacy, health systems, policy making and law can do to support and advance the sexual and reproductive health of people living with HIV, and why these issues matter.

GENERATING POLITICAL CHANGE: USING ADVOCACY TO CREATE POLITICAL COMMITMENT

International Planned Parenthood Federation (IPPF) <http://www.ippf.org/en/Resources/Guides-toolkits/Generating+political+change.html>
This guide defines advocacy as any strategic activities that aim to bring about a desired change. These stories show that advocacy is not simply a series of ad hoc actions. Advocacy is a process of linked actions that, when combined, bring about change.

HANDBOOK FOR ADVOCACY PLANNING

International Planned Parenthood Federation (IPPF) http://www.ippfwhr.org/en/advocacy_planning_manual
This handbook assists in developing advocacy activities through a series of highly specialized actions. Associations must analyze political processes, state structure, current legislation at the various government levels, international commitments, and the social, economic, geopolitical and human development context.

PARTICIPATORY ADVOCACY – A TOOLKIT FOR VSO STAFF, VOLUNTEERS AND PARTNERS

Volunteer Services Overseas (VSO)
http://www.aidsportal.org/Article_Details.aspx?ID=12831
The main body of the toolkit is divided into five parts, which represent five key stages of the participatory advocacy process.

SURVIVAL IS THE FIRST FREEDOM: APPLYING DEMOCRACY & GOVERNANCE APPROACHES TO HIV/AIDS WORK UNAIDS

http://www.aidsportal.org/article_details
The purpose of the toolkit is to provide a collection of tools for use in applying democracy and governance approaches to HIV/AIDS work.

ADVOCACY IN ACTION: A TOOLKIT TO SUPPORT NGOS AND CBOS RESPONDING TO HIV/AIDS HIV/AIDS Alliance

http://www.aidsportal.org/Article_Details.aspx?ID=552
This toolkit aims to help NGOs/CBOs develop a clear understanding of what advocacy is and how it might support the work of NGOs and CBOs and to provide practical experience in how to actually undertake advocacy work.

ADVOCACY MANUAL: A PRACTICAL GUIDE FOR ORGANIZATIONS OF THE CIVIL SOCIETY

HIV/AIDS POLICY ANALYSIS AND ADVOCACY FACILITATOR'S MANUAL AND TRAINING MODULE

Latin America and the Caribbean Council of AIDS Service Organization (LACASSO)
http://www.lacasso.org/index_english.html

ICASO ADVOCACY AND PRIMERS

International Council of AIDS Service Organization (ICASO)
http://icaso.org/advocacy_briefings.html

ADVOCACY TOOLS AND GUIDELINES: PROMOTING POLICY CHANGE CARE

<http://www.care.org/getinvolved/advocacy/tools.asp>
These tools and guidelines provide a step-by-step guide for planning advocacy initiatives, as well as advice for successful implementation.

NETWORKING FOR POLICY CHANGE: AN ADVOCACY TRAINING MANUAL BY POLICY The POLICY Project

<http://www.policyproject.com/pubs/AdvocacyManual.cfm>

The manual is based on the principle that advocacy strategies and methods can be learned. The building blocks of advocacy are the formation of networks, the identification of political opportunities, and the organization of campaigns. The manual includes a section on each of these building blocks, with specific subjects presented in individual units.

YOUTH AND THE GLOBAL HIV/AIDS CRISIS: A TOOLKIT FOR ACTION

United Nations Association in Canada
http://www.unac.org/en/link_learn/hiv_aids/en/index.asp

This Toolkit for Action has two components. In Part One, there is a sample of youth and youth workers (based in Ottawa) explaining what prevention, education, and awareness strategies have reached them, what they think about these strategies, and their own ideas for effective youth-centered HIV/AIDS actions for their communities. Part Two looks at a range of for- and by-youth public education initiatives from Kenya, the US, South Africa, Bangladesh, and Canada. Included at the end of the report are pointers on what kinds of strategies and programmes have worked best over the past 20 years of HIV/AIDS practice.

HIV/AIDS ADVOCACY AND MEDIA RELATIONS MANUAL+STIGMA AND DISCRIMINATION HANDBOOK

Religions for Peace
<http://religionsforpeace.org/resources/toolkits/hiv.html>

ADVOCACY TOOLKIT: TOOLS TO ADVOCATE FOR LGBTQ YOUTH

The Trevor Project www.thetrevorproject.org/documents/AdvocacyToolkit.pdf

Short guide to advocacy for LGBTQ with focus on mental health and suicide prevention. Includes guide to writing to elected officials with sample letters.

AMICAALL ADVOCACY TOOLKIT

Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL)

<http://www.amicaall.org/toolkits.html>

The Alliance has developed a strategy: Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL), reflecting the importance of locally led, multisectoral action which complements supportive national policies.

LGBT COMMUNICATION MANUAL

The Brazilian Gay, Lesbian, Bisexual, Transvestite and Transexual Association (TABGLT)

http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2010/20100301_Brazil_LGBT.asp

The manual is directly related to the LGBT Movement's goals of contributing towards the production of tools capable of educating and informing Brazilian society about its human rights. Furthermore, it aims to reinforce the roles played by each and every citizen in building a fairer, more human society with solidarity and full access to the rights provided for by the Brazilian Constitution.

VISUALIZING INFORMATION FOR ADVOCACY: AN INTRODUCTION TO INFORMATION DESIGN

Open Society Institute (OSI) <http://www.soros.org/initiatives/information/focus>

[communication/articles_publications/publications/visualizing_20080311](http://www.soros.org/initiatives/information/focus/communication/articles_publications/publications/visualizing_20080311)

A manual aimed at helping NGOs and advocates strengthen their campaigns and projects through communicating vital information with greater impact. The booklet aims to raise awareness, introduce concepts, and promote good practice in information design—a powerful tool for advocacy, outreach, research, organization, and education.

MAPPING FOR ADVOCACY CASE STUDIES

Open Society Institute (OSI)

http://www.soros.org/initiatives/information/focus/communication/articles_publications/publications/gis_20060412

The 10 case studies selected in this publication focus on GIS mapping projects primarily in the context of advocacy work in North America.

GLOBAL ADVOCACY FOR HIV PREVENTION AMONG MSM

International AIDS Society, Bill and Melinda Gates Foundation

<http://www.rectalmicrobicides.org/docs/Global%20Advocacy%20for%20HIV%20Prevention%20Among%20MSM.doc>

The International AIDS Society and the Bill & Melinda Gates Foundation held a meeting in Geneva, Switzerland, focusing on the state of global advocacy for the HIV prevention needs of gay men and men who have sex with men (MSM). Twenty-eight invited leaders participated in a full-day discussion that included an analysis of the current landscape of global MSM-HIV advocacy, reviewed priorities for research and resource allocation, and explored opportunities for leadership and collaboration. This documents the meeting.

MSM VERSUS IDU—POLICY AND PRACTICE LANDSCAPE

AIDSProjectsManagementGroup(APMG)
www.aidsprojects.com/uploads/File/IDU%20versus%20MSM%20policy%20and%20practice%20landscape.pdf

A comparison of IDU and MSM policy landscapes with recommendations.

SEX WORKER HEALTH AND RIGHTS ADVOCATES' USE OF INFORMATION AND COMMUNICATIONS TECHNOLOGIES REPORT

OpenSocietyInstitute(OSI)
http://www.soros.org/initiatives/health/focus/sharp/articles_publications/publications/technologies_20070717

This report explores the ways in which sex worker health and rights advocacy groups currently use information and communications technology, and to discover how they could benefit from technology and training in the future.

CIVIL SOCIETY PERSPECTIVES ON TB/HIV: HIGHLIGHTS FROM A JOINT INITIATIVE TO PROMOTE COMMUNITY-LED ADVOCACY

OpenSocietyInstitute(OSI)
http://www.soros.org/initiatives/health/focus/phw/articles_publications/publications/highlights_20060811

Both the project and the publication underscore the importance of enhancing community engagement in the design, implementation, and evaluation of collaborative TB/HIV programs. The report presents case studies from Indonesia, Mexico, Sierra Leon, South Africa, Ukraine, and the Caribbean, highlighting community advocates' strategies, achievements, and lessons learned.

References

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Understanding Sex, Gender, Gender Identity, Gender Expression, Sexuality and Sexual Orientation

This chapter focuses on helping participants to understand differences between sex and gender; understand concepts like sexuality, sexual orientation, gender identity and gender expression. A lack of understanding of these concepts and the appreciation of these as innate characteristics, and part of who a person is, can often lead to stigma. In Cambodia activists have also found new confidence and inspiration from knowing more about themselves as well as the cultural and social factors that lead to stigma and discrimination on the basis of SOGI. Prevention education on HIV and STIs has focused on awareness raising, decreasing stigma among people with HIV, “safer sex” and specific sexual behaviors such as condom and lubricant use, and on “life skills”.

However people with HIV who are gay or transgender (including some who may sell sex or use drugs) do suffer from additional “layers” of stigma and discrimination, as well as self-stigma. The recent pronouncements of the UN on SOGI as well as the Yogyakarta Principles have led the way in recognizing the importance of these concepts as part of common human experience. There are likewise new and evolving terms in the local language that are increasingly being used, or appropriated by different groups, and knowing the jargon, using terms in specific contexts with specific groups is also key to better understanding. A chapter on common terms and definitions has been included in this toolkit (See Chapter 3).

For easier flow, and relating the concepts to one another, it is suggested that the exercise on Sex and Gender precede the exercises on Gender Identity, Gender Expression, Sexuality and Sexual Orientation.

Key Points

- Understand the basic roots of stigma and discrimination as societal, cultural and based on gender perceptions and expectations of what a “good” woman or a good “man” should be
- Stigma is often due to ignorance, fear, personal beliefs, not understanding the diversity of sexualities, and the association with sex as shameful or dirty
- Stereotyping prevalent in society
- Stigma and discrimination vary according to context and culture
- This is rooted in lack of understanding and appreciation of differences between the sexes, genders, and ideas about self-definition, privacy on sexual issues and matters
- Stigma and Discrimination don’t just come from the outside—they also come from within (groups and communities and inside individuals)

Chapter Goals

Upon completing the exercises, participants will be able to:

- Understand more clearly biologic and cultural differences between sexes and genders
- Appreciate diversity
- Understand some reasons why discrimination and stigma happens
- Improve understanding of the distinctions between Sex (biologic), gender (cultural);
- Understand concepts of sexuality, gender identity, gender expression and sexual orientation
- Understand that a strong basis for stigma and discrimination is cultural and personal, including coming from within



Exercise 5.0 - Body Mapping Exercise

Purpose

To illustrate and clarify the differences between sex and gender

Goals

Participants able to discuss and differentiate between biological factors and cultural factors that influence perceptions and attitudes on gender identity and expression, and better understand transgender, transsexual and intersex concepts

Materials

Flipcharts
Marker Pens
Stick-Ons and Tape
Papers (different colors preferable, cut into one-third or one fourth A4 size)

Process

PART I – UNDERSTANDING SEX

1. Divide participants into two groups, about five to seven in each group; give two to three flipcharts each (big size)
2. Ask one Group to outline a male body, and the other group to draw a female body. One of the group members can lie on the flipcharts (you can stick the flipcharts together) for a life-size outline
3. Ask each group to draw, or to indicate the body parts that can differentiate a man from a woman, a boy from a girl, or a male from a female
4. After 10 minutes, each group shows its drawing with the parts labeled, and explains
5. Compare the two drawings, ask the group about the different parts labeled: pay particular attention to the following:
 - a. Genitals and Reproductive organs (both internal and external)
 - b. Breasts (size)
 - c. "Adam's Apple" if indicated
 - d. Hair distribution (and length)
 - e. Have them discuss: which of these characteristics/parts are natural (i.e., existing at birth? Which are modifiable or can be changed?)
 - f. What about persons who may have two types of sexual organs?
6. The facilitator summarizes that sex is a biological characteristic, usually defined at birth. A small proportion of persons may be born with both male and female external organs, and the term used for them is "INTERSEX".
7. In some countries biologic sex can be changed legally and officially, on identification documents. When this change happens and a person changes sex the term for this is "TRANSEXUAL"





Exercise 5.0 - Body Mapping Exercise

Process continuation

PART II – UNDERSTANDING GENDER

1. Ask the Groups to list down on the pieces of paper, the appearances, behaviors, and characteristics, as well as cultural expectations, one normally associates with being either male or female. List each characteristic mentioned on one piece of paper. Allow 10 minutes for this listing
2. The Groups will then stick the notes on the “male” or the “female” side. This can be a long list, each note may consist of single words or whole sentences
3. Have the groups present their list alongside the figures drawn in the previous exercise
4. Ask whether each note may be said to be exclusively male, exclusively female, or can belong to both ?
5. Explain that the lists and characteristics are socially constructed, and change over time, and in different contexts.
6. Bring to a close by explaining that the first exercise – the drawing—was about SEX (Biological) and the Second, the listing, was about GENDER—what does this include ? (the list might include appearances, dress, behavior, expectations, roles, habits, etc.)
7. Allow the participants to state their reflections about the differences between “SEX” and “GENDER”. SEX differentiation is very powerful—for example this starts at BIRTH, when parents look at the genitals and say, “My child is a BOY, or a GIRL”.
8. Ask then about specific cases, such as Popie (well known Khmer movie star), What does the group know or see about Popie?
9. At this point it may be useful to differentiate between Transsexuals and Transgender.

Note to Facilitator

PART I: Keep a list of the basic parts/organs that are associated with men and women: penis, testicles, vagina, uterus or womb, fallopian tubes, breast size, Adam’s apple, size of muscles, hair distribution, etc.

PART II: Recall various forms of fashion and dress—such as wearing earrings, pants, way of sitting on a motorbike, length of hair, etc. How has this changed over time and in different settings ?





Exercise 5.1 - Understanding Gender Identity and Gender Expression, Sexual Orientation and Sexual Identity

Purpose

To illustrate different concepts about Gender (self) Identity and Gender Expression, Sexual Orientation and Sexual Identity

Goals

At the end of the exercise, participants will be able to understand better the concepts of Gender Identity and Gender Expression.

Materials

None, three to four Volunteers from the audience (preferably people who may self-identify as lesbian or gay, or who may dress and appear “butch” or “femme”

Set of papers, cut out into 1/4 A4 size, different colors. Each participant (excluding the volunteers) is given several papers. Also several papers cut in the shape of a heart, about the size of ¼ A4 paper.

Handouts from Yogyakarta Principles, defining SexualOrientation and Gender Identity ; Definitions of Terms used, with Table illustrating Sex, Sexual Orientation, Gender Identity, Gender Expression (p. 143 MSM Stigma and Discrimination toolkit—see below)

Process

1. Review the previous discussion points on Sex and Gender.
2. Ask volunteers to stand in front and just not say a word, or move. (If necessary brief them prior to the exercise). Then ask them to turn around so that they cannot see the other participants
3. Ask the other participants, What do they see in each person? What are they like? (Male or Female?) Why do they say this? How do they know this?) Invite the participants to “write on the back” of the volunteers, first by writing what/who the person is like in terms of their gender(s), using various local language terms that they know. Explain that they can write anything, even derogatory terms they may have heard.
4. After they have written “labels” for each of the volunteers, they should now stick them on the back of the person
5. Then ask the audience to respond to two questions:
 - In the school what do the teachers expect this person to dress or behave?
 - Who do you think the society will expect this person be sexually attracted to, or want to fall in love with or to marry?” – write the answer(s) on the Heart-shaped card, stick on the chest of the volunteer
6. Ask the audience, How do they know this?
7. Then ask the volunteers, What do you think ? Do you agree with them or not? What do you feel? (5 min)
8. Then ask the participants, do you know who this person loves ? (or, who will this person be sexually attracted to ?) – have the audience select, “Male”, “Female”, or “I don’t know” (or any local terms)” – The answers may be written on a Different colored paper, or one shaped as a HEART, or using different colored pens.





Exercise 5.1 - Understanding Gender Identity and Gender Expression, Sexual Orientation and Sexual Identity

Process continuation

9. With the volunteers still not saying a word, gather the different labels from their backs, put these together and allow them to read the labels silently and without comment.

10. While they are reading, explain that the audience is making certain assumptions about who they think this is, what their gender identity is, but is it correct? Does the person think in the same way? What if they (audience) sees someone on the street dressed in a similar way? What will they think?

11. Explain that sexual attraction, including desire to be intimate with a person of the same sex is called Homosexuality. Discuss briefly about Heterosexuality and Bisexuality. Ask about whether there are any terms locally that are equivalent to this?

12. What about "MSM"? What does this mean?

13. Summarize with the following points:

- A person usually identifies himself or herself in terms of being MALE or FEMALE, BOTH, or NEITHER – this is his or her GENDER IDENTITY. There are two aspects to this: One's own SELF IDENTITY and the SOCIAL IDENTITY that may be imposed by Society, Culture, Norms, religions or the beliefs of other people.
- People (the audience) often make assumptions on the basis on what they see and perceive and this is based on their own experiences; these are not necessarily accurate, or the same as what a particular person thinks inside!
- How someone dresses, talks, acts, or appears refers to their GENDER EXPRESSION; some may express themselves in many different ways on may different times; oftentimes this may be consistent with the GENDER IDENTITY but NOT ALL THE TIME! (May ask audience to cite examples—for example, a masculine lesbian who works in a garment factory or as a beer girl and has to appear feminine; or some Khmer men who appear to be very soft and polite, gentle and docile "ton phloun"; or in some contexts, "acting and feeling like a female" but not all the time.
- The important thing to remember is, WHO REALLY KNOWS WHAT A PERSON THINKS AND FEELS INSIDE? Who knows what they think in their hearts about who they love or wish to have sexual relations with? Only they can say for sure.
- No one can say for sure who she or he is sexually attracted to, unless they tell you! This is their SEXUAL ORIENTATION –same sex, opposite sex or both sexes.

14. Hand out copies of the table below, that shows the basic differences and distinctions about Sex, Gender, Sexual Attraction, Gender Expression and Identity.

15. Thank the volunteers for keeping quiet, and then have them return to the group.

Note to Facilitator

At the end of the exercise, point out that many of these are cultural constructs and can be changed, but who you are inside is more important, that you value and express yourself in a way that feels natural and right for you, and that you are also considerate of how your behavior might affect other persons in a different setting.





Handout 5.1

Table :A whole Range—Sex, Gender, Gender Expression, Sexual Orientation (Adapted and Modified from MSM Stigma toolkit, Cambodia Adaptation —PACT & ICRW 2010)

Sex Biological / Physical	Male or Man	Intersex, Hermaphrodite	Woman or Female	Transitioning
Gender	Male, Female, Neither			
Gender Expression	Masculine, Feminine, Neither			
Sexual Orientation (Who attracted to, sexually)	Homosexual (same sex)	Bisexual (both sexes)	Heterosexual (Opposite Sex)	"Asexual" (not interested)





Exercise 5.2 - Understanding Sexuality and Sexual Behavior, and Stigma related to Sexuality, Gender Expression & Sexual Orientation

Purpose

To have a greater understanding of sexuality, its relation to gender identity and expression as well as to sexual orientation; Understand how stigma and discrimination may arise from non-acceptance of sexualities and gender expressions

Goals

Illustrate the many dimensions of sexuality, beyond the act of sexual intercourse; understand how cultural and societal perceptions and ignorance/fear about sexuality, gender expression may lead to stigma and discrimination

Materials

Handouts from Yogyakarta Principles, defining Sexual Orientation and Gender Identity ; Definitions of Terms used, with Table illustrating Sex, Sexual Orientation, Gender Identity, Gender Expression

Sexual Orientation Exercise form

Process

PART I: SEXUALITY and SEXUAL BEHAVIORS

1. Give participants a small piece of paper. On the paper ask them to write a number—the number of persons they have had sexual intercourse (oral, anal or vaginal) in the past 12 months. Then fold the piece of paper and place into a box.

- The facilitator then reads out the numbers and clusters (from none to the highest, give ranges, or most frequent responses)

2. Why do people have sexual intercourse? List various reasons. Cluster the main reasons and discuss.

3. Ask the group: Do you think that LGBT people also have the same reasons for having sexual intercourse?

4. Discuss: What might be some of the circumstances under which people have sex, or sexual intercourse (briefly note the effects of things like alcohol, Viagra, some drugs, lighting, mood, atmosphere, sexy photos, music, being forced, etc.) (10 min)

- Explain that this also applies to any other sexual activity NOT just sexual intercourse—including kissing, oral sex, touching breasts, masturbation, etc.

5. Reflect on SEXUALITY: ask people to say what they think this includes apart from penetrative sex, or the use of condoms.

6. Summarize: SEXUALITY is not just about sexual intercourse BUT includes also desires, emotions, expressions, sensations, meanings, feelings, etc. ; it may be with one partner, with the self, or with several others





Exercise 5.2 - Understanding Sexuality and Sexual Behavior, and Stigma related to Sexuality, Gender Expression & Sexual Orientation

Process continuation

SEXUAL ORIENTATION EXERCISE (See Hand out below)

- Provide participants with prepared forms (see handout paper); Ask them to answer and tick off relevant boxes.
- First box: Indicate your own Sex and Gender Identity (M or F or Other)
- Write name of two or three persons that they may be sexually attracted to, that is, who they wish to go to bed with or make love with. After that name, they should indicate the sex and gender of the person(s)
- Again ask them to fold the papers and put into the box.
- The facilitator picks out a few of the papers and reads out, noting which ones are "SAME" (i.e, own sex and gender identity is the same as the name on the list) and "DIFFERENT" (the Sex and Gender Identity of the writer is DIFFERENT from that of the Sex and/or Gender of the person listed). There could be more than one name and Gender.

7. Explain: SEXUAL ORIENTATION: Refers to each person's capacity for profound emotional, and sexual attraction to, and intimate and sexual relations with, individuals of a different gender, or the same gender, or more than one gender. Three sexual orientations are commonly recognized: Bisexual, Heterosexual or Homosexual.

8. Different sex/gender attraction: HETEROSEXUAL; Same sex/gender attraction: HOMOSEXUAL; Equal Attraction to both sexes: BISEXUAL

- "LGBTIQS" is a more detailed description and has been popularized in recent years
- As the audience, What are the Khmer terms that refer to Sexual Orientation (Sexual attraction) ? (SIM Bi, for example)
- Different sexual orientations occur in ALL cultures and countries. Homosexuality used to be considered a mental disorder or a sickness, but has been taken off the list of mental disorders only recently (IDAHO)

PART II – STIGMA and DISCRIMINATION related to Gender Expression, Sexuality and Sexual Orientation

Ask the participants to reflect, "So why do you think there is hostility and stigma towards those who look and appear and act different ?"

- What is it based on ? (Talking too loud ? Dressing differently ? Shouting and cursing others ?)
- Why do you think people will react differently if "normal" appearing men and women do this, compared to those who appear different ?
- Is this Ignorance ? Lack of Understanding ? Fear ? (Why fear, afraid of what ?) Self-hatred or Self-stigma ? All the above ?





Handout 5.2 - Sexual Orientation Exercise

1. What is your Sex? Please check : F ☐ M ☐ Other ☐

2. What is your Gender?

☐ Woman

☐ Man

☐ Gay

☐ Lesbian

☐ Bi-sexual

☐ Transgender

☐ Other _____ (please list)

3. Write name of up to three persons, who you are sexually attracted with.
Please state the person's Sex and Gender under each Name:

1

Name

Sex / Gender

2

Name

Sex / Gender

3

Name

Sex / Gender



References

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Stigma and Discrimination

The presence of stigma and discrimination attached to MSM and Transgender and their “lifestyles” is a common thread that runs through many cultures and communities. It takes a range of forms and manifestations, from subtle teasing at school to criminalization of same-sex acts. An interesting quality of stigma and discrimination is that their targets, like MSM and Transgender, often internalize the stigma, leading to low self-esteem and not accept of “who I am”. Drug abuse and suicide are common side effects of this trend. It has been clearly demonstrated that stigma and discrimination are core drivers of HIV infection. A careful exploration and treatment of stigma (including self-stigma) and discrimination in your particular area is highly recommended, and there are some very good tools that have been developed for this purpose (see Stigma and Discrimination Resources section).

Do not feel overwhelmed or afraid to confront stigma and discrimination; it can be broken down

into small steps and believing you can make a difference.

Acknowledging the specific ways stigma and discrimination exist is a first step toward its eradication; however, our work does not stop there. Ideas and beliefs take a long time to change. So while it is crucial that communities develop long-term strategies for eradicating MSM-related stigma and discrimination in their locales, it is equally important that they develop short-term strategies for coping with the stress and strain stigma and discrimination bring. It is also extremely important to target self-stigma. Growing up in homophobic families, schools, and communities has a deep and lasting impact on MSM and Transgender and their behavior as adults.

This chapter focuses on helping participants to appreciate how stigma and discrimination has a connection to HIV risk, identifying perpetrators of stigma as potential advocacy targets, and looking within at the importance of addressing self-stigma.

Key Points

- Stigma and discrimination vary according to context, culture; good resources are available to explore the issues
- Stigma and Discrimination don't just come from the outside—they also come from within (groups and communities and inside individuals)
- Stigma and discrimination contribute to HIV risk. Changing attitudes takes time; coping strategies are important
- Strategies for change should take their audiences into careful account
- Some exercises in this section might be primarily for LGBT and MSM (6.0 – Name Game, experiences of stigma)

Chapter Goals

Upon completing the exercises, participants will be able to:

- Identify personal experiences of stigma and discrimination and connect with others through shared experiences
- Understand how childhood experiences can lead to self-stigma in later life
- Understand specific connections between stigma and discrimination and HIV risk
- Highlight the major forms, causes and effects of stigma and discrimination
- Understand stigma and discrimination as occurring both at individual and societal levels
- Develop strategies for ending discrimination proactively through advocacy
- Develop strategies for coping with discrimination reactively
- Cite useful strategies for beginning the process of eradicating low self-esteem
- Cite specific examples of stigma and discrimination targeted advocacy



Exercise 6.0 - NAME GAME – Naming Stigma and Discrimination

Purpose

To reflect on participant's own experiences of discrimination, its predominance across different cultures, and the ways in which it can be internalized. This exercise is recommended for LGBT and MSM and Transgender participants.

Goals

At the end of the exercise, participants will be able to:

- Identify personal experiences of stigma and discrimination
- Connect with other participants through shared experiences of discrimination
- Understand how childhood experiences can lead to self-stigma later in life

Process

1. Ask participants to close their eyes and take a few deep breaths. Now ask them think back to times in their childhood when they were teased or called names. Ask them to remember the faces of the perpetrators and what they called them exactly. Have them take careful note of their feelings, some of which may be very upsetting.

2. Break participants into groups. Have participants share experiences with each other and compile a list of common names used to refer to MSM and Transgender and their appearance or behavior.

3. Bring participants back together and have each group share the names. Ask the participants about how being called those names made them feel then. How does hearing the name make them feel now? Allow each group to share its names. Are there some examples whereby these names have been reclaimed and are used by MSM and Transgender to refer to each other?

Explain that name-calling is a very simple example of stigma. It is an illustration of how stigma:

- Happens from the youngest of ages
- Is shared across cultures and contexts
- Has a deep impact that we feel even in adulthood

4. Next, ask the participants to close their eyes and take a few deep breaths. Ask them to answer the following questions with a show of hands, anonymously:

- Do you feel guilty(or ashamed) because you love men (or another person with the same sex as yourself)?
- Do you try hard to keep loving men a secret?
- Are you afraid you will be treated like an outcast if people find out who you really are (LGBT,MSM or Transgender)?
- Do you worry that people might question your character if they find out you are an MSM or Transgender?
- Do you worry or are you ashamed to be seen in public with someone who is very clearly Gay, Lesbian or Transgender or "long hair" MSM ?

5. The facilitator should explain that stigma and discrimination come from both the inside and the outside, and that MSM and LGBT need to advocate for their rights in society as well as engage in a personal struggle for self-acceptance and self-love. Many people will raise their hands and answer yes to the preceding questions. Explain that if participants raised their hands in response to any of the questions about. It is indicative of low self-esteem as it relates to their identity as MSM and Transgender or LGBT.

Note to Facilitator

At this point, underscore the importance of healing past wounds by examining some of the ways self-stigma manifests. Ask participants to make a commitment to assessing the degree to which they love themselves and feel worthy of health, security, and happiness, and to follow this with a commitment to work toward greater self-love and acceptance.





Exercise 6.1 - Connecting Stigma and Discrimination and HIV

Purpose

To get participants to interactively explore the connection between stigma and discrimination and HIV risk. A key part of planning for stigma and discrimination advocacy is to understand how the 2 connect.

Goals

At the end of the exercise, participants will be able to:

- Understand the specific connection between stigma and discrimination and HIV risk

Materials

Case study (see below)
Handout Diagram on HIV Risk and Stigma (Handout below)

Process

1. Break participants up into 3 groups and have them each read the story in Handout 6.1 to their group. They should address the following question:

- What happened in the story ?
- Why is Kiri Behaving in this way ?
- How does stigma affect disclosure to his partners and his use of health services?
- How does MSM stigma result in the continuing spread of HIV? Why is this still high in Cambodia especially in MSM and TG?
- If we stigmatize MSM, does it stop them from having sex with men?

2. Lead a discussion surfacing responses and project Handout 4 below on a screen or wall for the group to review. What do they think ? What are the other bubbles that can be filled out ?

3. Summarize main points





Handout 6.1 - Case Study

Case Study

Kiri's Story

"Kiri started to have sex with other boys and men when he was about 16, but he hid this from his family and other friends. He knew that being with other males was natural for him, but he feared that his family might find out and make his life miserable. Other friends had been discovered by their families and had suffered as a result. He lived in the same town as his family but when he grew older, in his 20s he decided to move to another city. His family suspected that he might be gay, but they made excuses for him about not being married, until he was 30 years old. He agreed to the marriage to get them off his back. Soon after getting married he found out that one of his previous male partners had become HIV positive, so he started to worry about his own status—what would people think if he was MSM? If he developed AIDS?"

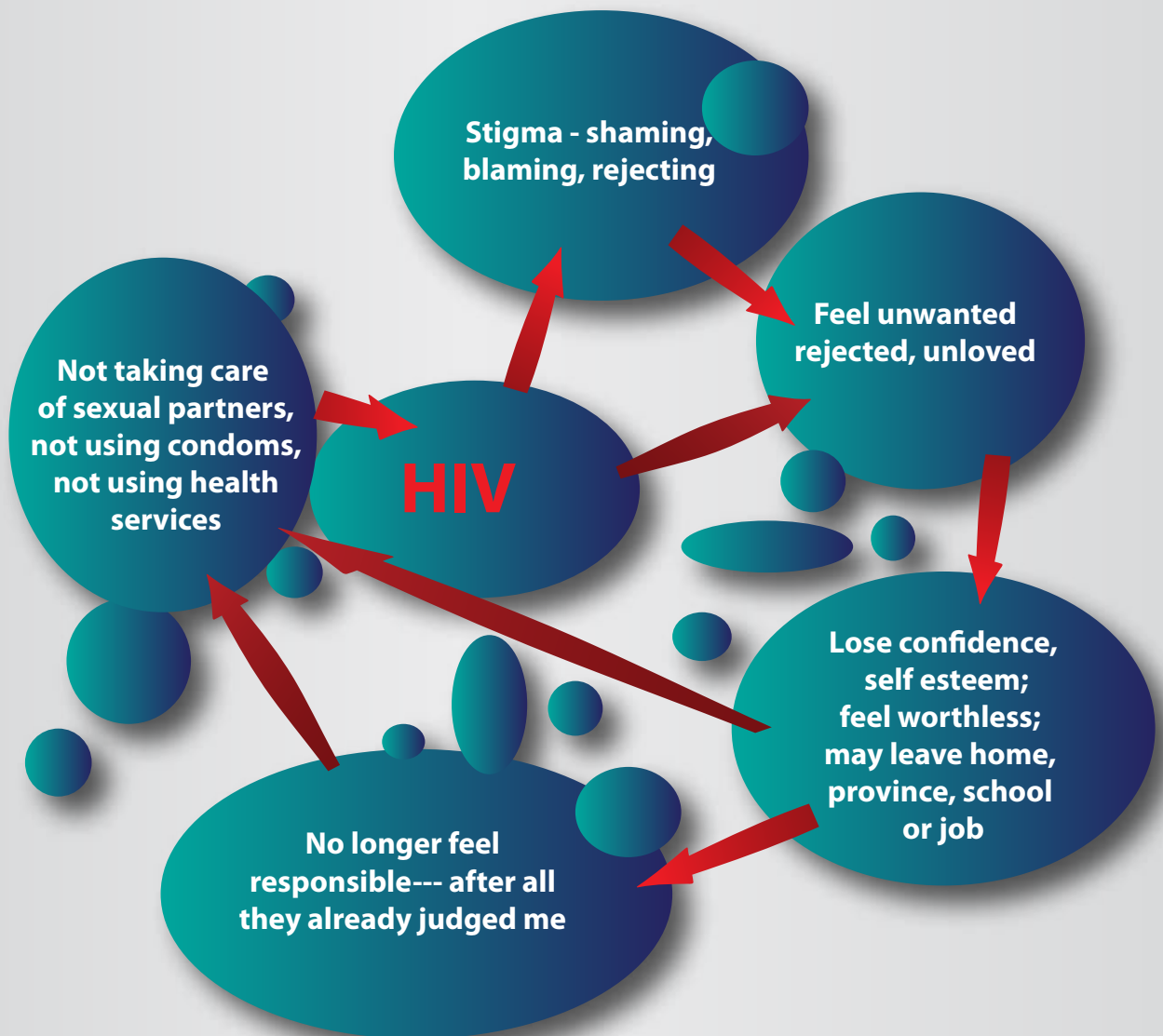
He went to the clinic to have an HIV test but the counselor made him feel uncomfortable, asking him lots of questions about his sex life. When Kiri told the counselor that he liked sex with other males, the counselor said, "Oh are not like them! You seem different!" Kiri left the clinic without taking the test.

He started to worry about infecting his wife and his new male partner. He wanted to use a condom with his wife but she got angry and said he must be having an affair. He was not willing to tell her about his other male partners and so he had sex with his wife without using a condom. He got very depressed and wondered what to do next."





Handout 6.1 - Relationship between Stigma and HIV





Exercise 6.2 - Responding to discrimination: Reactive and Proactive?

Purpose

To develop strategies for advocating for rights both reactively (when stigma is happening and proactively in general) through role-play and analysis.

Goals

At the end of the exercise, participants will be able to:

- Understand stigma and discrimination as occurring on both individual and societal levels
- Cite strategies for coping with discrimination reactively
- Cite strategies for ending discrimination proactively through advocacy

Materials

List of Issues from Problem 3 exercise—preferably those related to the Family, and to coming out

Coming Out – brochure from RoCK (English and Khmer versions of “Coming Out” and Frequently Asked Questions”)

Process

1. Choose 3 main issues from Exercise on Problem Tree, and break down each into 3 paired roles (total of 6 actors, the rest audience).

Role A: perpetrator of discrimination

Role B: MSM recipient of discrimination

Issue examples include father/son, teacher/student, local gang/MSM, and doctor/patient. The actor pairs take turns enacting an experience of discrimination in as much detail as possible. Participants should dig deep into their own experience and make the role play as close to reality as possible.

Ask the other participants (audience) to note the ways in which the recipient of discrimination (role B) is managing the discrimination. What tactics is he or she using? How does this resonate with their own experience? How would they react?

Devise a list of tools (activities) for managing discrimination from the collective experience of the group.

This list might include:

- Talk to family members who may be sympathetic and win their support.
- Invite family members to attend MSM events so they learn more about MSM.
- Show you are as productive and valuable as any other family member.
- Don't give up. Don't walk away. Stay and demand equal treatment
- Hold your head up and look the other person in the eye.
- Speak so that people can hear you clearly. Stick with your own ideas and stand up for yourself. Don't be afraid to disagree with people.
- Accept other people's right to say “No” and learn how to say “No” yourself.

2. Explain to the group that this list is a useful set of tools for reacting to stigma when it is enacted in day-to-day settings, when there is little time to think. Explain that reactively responding to stigma in an intelligent, balanced manner is a form of advocacy. Encourage participants to take some times to prepare themselves for reacting to stigma in the future.





Exercise 6.2 - Responding to discrimination: Reactive and Proactive?

Process

3. Bring the group back together and explain that responding reactively to stigma is not enough, and that proactive steps should be taken to confront stigma. Group brainstorm a list of ideas about how advocacy can be used to address stigma proactively. Some of these ideas might include:

- Train doctors and other health workers on basic skills in being sensitive to MSM and TG and in the management of STIs in MSM.
- Train health worker on how to counsel MSM patients, for example in using non-judgmental, neutral language and to refer to supportive organizations .
- Lobby local authorities to provide support to MSM. In some cases they are not even aware that there are MSM living in their communities.
- MSM should hold stigma workshops to first understand stigma themselves, and then educate service providers and community leaders.
- Reach out to the general population through awareness events in schools, show films, organize art exhibitions, discuss in the news media and radio/TV, and dramatic performance, dances, etc...2

4. Finish the exercise by emphasizing to the group the importance of building on strengths and skills they have already developed through personal experiences of stigma and discrimination. Preparation is key.

Note to Facilitator

Coming out. This can be a powerful proactive act that should be approached very carefully with thought and preparation. There are many wonderful guides to thinking through whether coming out is the right thing for you right now, and if it is, how to take steps towards making it as positive and stress-free an experience as possible. Please see the Stigma and Discrimination Resources section. RoCK has also produced a pamphlet on things to consider as one "Comes Out". (See Chapter 9, Resources).

Remember, opening up about being MSM, gay or lesbian should not be forced and should only happen when the time is right. However most of the time this is not voluntary or it was not planned, because of some circumstances beyond your own control. You can be a good advocate at whatever stage in the coming-out process you happen to be.

Link to the exercise on Being Ready as an Advocate (Chapter 4, Exercise 4.7) and the FAQ brochure from RoCK – How to Advocate to your family and to Local Authorities. (Chapter 9)



POSITIVE PREVENTION TOOLKIT

International Training and Education Center for Health (I-TECH) <http://www.positiveprevention.ucsf.edu/moz?page=moz-CU06INDI>

The overall goals of the training are that: (1) Counselors will be able to describe the importance of follow-up counseling in terms of improving the lives of PLHAs and stopping the spread of HIV via Prevention with Positives; (2) Counselors will demonstrate appropriate ways to use the follow-up counseling toolkit with HIV+ clients.

UNDERSTANDING AND CHALLENGING STIGMA TOWARD MEN WHO HAVE SEX WITH MEN: CAMBODIA EDITION

Toolkit for Action

International Center for Research on Women (ICRW) and Pact <http://www.icrw.org/publications/understanding-and-challenging-stigma-toward-men-who-have-sex-men-cambodia-edition>

This toolkit, adapted and tested with local organizations in Cambodia, includes participatory, educational exercises that can be used with a wide range of individuals and groups to stop stigma and discrimination toward men who have sex with men.

UNDERSTANDING AND CHALLENGING HIV STIGMA: TOOLKIT FOR ACTION, MODULE MSM AND STIGMA

HIV/AIDS Alliance

<http://www.aidsalliance.org/publication-search-results.aspx>

The toolkit contains over 100 participatory exercises which can be adapted to fit different target groups and contexts. There are different sets of pictures, which help to identify stigma, discuss the rights of positive people, and help to stimulate discussions around gender and sexuality and morality issues linked to stigma.

UNDERSTANDING AND CHALLENGING HIV STIGMA: TOOLKIT FOR ACTION, MOVING TO ACTION MODULE

HIV/AIDS Alliance

<http://www.aidsalliance.org/publication-search-results.aspx>

Guide for translating knowledge about stigma and discrimination into action.

TRAINING MANUAL FOR COMMUNITY RESPONSE TO STIGMA AND DISCRIMINATION RELATED TO HIV/AIDS

Latin American and Caribbean Council of AIDS

Service Organizations http://www.laccaso.org/index_english.html

BEYOND HATRED

Public Broadcasting Service (PBS)

<http://www.pbs.org/pov/beyondhatred/>

Beyond Hatred, a feature-length (90 minutes) documentary, in French with English subtitles, provides a remarkable portrait of a family that rejected revenge in favor of a plea for tolerance and understanding. As an outreach tool, it challenges viewers to do the same. With no narrator to reinterpret events or people's

words, audiences are left to draw their own conclusions about the ways in which societies, as well as individual decisions, produce killers.

DEALING WITH HOMOPHOBIA AND HOMOPHOBIC BULLYING IN SCOTTISH SCHOOLS

LGBT Youth Scotland

http://www.ltsotland.org.uk/resources/d/genericresource_tcm4512285.asp

This toolkit has been developed as one of a number of equality projects covering a range of issues. It follows research to identify policy, practice, awareness and confidence around dealing with homophobic incidents. The resource aims to provide confidence and skills to support school staff in recognizing, preventing and dealing with homophobia and homophobic bullying in schools in the context of curriculum for excellence.

AN INTRODUCTION TO WELCOMING SCHOOLS

Human Rights Campaign (HRC)

http://www.hrc.org/about_us/13336.htm

A primer version of the comprehensive Guide, An Introduction to Welcoming Schools includes an overview of Welcoming Schools and resources such as sample lesson plans and LGBT inclusive bibliographies for children and adults.

RESOURCE GUIDE TO COMING OUT

Human Rights Campaign (HRC)

http://www.hrc.org/about_us/13278.htm

Throughout the process of coming out and living ever more openly, you should always be in the driver's seat about how, where, when and with whom you choose to be open. This guide was designed to help through that process in realistic and practical terms. It acknowledges that the experience of coming out and living openly covers the full spectrum of human emotion—from fear to euphoria.

ORDER OUT, SAFE & RESPECTED: YOUR RIGHTS AT SCHOOL

Lambda Legal

<http://www.lambdalegal.org/publications/out-safe-respected/>

This kit is designed to help students know their rights at school and make sure they're respected, and to give concrete ideas about how to make a difference in school and community.

TAKING ACTION AGAINST HIV STIGMA AND DISCRIMINATION

UK Department for International Development (DFID)

http://www.aidsportal.org/Article_Details.aspx?ID=6575

The publication contains a wide range of information:

- *On stigma and discrimination and the impact on AIDS responses;

- *On ways to address it, toolkits and case studies of successful programmes; and

- *On how stigma and discrimination can be measured and progress evaluated.

REVIEW OF LEGAL FRAMEWORKS AND THE SITUATION OF HUMAN RIGHTS RELATED TO SEXUAL DIVERSITY IN LOW AND MIDDLE INCOME COUNTRIES

UNAIDS <http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/MenSexMen/>

This study sought to review published and unpublished data and information of policies, legal frameworks and regulations, homophobic practices (including violence) and related human rights violations, as well as stigma and discrimination with a pilot study to fill the most relevant knowledge gaps in sub-Saharan Africa, Asia, the Middle East and North Africa, Eastern Europe, and Latin America and the Caribbean.

References

1. University of California, San Francisco. Positive prevention toolkit.

<http://www.positiveprevention.ucsf.edu/moz?page=moz-HOME00EN>.

Accessed June 14, 2010.

2. PACT Inc. and the International Center for Research on Women. Understanding and Challenging stigma towards men who have sex with men: tool kit for action. Adapted version for use in Cambodia.

<http://www.icrw.org/files/publications/Understanding-and-Challenging-Stigma-toward-Men-who-have-Sex-with-Men-Toolkit-for-Action.pdf>.

Published 2010. Accessed June 23, 2010.

Services

Despite rising rates of new HIV infections among MSM and Transgender, there is a disproportionately lesser amount of programming directed toward this community. *Where services do exist, they often consist of a limited outreach model that is focused on condom distribution and HIV testing referral, missing other key structural and social factors that drive the epidemic such as stigma and discrimination, poverty, and substance abuse.* This is the result of homophobia and enacted stigma at work within country and funding governments. It is also very likely the result of “invisibility” and silence among MSM communities, due in part to hostile stigmatizing environments in which MSM cannot freely and openly assess and advocate for their unique needs.

Services most often fail to address drivers of the epidemic such as stigma and discrimination, which are key contributors to MSM and Transgender community vulnerability to HIV. It is time that health ministries, NGOs delivering health and HIV services, and others began to think outside of the box of the current services that are offered in Cambodia, (such as the boosted COPCT or the Continuum of Prevention, Care and Treatment,

and the Flagship HIV Innovation Prevention Package for MSM and Transgender people) and think more broadly about community needs, and how they might be met with innovative programming. Communities should do a basic assessment of the services available in their localities and develop a list of comprehensive services required to curb HIV transmission in their particular situations. These might include the usual STI diagnosis and treatment, provision of water-based lubricants, and the less available services such as legal support and psychosocial support structures for helping MSM and Transgender deal with violence and other forms of stigma and discrimination. Another important factor that is often missing from services for MSM is continuity between services; the crucial interconnectivity that makes a response effective. For example, what is the use of providing referral to services in a community wherein the medical establishment stigmatizes MSM and Transgender and refuses their treatment?

This chapter focuses on helping communities identify their particular needs, introducing the importance of continuity of services, and encouraging participants to think outside the box of the condom/referral model through case study examples.

Key Points

- Comprehensive HIV Services for MSM and Transgender are often unavailable or limited
- Services must go simply “referrals” to information and services, and transform these to be friendly
- Condoms and Water-based lubricant is rarely available
- STI care is rarely available
- Some services are disconnected
- Initiatives should be evidence-based and include the right balance of human rights and public health focus.

Chapter Goals

Upon completing the exercises, participants will be able to:

- Understand key elements of comprehensive services, both health and legal.
- Map the local services response in their areas
- Prioritize services according to need - for HIV prevention, improving health and reducing stigma
- Understand the concept of “continuum of care”
- Cite specific examples of innovative service provision models



Exercise 7.0 - Mapping the Local Response

Purpose

To have participants map the HIV response among MSM in their area and identify gaps where they could advocate for more services.

Goals

At the end of the exercise, participants will be able to:

- Understand some key elements comprising a comprehensive HIV response for MSM
- Map the local HIV response for MSM in their areas
- Prioritize services according to need

Materials

Handout 7.0

(Table with headings: Type of Service; Who provides this ? Where ? Quality (scale of 1-3, Good-Fair-Poor) ? Remarks (Cost, Availability, Opening Hours, other)

List of Types of Services that might be needed

Process

1. Facilitator should introduce the exercise with the following:

- Services for MSM are essential for stopping the HIV epidemic worldwide. There is no single set of services that has been empirically proven to be successful in this battle; however, there are some things we do know that are very likely to help. The purpose of this exercise is to get you thinking about what is being done in your area, and what some of the gaps might be in services for MSM.

2. Through a brief survey of the group members, assess their knowledge of the AIDS control program in the country and what their commitments are to MSM. If this knowledge is lacking, ensure that they get information about main agencies.

3. Distribute Handout 7.03.0, ask participants to fill it out

4. Ask a participant to do a collective of the individual responses. In cases where participants are from the same area, are there gaps that stand out? In cases where participants are from different places, are there interesting services listed by other groups that look interesting? Are there commonalities across the board?

5. Agree upon services that participants would like to see offered in their area, or changes to existing services, and make a list. Make another list of services that are offered but that are not effective. How could these be changed to make them more effective?

6. Prioritize the list. Rank the most urgent gap as "No. 1," and the next most urgent as "No.2," and continue in this way until all of the issues on the list are ranked.

Note to Facilitator

Have a list of the different TYPES or Categories of services ready. For example, the types of services include:

- Human Rights Organizations
- Health (Physical) and mental health support
- HIV prevention, care and support—including testing, counseling, self-help groups, PLHA groups
- Activists
- Vocational Training
- Entertainment Establishments known
- Other groups as may be determined





Handout 7.0 - Service Mapping

Area / Site :			
Type of Service	Provider	Quality Rating	Remarks
Health Organizations			
Mental Health			
HIV Prevention VCCT			
Vocational Training			
Activists			
Other			





Exercise 7.1 - Continuum from Prevention to Care

Purpose

To introduce participants to the prevention-to-care continuum through examples, highlighting the importance of a holistic, interlinked response. Connect this exercise to cause-and effect analysis or the Problem Tree exercise (Exercise 4.3), explaining that this time we are starting with solutions instead of problems.

Goals

At the end of the exercise, participants will be able to:

- Understand UNDP-defined comprehensive services for MSM
- Understand the concept of “continuum of care” through local examples

Materials

3-5 Xerox copies of both Handout 7.1.0 and Handout 7.1.1 cut into squares.
List of Comprehensive services for MSM
List of other services

Process

1. Briefly survey the group for ideas about what constitutes a typical MSM-targeted response in their area (i.e., outreach with condoms and referral to HIV testing and counseling).
2. Divide into small groups by geographical region.
3. Pass out first group of cards (Handout 7.1.0), which represent access to services constituting comprehensive coverage as defined by UNDP. This set of services will be familiar to many participants, and many will have access to some or all of them.
4. Ask participants to look at the cutouts, thinking about their own locales. Have them identify which services are available in their area and which are not, and separate the cards accordingly into 2 sections: “available” and “not yet available”.
5. Have the group answer the following questions:
 - Looking at the services that are available in your community:
 - How do the services that are provided in your community help prevent HIV? Can you think of specific people who have benefited from these services? Are some of these services less helpful or not helpful at all? Roughly, what percentage of your local MSM community access services?
 - Looking at the services that are not yet available in your community:
 - Can you think of examples of people you know who have required these missing services, and what consequences they faced?
 - What are some specific services you would like to see offered in your community from this set of examples?
 - What are some specific services you would like to see offered in your community that are not listed on any of these cards?





Exercise 7.1 - Continuum from Prevention to Care

Process Continuation

6. Next, pass out the second set of cards (Handout 7.1.1), explaining that in addition to access to services there are also key elements relating to legal, policy, and social environments in a comprehensive package of actions to address HIV risk among MSM. Explain that many of these may not yet be available in their communities; however, it will be important to recognize them so they can be included in advocacy campaigns.

7. As with the first exercise, have the groups divide the cards according to “available” and “not yet available.” Ask the groups to go through the same questions listed in number 5 above.

8. Bring the group back together and reinforce the following main points:

- Comprehensive coverage for MSM includes access to services (such as HIV testing, condoms, and lubricants) as well as elements relating to legal, policy, and social environments (such as referral to legal services and enabling legal and policy environments.)
- The interlinking of services is as important as services alone.
- Ask the group to share examples of individuals they might know of who fell through the cracks of interventions in their locales. What are some examples of interlinked services? What are some examples of services that promote supportive legal, policy, and social environments for MSM?

Note to Facilitator

Take note of response from the group, on flipchart paper if possible. It may be useful to end this activity with a group discussion of how the services that do exist came to be—and make note of potentially useful lessons learned from this process to advocate for implementation of those services identified as “not yet available.”

Note also that some services for prevention are now undergoing piloting and testing—i.e., vaccines, rectal microbicides, post exposure prophylaxis





Handout 7.1.0

Comprehensive Package of HIV Services for MSM and Transgender

Access to Information and Education about HIV and other STIs and support for safer sex and safer drug use through appropriate services (including peer-led, managed and provided services)

Access to Condoms and Water-based Lubricants

Access to confidential, voluntary HIV counseling and testing

Access to STI detection and management through the provision of clinical services by staff trained to deal with STIs as they affect MSM)

Access to referral systems for legal, welfare, and health services and access to appropriate services; safer drug use commodities and services

Access to appropriate antiretroviral and related treatments, where necessary, together with HIV care and support

Access to prevention and treatment of viral hepatitis

Access to referrals between prevention, care and treatment services, and services that address the HIV related risks and needs of the female sexual partners of MSM





Handout 7.1.1

Key Elements relating to legal, policy and social environments in a comprehensive package of actions to address HIV risk among MSM and Transgender

Protection from discrimination and the removal of legal barriers to access to appropriate HIV-related prevention, treatment, care and support services, such as laws that criminalize sex between male

Understanding the numbers, characteristics and needs of MSM and Transgender regarding HIV and related issues

Ensuring that MSM and Transgender are appropriately addressed in national and local AIDS plans, that sufficient funding is budgeted, and that work is planned and undertaken by suitably qualified and appropriate staff

Empowering MSM and Transgender Communities to participate equally in social and political life

Ensuring the participation of MSM and Transgender in the planning, implementation and review of HIV-related responses

Public Campaigns to address homophobia

Training and sensitization of health care providers to avoid discriminating against MSM and Transgender and ensuring the provision of appropriate HIV-related services for MSM and Transgender

Access to medical and legal assistance for those who experience or who have experienced sexual abuse

The promotion of multi-sectoral links and coordinated policy making, planning and programming including health, justice (including the police), home, social welfare, interior, similar and related ministries at all levels





Exercise 7.2 - Beyond Condoms / Referral Services through example

Purpose

To introduce some best practice examples by way of case study to:

- Explore options beyond rudimentary outreach and referral models
- Illustrate the prevention-to-care continuum through examples
- Give ideas for possible directions communities might want to move

Goals

At the end of the exercise, participants will be able to:

- Cite specific examples of innovative service provision models
- Differentiate between what constitutes “Good Services” and “Poor Services”

Materials

Case study –(see below)

Process

1. Lead a discussion among the group a typical set of MSM HIV prevention services.
2. Distribute intervention case studies, and ask participants to identify core elements of the prevention-to-care continuum cards they see operating within the study. Which elements are missing?
3. Alternatively, ask participants to do a role play with two different scenarios, describing the elements of: Setting, Provider Characteristics, Other Staff Characteristics, Time and Schedule of Operations, and Referral System to other needed services
 - Scenario 1 : Good Service
 - Scenario 2: Bad or Poor Service
 - Ask audience to relay what they saw in each role-play, what else could they add or comment on?
4. Bring the group’s attention to a list of studies that have been completed around the effectiveness of specific services for HIV prevention. Explain how these can be used in making the case for a need for services.
5. Distribute a list of available services in the localities





Handout 7.2

Case Study

RHAC clinical services for MSM and Transgender clients

The Reproductive Health Association of Cambodia (RHAC), the largest NGO providing MCH, STI and HIV Prevention services in the country, first started to provide services to MSM in 2002 through its network of clinics. The first specific services for MSM were set up in Siem Reap in 2009, comprising of HIV counseling and Testing, STI diagnosis and Management and Primary Health Care services. In 2010, with the support of RFSU, the services were expanded to seven other clinics in three provinces. Each of the clinics has hired a community member (MSM, gay or transgender) as a counselor, providing general advice and information, pre-and post test counseling, and they can accompany clients to the examinations as requested. RHAC has also trained the medical providers on being sensitive to MSM client behaviors, history taking, physical examination, STI diagnosis and management for MSM and Transgender clients. Some clinics have modified their physical space to allow for separate entrances and waiting rooms. All clinics allow MSM and Transgender clients a choice of providers.

As a result, evaluations of the clinics have shown marked increase in the numbers of clients seeing medical care, STI & HIV testing, and condoms. Services have also expanded to include Hepatitis B testing and immunizations. Providers have expressed more confidence and are more flexible and patient with the different types of clients, and also have developed strategies to ask routinely about same-sex sexual activities. MSM and Transgender clients have also expressed satisfaction with services and 86% say they will recommend the clinic to their friends.



SUICIDE RISK AND PREVENTION FOR LESBIAN, GAY, BISEXUAL, AND TRANSGENDER YOUTH

SuicidePreventionResourceCenter

<http://library.sprc.org/browse.php?catid=32>

This publication addresses the special concerns related to suicide prevention among lesbian, gay, bisexual, and transgender (LGBT) youth. It summarizes the current state of knowledge about suicidality in this population, and outlines twenty one recommendations for helping to reduce suicidal behavior among LGBT youth. Includes a source appendix and an extensive bibliography.

TRAINING MANUAL: AN INTRODUCTION TO PROMOTING SEXUAL HEALTH FOR MEN WHO HAVE SEX WITH MEN AND GAY MEN

Naz Foundation(India)Trust

<http://www.aidsalliance.org/publicationsdetails.aspx?id=91>

This manual provides training modules to provide a clear understanding of the sexuality and sexual health of men who have sex with men. Published in India by the Alliance in collaboration with the Naz Foundation (India)Trust, it is intended for NGOs and CBOs in South Asia wanting to develop services for MSM and gay men, or to incorporate their issues into existing services. It addresses how to raise awareness of these sensitive issues, and how to integrate them into NGO programmes.

MSM CBO DEVELOPMENT MANUAL

Naz FoundationInternational

http://nfi.net/training_resources.htm

This resource module provides a step-by-step approach to developing community-based organizations addressing issues affecting males who have sex with males (MSM), along with a theoretical framework. This toolkit has arisen out of the extensive community development work that the Naz Foundation International has undertaken in South Asia in addressing issues that affect MSM, since 1996.

BETWEEN MEN: HIV/AIDS PREVENTION FOR MEN WHO HAVE SEX WITH MEN (ENGLISH, FRENCH, SPANISH)

HIV/AIDSAlliance

<http://www.aidsalliance.org/publication-search-results.aspx>

Between Men gives an overview of basic issues for men who have sex with men in the context of HIV and other STIs. The booklet also provides ideas for developing prevention programmes with and for men who have sex with men. It is intended for people or organizations who provide support to NGOs and CBOs starting HIV/STI prevention work with and for men who have sex with men.

RESPONDING TO THE HIV-RELATED NEEDS OF MSM IN AFRICA (LINK INCLUDES 2 PRESENTATIONS WITH FACILITATION INFO)

HIV/AIDSAlliance

<http://www.aidsalliance.org/publication-search-results.aspx>

This guide has been produced for people who want to improve the response to the HIV-related needs of men who have sex

with men (MSM) in Africa. The guide will help you to facilitate a participatory reflection meeting with key stakeholders who are responsible for improving local and national responses to HIV among MSM.

A CALL TO ACT: ENGAGING RELIGIOUS LEADERS AND COMMUNITIES IN ADDRESSING GENDER-BASED VIOLENCE AND HIV

USAID

<http://www.healthpolicyinitiative.com/index.cfm?ID=-publications&get=pubID&pubID=971>

This guide was conceived and developed as the result of a USAID |Health Policy Initiative, Task Order 1, activity focusing on building the capacity of religious leaders—including women of faith—to address gender-based violence (GBV) in their communities, particularly in relation to HIV.

HIV/AIDS IN PLACES OF DETENTION: A TOOLKIT FOR POLICY MAKERS, PROGRAMME MANAGERS, PRISON OFFICERS AND HEALTH CARE PROVIDERS IN PRISON SETTINGS (ENGLISH, RUSSIAN)

WorldHealthOrganization(WHO),UNAIDS

<http://www.unodc.org/unodc/en/hiv-aids/publications.html>

This toolkit on HIV in prisons aims to provide information and guidance primarily to individuals and institutions with responsibilities for prisons and prisoners, and to people who work in and with prisons. In addition, it will assist everyone who has anything to do with prisons.

MANAGEMENT OF EFFECTIVE PROGRAMS ADDRESSING HIV PREVENTION, TREATMENT, CARE AND SUPPORT FOR GAY MEN AND OTHER MSM AND TRANSGENDER PEOPLE

AIDSProjectsManagementGroup(APMG)

<http://www.aidsprojects.com/05.Publications/index.html>

A training curriculum for program management of MSM and TG HIV prevention and care programs.

HIV/AIDS AND THE LAW TRAINER'S MANUAL, MODULE6: THE RIGHTS OF LESBIANS & GAYMEN

AIDS LegalNetwork

http://www.aidsportal.org/Article_Details.aspx?ID=2447

This module deals with issues that affect lesbians, gay people, as well as bisexuals and transgender persons, especially those living with HIV or AIDS in South Africa.

A PROVIDER'S INTRODUCTION TO SUBSTANCE ABUSE TREATMENT FOR LESBIAN, GAY, BISEXUAL, AND TRANSGENDER INDIVIDUALS

SubstanceAbuse and MentalHealthServices Administration(SAMHSA)

<http://www.kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf>

This publication presents information to assist providers in improving substance abuse treatment for lesbian, gay, bisexual, and transgender (LGBT) clients by raising awareness about the issues unique to LGBT clients.

CBO/FBO CAPACITY ANALYSIS: A TOOL FOR ASSESSING AND BUILDING CAPACITIES FOR HIGH QUALITY RESPONSES TO HIV/AIDS

COREInitiative

http://www.coreinitiative.org/Resources/Publications/Capacity_Analysis/index.php

The tool is designed to facilitate group discussions between members of community organizations, allowing participants to assess their own strengths, weaknesses, and capacity building needs.

GAY BREAKUPS: WHEN THE RAINBOW ENDS

www.thegaylovecoach.com

<http://www.yocisco.com/cms/node/3215>

Tips and healing strategies for breakups.

ENSURING UNIVERSAL ACCESS TO COMPREHENSIVE HIV SERVICES FOR MSM IN ASIA AND THE PACIFIC

American Foundation for AIDS Research(amfAR), MSM Initiative

<http://www.amfar.org/msm/>

This report summarizes an assessment that was carried out in early 2009 to identify priorities for operations research to better understand effective models for HIV prevention, treatment, care, and support among men who have sex with men (MSM) in Asia and the Pacific.

MEN WHO HAVE SEX WITH MEN—TECHNICAL POLICIES OF THE UNAIDS PROGRAMME

UNAIDS

http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/Techpolicies/men_men_sex_technical_policies.asp

The policy brief recommends actions for national and international policy makers as well as civil society partners who influence the policy environment and offers examples of the way forward including the summary of experiences of policy-makers who have taken exemplary actions in this area.

MEN WHO HAVE SEX WITH MEN: KEY OPERATIONAL GUIDELINES OF THE UNAIDS PROGRAMME

UNAIDS

http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/OperationGuidelines/men_men_sex_operational_guidelines.asp

This Framework set out how UNAIDS will facilitate and support universal access to HIV prevention, treatment, care and support for men who have sex with men and transgender people.

PREVENTION AND TREATMENT OF HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS AMONG MEN WHO HAVE SEX WITH MEN AND TRANSGENDER POPULATIONS

WHO

http://www.who.int/hiv/pub/populations/guide_msm/en/index.html

There is an urgent need to address the emerging and re-emerging epidemics of HIV and other sexually transmitted

infections (STIs) among men who have sex with men (MSM) and transgender people. Strengthening strategic information systems and implementing interventions for the prevention and treatment of HIV and other STIs among MSM and transgender people should be considered a priority for all countries and regions as part of a comprehensive effort to ensure universal access to HIV prevention, care and treatment.

BEST PRACTICE PUBLICATION: HIV AND MEN WHO HAVE SEX WITH MEN IN ASIA AND THE PACIFIC

UNAIDS

<http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/MenSexMen/>

Collection of best practice interventions; advocacy is highlighted

References

Asia-Pacific Network of People Living with HIV/AIDS and Asia-Pacific Council of AIDS Service Organizations. Valued Voices: GIPA toolkit for the greater involvement of people living with HIV/AIDS.

<http://www.gnpplus.net/cms-downloads/files/2005%20Valued%20Voices%20-%20A%20GIPA%20Toolkit.pdf>.

Accessed June 23, 2010.

Additional References for Cambodia:

1. Developing a Comprehensive package of Services to Reduce HIV among MSM and Transgender in Asia and the Pacific – Regional Consensus Meeting, July 2009 (UNDP)
2. Standard Package of Activities for MSM (KHANA, 2008)
3. National Guidelines for HIV/AIDS and STI response among MSM and Transgender (NAA, 2009)
4. Towards Universal Access: Examples of Municipal HIV Programming for MSM and Transgender in Six Asian Cities (UNDP, 2011)

The Legal and Policy Environment

The overall policy environment comprises the sets of laws, regulations, and other rules that set out how people are expected to behave towards themselves, and towards others; how institutions such as government, family, organizations, etc. should treat their members or their citizens. Often this is written and codified but in many instances these are handed down from generation to generation, as “cultural norms and expectations”. These beliefs and expectations are reflected in documents such as the “Chbap Srey” (“Rules for Women”) or the “Chbap Pros” (“Rules for Men”) which set out how girls and boys, men and women are to behave towards one another. These attitudes can also be reflected in popular proverbs and sayings, such as *“Women are like cloth, Men are like Gold”*. The written policies, laws, rules,

norms, etc. can be enforced or ignored, and may be subject to personal biases.

In the country it is important to know the various types of laws and policies that are in place, and the overall process for developing such laws and policies. These include the Constitution, the various United Nations Conventions signed and accepted by the Government, as well as more specific and localized rules and regulations that are promulgated by specific ministries or local authorities. For example, some provisions of the “Commune Safety Policy” have been used or mis-used to prevent LGBT people from living or loving their same-sex partners, working and earning a living, or as covers for simple harassment and corruption.

Key Points

- The overall policy environment has positive areas that can be tapped to argue for rights and access
- Policy can be implemented inconsistently
- Knowing the policy development process, different types of laws and policies, and the players is essential background knowledge for policy work

Chapter Goals

At the end of the section, participants will be able to:

- Understand the current legal and policy framework in Cambodia and how it might affect all Cambodians but also specifically MSM, and LGBT
- Cite examples of supportive laws and policies
- Identify Implementation Challenges
- Recognize differences in interpretation of policies and laws, by different persons

The Legal and Policy Environment

Chapter 8

Purpose

To share with the participants the overall legal and policy framework in Cambodia.

Goals

At the end of the exercise, participants will be able to:

- Cite supportive laws and policies
- Be aware of how certain laws and policies may be selectively applied to MSM & TG

Materials

Hand out (CITA toolkit) showing hierarchy of laws and policies

Copies of AIDS Law, Commune Safety Policy, Human Trafficking Law, and some selected provisions of the Universal Declaration on Human Rights

Phnom Penh post article, "Laws can't stop Lovers Marrying" (May 2013) – See Case study in Chapter 4, Exercise 4.1

Process

1. Facilitator asks about Laws and Policies of the country, and how are these developed ?

2. Facilitator shows a hierarchy of the Laws, from the Constitution, to the Policies

3. Discuss how specific laws are applied (Refer back to the Problem tree if there have been some identified); Otherwise, the following can be discussed in small groups or in the larger group:

- Commune Safety
- Anti-Trafficking
- Laws relevant to Age of consent for Sexual Activity
- Laws on Marriage

The groups can discuss, "How has the implementation of this law (or parts of the law) resulted in negative or discriminatory effects on LGBT ?

4. Local Policy Implementation and Flexibility of Local Officials - Are some of the participants in same-sex relationships, do they have marriage certificates, Family Books, etc. ? Have they experienced discrimination BECAUSE they are not considered to be a family or a couple ? Or have local officials managed to find ways to accommodate them ?

Note to Facilitator

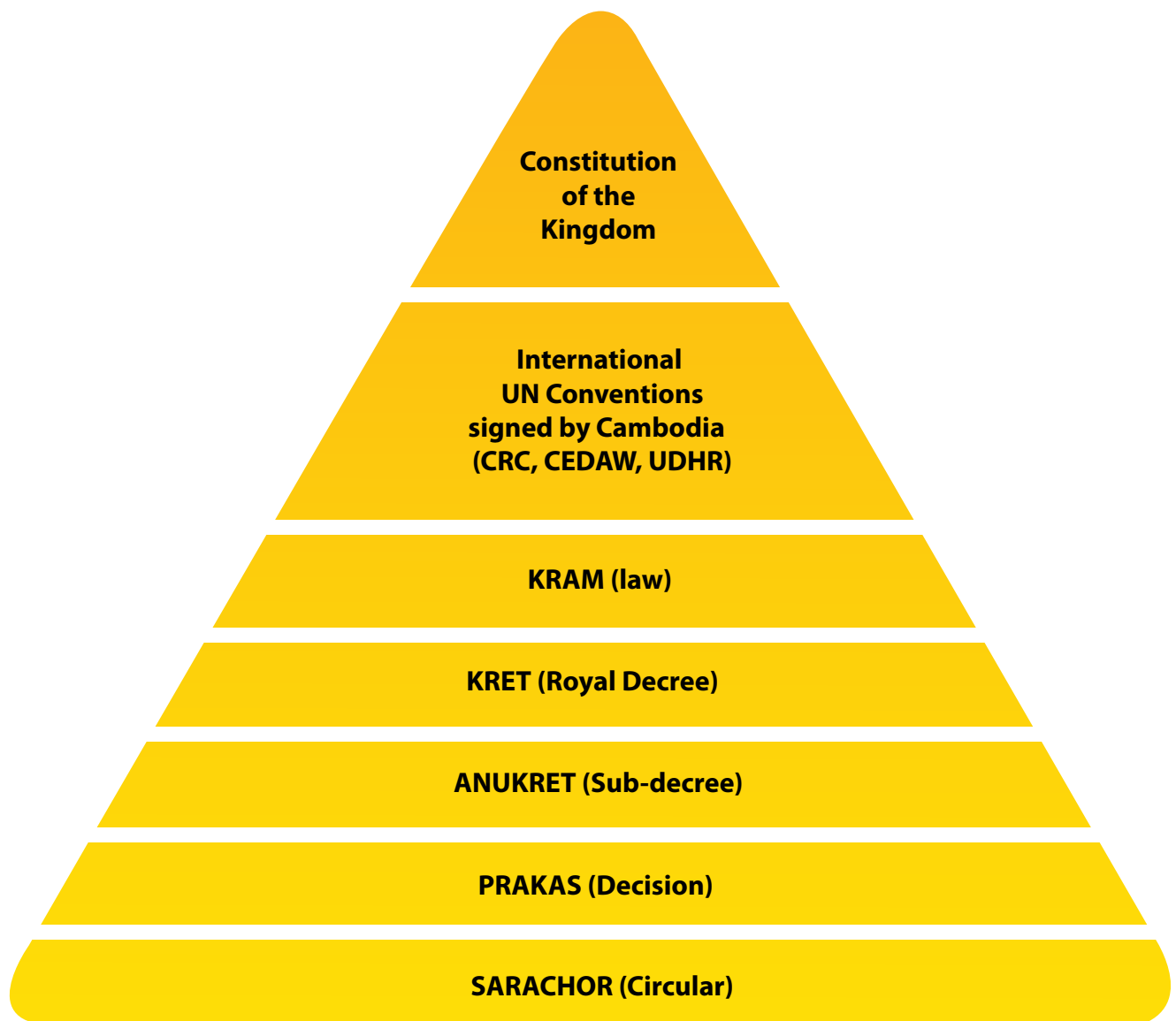
This is mainly a presentation/lecture type session with some questions directed to the audience to encourage participation.

Explain that there are no specific laws and policies in Cambodia that prohibit discrimination on the basis of SOGI, in practice the discrimination happens but on the basis of ignorance, as well as personal and cultural norms. There are also no laws that punish those who discriminate.

Knowing the laws and policies is one's best protection , and knowing where to get legal support is also important.

Creating new laws and policies takes time and a long process, but this can be influenced by action on the ground.

Legal Framework and Various Levels of Laws and Decrees: (reference: CITA toolkit)



Underpinning all these are the influences of cultural and gender norms. Some laws, decrees and circulars are open to different interpretations, and dependent on the “power” of the implementing ministry, or the local officials.

Self-care & Working in Hostile Environments

The global landscape is composed of a range of support for MSM and LGBT, ranging from very supportive to unsupportive to hostile. As advocacy requires MSM and their allies to be open about their needs and beliefs and to make a stand for them in public ways, this poses a serious threat in environments that are hostile and sometimes even violent toward MSM and Transgender. The recent arrests (and eventual pardon) of a couple whose engagement ceremony raised community ire in Malawi are an example of what can happen when MSM identity and culture finds its way into the public space, and the very serious denial of personal freedoms that can occur in hostile environments. *The threat is very real. In some countries sex between men is punishable by death. Safety and self-care become very important considerations for groups who are living under such circumstances.*

Despite the threat of imprisonment and even death, many MSM and Transgender activists and groups continue their battle for very basic rights that people in their own country or in other parts of the world take for granted. And even for those MSM and

Transgender living in “accepting” and “affirming” environments, there are still pockets and places where bigotry is the status quo. The spirit and strength of MSM and Transgender who persevere in the face of this adversity is inspiring, and is a testament to the fact that change is possible even in the most difficult of circumstances. Many MSM and Transgender have been forced to develop tools for mitigating unfriendly, hostile situations from the youngest of ages.

In any advocacy efforts for MSM and Transgender, whether they are in environments that are mostly hostile or environments that only sometimes hostile, the safety of community members should always be at the top of the priority list of every action plan, every step toward bringing injustices and needs to light. To provide a comprehensive approach to situations of hostility and risk is certainly beyond the scope of this toolkit; however, the following chapter presents some ideas for preparing for hostility so groups are better equipped to cope if and when advocacy results in damage to the community in the form of detention or violence.

Key Points

- MSM and Transgender community safety should always be a priority
- Communities should have “safe spaces” in their locales to gather
- MSM Communities should have a plan to address violence
- Documentation of cases on violence can be a powerful advocacy tool

Chapter Goals

Upon completing this chapter, participants will be able to:

- Define “hate violence” and cite shared experiences of “hate” violence
- List safety strategies for dealing with hate violence, self care and healing
- Understand what needs to be documented
- Better understanding of the “community” or the “communities” that everyone belongs, or does not belong, to (i.e., Global Commission on AIDS in Asia concept of community)



Exercise 9.0 - Responding to Hate Violence

Purpose

To facilitate sharing among the group about their personal experience of hate violence and to give direction for the creation of a violence response plan.

Goals

At the end of the exercise, participants will be able to:

- Define hate violence
- Cite shared experiences of hate violence

Materials

International HIV/AIDS Alliance toolkit pictures depicting violence

Picture cards from "Understanding and Challenging Stigma in MSM and Transgender" (Cambodia adaptation), PACT and ICRW 2010

Process

1. Facilitator should introduce the concept of hate violence, as it is defined in the Cambodia MSM stigma toolkit:

Hate violence is any act of intimidation, harassment, physical force, or threat of physical force directed against any person, or his or her family or property. It is motivated by hostility to the victim's real or perceived identity (e.g., sexual orientation) with the intention of causing fear or intimidation. Hate violence can be perpetrated by any community member, even police officers who abuse their power.

Facilitator should acknowledge the fact that this is a difficult topic that can sometimes bring up hard feelings, which is perfectly natural.

2. Lead a discussion on the behaviors that might be considered undesirable in different contexts. Ask the question,

- Why do you think that some people (MSM, TG, LGBT) "speak and talk very loudly or rudely" in public? Let participants discuss what they think the reasons are for this. Is this also applied equally to those who are not identified as LGBT? Why or why not? Is this "Hate violence"??

3. Break out into small groups, distribute the handout, and have participants discuss the following:

- What is happening in the picture cards ?
- Have you, or friends who are the same as you, ever been the recipient of hate violence?
- What form did it take (e.g., Intimidation, harassment, physical force)?
- Who was the perpetrator (e.g., family, gangs, police)?





Exercise 9.0 - Responding to Hate Violence

Process continuation

- How did you mitigate the situation?
- The mitigating actions can be built on to prepare the future strategies

Groups may use the table format below:

Type of Incident	Perpetrator	How addressed/mitigated

Note to Facilitator

Ask participants to take note of how they have managed violence when actors have perpetrated it.

- The members of each group should note down the situations they have faced
- Bring the group back together in plenary and come up with master list of the types of violence they have experienced, the perpetrators, and strategies for managing/mitigating hate violence.
- Thank the group and reiterate that even though this is a difficult topic, it is crucial to look into the problem in order to find solutions. The facilitator should share resources with participants at the end of this chapter.





Exercise 9.1 - Practical Safety Strategies

Purpose

To facilitate thinking around strategies for working safely in hostile environments.

Goals

At the end of the exercise, participants will be able to:

- List some safety strategies for dealing with hate violence
- Identify ways to “come out” and be yourself, minimizing tension and stress and anticipating reactions from family and other people

Materials

Flipcharts from the Problem Tree Analysis and Outputs from the previous exercise on “Hate Violence”

Short article on “Making it Through the Night”, Cambodia Daily(see below) (the case and the discussion can be a separate exercise in itself)

Process

1. Group brainstorm ideas for the specific ways hostility manifests as an obstacle to advocacy work. Facilitator should note these on a flipchart.
2. Situation in Cambodia = cite some problems and issues from the problem tree, and focus on those which refer to non-acceptance from family; if these are not specifically mentioned, elicit from the audience some of the negative reactions they or their friends might have experienced, such as :
 - a. Family thinks child is sick, and sent to khru khmer, or doctors, or to the pagoda for a blessing to drive spirits away;
 - b. Insults from neighbors, from strangers in public places
 - c. Young man feels that he needs to change from being MSM or being gay to being “normal” or “like other men”
 - d. Being accused of being a sex worker or a gang member even if without proof
3. Divide the group into smaller groups and assign each team 1 of the obstacles. Some examples may include family violence, police violence, blackmail from local gangs
4. Ask each group to brainstorm the most effective solution they can come up with for the obstacle they have been assigned. Have each group role-play a “before” scenario, depicting the obstacle; followed by an “after” scenario, in which its solution is depicted. The other groups guess which solution has been implemented.
5. After each role-play session, the facilitator opens the discussion up to the participants and asks if this resonates with their own experience. Do they agree that the solution chosen by the group is the most effective? Would they do something differently? What has worked in their communities?





Exercise 9.1 - Practical Safety Strategies

Process continuation

Samples of some Safety strategies and activities: (brainstorm in small group)

- Set up phone trees for efficient network activation in emergency situations.
- Have a “fact-finding team” trained and on call, in the event it needs to be dispatched.
- Establish inconspicuous safe spaces.
- Develop exit strategies/plans for local emergency situations, such as violence. These should include certain “musts,” such as getting authorized medical reports with documentation after cases of violence. These reports can be used for future advocacy.
- For those who engage in sex work – some tips on how to be safe and avoid violence particularly from clients or from gangs (i.e., Making Sex Work Safe, some practical strategies –see the Cambodia Daily article, “Making it through the night”)
- Build local networks with lawyers and advocates, who can serve as allies when necessary.
- Strengthen connectedness with Internet groups; this can be an effective way to reach beyond the confines of a hostile country.
- Set aside emergency funds for bail/support.
- Develop a checklist for police identification (badges, time of shift, location). If these details are noted during an incident of violence, filing a case later becomes possible even when literacy skills are lacking.
- Consider investing in self-defense classes and other trainings for the community.





Handout 9.1

Case Discussion

Making It Through the Night

by Chin Chan and Denise Hruby- The Cambodia Daily Weekend, May 18-19 2013

A strong kick in the midsection sent the petite girl flying backwards as she held on tight to the knife that was meant to protect her. She lifted herself off the ground and yelled at the man who had groped her without paying. Her colleague, 35-year-old Sokna, watched from a stone bench four meters away on Street 106 and tried to assess the danger. Fortunately, this time the customer left after cursing the girl.

"No one protects you here," Ms. Sokna said on a recent night at work, wearing neither makeup nor jewelry.

Seventeen years as a sex worker have taught Sokna a lot about the different types of customers she might encounter. It has also taught her when it might be necessary to pull out a weapon in self-defense, and when best to keep quiet while being gang raped. "The last time it happened, a man came to pick me up in a car. He drove me near a bridge, where six other men were waiting in a field. They had knives, and they cut me while they raped me," she said, showing a long slash on her calf.

According to Ms. Sokna, the roughly 200 women working in and around the Wat Phnom area in Phnom Penh often experience beatings, intimidations, abuse and gang rape. The men who tend to pick up the women for an hour in a guesthouse don't have enough money to spend inside brothels or massage parlors. Here the girls are protected by the owners and services cost at least four times as much. The men who come here, Ms. Sokna said, are often drunk or on drugs, and many of them are violent.

Ms. Sokna is fully aware of the potential dangers of the streets, and has come to accept them. She has been dragged into forests and threatened with guns, situations that she says have made her think she would never see her children again.

But more importantly, she has learned to stick to certain rules to protect herself from getting into a danger—at least if money isn't tight.

For example, going to a guesthouse you are familiar with, where the owners are your friends and will come running if you scream for help, and taking a separate ride from your client are guidelines that make your life as a streetwalker much safer, Ms. Sokna said.





Handout 9.1

But when ends don't meet, she accepts to work under conditions and rules set up by customers. "If I already made enough money to pay for food and for the \$2 rent for the next day, then I tell them that I will only go to the guesthouse I know. Then, I can choose. But sometimes I am so desperate for a customer that I have to take the risk," she said. On average, sex workers earn about \$10 for an hour and can have as many as four clients per night.

Coming to work early is an advantage. "There's less competition," Ms. Sokna said. "Later at night, if I ask for extra money to pay for my own ride to the guesthouse, the men will just walk over to the next girl," she said.

At another spot for streetwalkers in Phnom Penh, close to Olympic Stadium, two sisters in short pants and flip flops are talking to three young men on a motorbike. The men ask Chia Sreymum, 24, to turn around and show off her body. Her sister, Chia Sreyni, gives her instructions, and tells her to smile. Although Sreyni is two years younger, it is she who introduced her sister to the street.

Ms. Sreymum's husband passed away a few months ago, leaving her with a 6-year-old son and a 4-year-old daughter, while Ms. Sreyni's husband is in Prey Sar prison. All their relatives have passed away, they said, except for their grandmother, who tucks in their children when they are at work. They have never learned a trade and are both illiterate, leaving them limited options for work. Walking the streets, Ms. Sreymum said, held the best prospects of making enough money to send her children to school. "When my husband died, I spoke to my grandmother about the future, and how I could take up this work to earn enough for us to live on. After some discussion, we agreed that there was no other way for me to make money, so she let me go," Ms. Sreymum said.

One of the worst things are the frequent beatings by police. "That's why I don't wear heels anymore. With flip flops, I can run faster and escape," she said. Ms. Sreyni handles the business and tells the young men on their motorbikes that an hour costs \$20, that they can choose one of the two guesthouses the women have trust in, and that their own designated Tuk Tuk driver, whom they hire every night, will take them there separately. There's no haggling, and the rules aren't up for discussion. It's basic and simple and not hard to stick to, Ms. Sreyni said: Wear comfortable shoes. Go to guesthouses you know. Always tell your friends where you are going. Get your own ride. And if you have to scream for help—do it as loud as you can.

Discussion Questions:

What are some of the practical safety strategies used by the characters in this article ?

Why are these strategies important ?

What could be some other recommendations to lessen violence and abuse suffered by those who sell sex on the streets ?





Exercise 9.2- Advocating for yourself, From within.

Purpose

To highlight the importance of dealing with self-stigma, and offer some strategies for “internal advocacy” both to cope with the stress caused by stigma and discrimination and to build self-esteem.

Goals

At the end of the exercise, participants will be able to:

- Understand low self-esteem is a contributing factor to HIV risk for MSM
- List strategies for beginning the process of eradicating low self-esteem

Materials

An open space, preferably a quiet area

Process

1. Explain to the participants that stigma and discrimination can lead to stress and low self-esteem. These are contributors to a community’s vulnerability to HIV risk, and should be addressed. Ask participants how they manage stress and how do they react when there is stress in their life, when they are mad or unhappy,

Or have someone in the group lead a meditation exercise, or yoga.

2. Exercise! Ask the participants to get up from their seats and follow the facilitator in a combination of jumping jacks, sit-up, and push-ups. Allow this to continue for 5 minutes. Ask the participants how they feel after the exercise. Are they energized? Explain that a regular exercise routine can be a very supportive way to eradicate self-stigma

3. Explain the importance of MSM coming together as a group on a regular basis. This exercise is fun, is a great way to decompress and de-stress, and also serves as a key step in community collectivization. Encourage the community to set a regular meeting time and place, at least monthly, to accrue the benefits of coming together; some of these could be drop-in centers, M-style club, public parks, etc. or just simply talking with friends

4. End the exercise with a positive visualization exercise. Ask participants to close their eyes and relax. Ask them to think about a time when they felt good about themselves. It could relate to the successful completion of a project, a time when they stood up for their rights, or just a time when they were care-free and relaxed. This serves as a positive note on which to end the exercise.





Exercise 9.3- Self-care & Being part of group(s), A community or communities

Purpose

To bring group attention to care of the self, belonging to a group or community and its connection to strong advocacy.

Goals

At the end of the exercise, participants will be able to:

- List some safety strategies for self-care and self-healing
- How “to come out” safely in the different groups or communities that one is part of : home, neighbors, school, workplace, etc.

Materials

Film, Video excerpts or Photos from PRIDE (blessing ceremony, sports day, drag and fashion show, karaoke singing and dancing)

Handout-definition of “community” from “Redefining AIDS in Asia-Crafting an Effective Response” (below)

Handouts on “Coming Out” and “Frequently Asked Questions” produced by RoCK

Process

1. Explain how MSM and LGBT advocacy work can be incredibly energizing and rewarding, but can also be exhausting and sap individual and group energy. There are also other aspects of MSM life that can be mentally and emotionally exhausting; leading a double life and dealing with lovers are just 2 examples! Ask the group to divide into pairs and discuss a time they felt emotionally exhausted with the group. This can be related to anything, not just advocacy work with MSM. Ask the participants to share with their partners how they managed those experiences.

2. What are the different groups or communities that you know of, how close do you feel to them ?

- What are these characteristics of a “group” or a “community” –list all characteristics mentioned individually. This may be something like: living in the same place, being related by blood or marriage, being close friends, having the same religion, sharing similar characteristics, occupation, liking the same things, being “similar or alike” in several ways (be specific)
- List all the possible community/communities, describe as inclusively as possible
- Who is part of it, and who is not
- Is there overlap between these communities ?

3. Discuss with the Group :

- Is it important for you to know how to be accepted in the different communities that you belong to ?
- What actions or activities should you do to be part of the group or community ?
- Who are your allies and supporters ?





Exercise 9.3- Self-care & Being part of group(s), A community or communities

Process continuation

4. Return to plenary and share as a group the situations that sapped the group members' energy and the ways they managed to reenergize and move past the difficult time. The facilitator should notes in 2 columns on a flipchart; 1 titled "problem" and the other titled "solution."

Some ideas for solutions:

- Living as an MSM or LGBT can be incredibly difficult; especially in cultures where there is strong pressure to marry and have children. MSM spend a lot of energy keeping up appearances and playing roles out of a need to survive. In cases like this, connecting with other MSM in a social, relaxed manner can be incredibly helpful.
- Organize get-together at least once a month, away from the stress of the double life. What would be a hit in your community?
- MSM and Transgender also often bottle up the stress and strain that come from romantic pursuits. In the event that you are experiencing stress related to relationships and sex, reach out to other men in your community; someone else will have already experienced what you are going through. Sharing (1) releases some of the tension and (2) can lead to coping strategies.
- Cultivate a spiritual practice. Meditation and prayer have been proven to reduce stress. Experience the collective spirit of your MSM and Transgender community. If your religious establishment is not welcoming or affirming, mobilize the community to do something spiritual together.
- Cite experiences with PRIDE and with sports day, supportive words and blessing from the pagoda and supportive monks (Show film clip of Pride from the blessing ceremony/community day)

5. End this session with a "backrub chain." Have the group form a circle, then turn to the person to their right (maintaining a circle formation). Ask that the participants place their hands on the shoulders of the people in front of them and give a 2-3 minute massage.

Note to Facilitator

Ask Group to reflect the advantages of being part of a group or community; share the definition of "Community" from the Commission on AIDS in Asia and the Pacific– see below





Handout 9.3

The Meaning of “Community”

(Commission on AIDS in Asia and the Pacific,
“Redefining AIDS in Asia-Crafting An Effective Response”),
2008, p. 153-154

Like many social constructs, the meaning of “community” is not fixed. At least two definitions have emerged in the context of the HIV epidemic.

Community as a Sense of Place

This notion constitutes the most basic interpretation of community. In this case, community refers to a group of people linked together by virtue of being in the same location. Although their personal circumstances and needs may differ, members of the community share certain characteristics, such as the same traditions and values. They usually share a language, a dialect or a set of religious beliefs. Membership is relatively easily defined, since it is based on physical location.

Community as a Form of Identity and Belonging

Here the notion of community refers to a group of people who are linked through a sense of common circumstances and experiences – such as people living with HIV, or people who share certain behavioral traits. The sense of community is strengthened by the awareness of common experiences; often this sense emerges gradually but it can be fomented and supported by external actors. This notion of community is based on a subjective sense of identity-it is defined as much as a sense of who does not belong as a sense of who does belong.



AVP Community Rapid Incident Response Manual

Anti-Violence Project

<http://www.avp.org/publications.htm>

This guide to Community Rapid Incident Response (or CRIR guide) focuses specifically on anti-LGBTQ hate violence and in doing so addresses some of the unique factors that may need to be considered before launching a response. This guide can be used by anyone but it has been specifically developed with a beginner, or a less experienced community activist in mind to provide a number of helpful hints, each of which are simple enough to be learned over a lunch break.

Creating Safe Spaces for LGBTQ youth: A Toolkit

Advocates for Youth

http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=608&Itemid=177

This special section of the Advocates for Youth website is devoted to helping communities create safe spaces for young persons of all sexual orientations and gender identities. Because homophobia is a real problem for LGBTQ and straight youth, this online toolkit is a timely guide.

Runaway and Homeless Youth and Relationship Violence Toolkit

The National Resource Center on Domestic Violence (NRC DV)

<http://www.nrcdv.org/rhydvtoolkit/terms-definitions/>

Developed by and for experts and advocates in both the runaway and homeless youth (RHY) and the Domestic and Sexual Violence (DV/SA) fields, the Toolkit provides information, resources, tips and tools to better address relationship violence with runaway and homeless youth.

Out at Work: A Toolkit for Workplace Equality

Lambda Legal

<http://www.lambdalegal.org/take-action/tool-kits/out-at-work>

More and more LGBT People are coming out at work. No matter where you work or what you do, you'll feel more secure in your job if you know your rights. For more than three decades workplace equality has been a top priority for Lambda legal. This toolkit gives the information needed to help guide LGBT groups through work life.

Identifying Violence against Most-At-Risk Populations: A Focus on MSM and Transgenders

USAID

<http://www.healthpolicyinitiative.com/index.cfm?ID=publications&get=pubID=1097>

Negative attitudes and violence towards MSM and TG are common worldwide, and are condoned by many societies. In this way, violence against MSM and Transgender is a form of Gender-based violence (GBV). Researchers have only recently explored the intersection between violence and HIV vulnerability in MARPs. Strong evidence points to the importance of these

linkages. Health professionals have the potential to play a key role in the promotion of sexual health, including prevention of GBV associated with stigma and discrimination in MARPs.

Training Manual for Health Providers , Gender Identity and Violence in MSM and Transgenders

USAID

<http://www.healthpolicyinitiative.com/index.cfm?ID=publications&get=pubID&pubID=1101>

There are two primary goals of this review. First, it aims to synthesize the literature on violence and related forms of stigma and discrimination among MSM and Transgender, particularly those engaging in sex work, through a gender perspective. It analyzes ways in which violence, stigma and discrimination among MSM and Transgender are gender-based. Second, the review looks at how violence and related S & D against MSM and Transgender affects vulnerability to HIV.



Handout 9.3.1: Defining “Community” from the Commission on AIDS in Asia

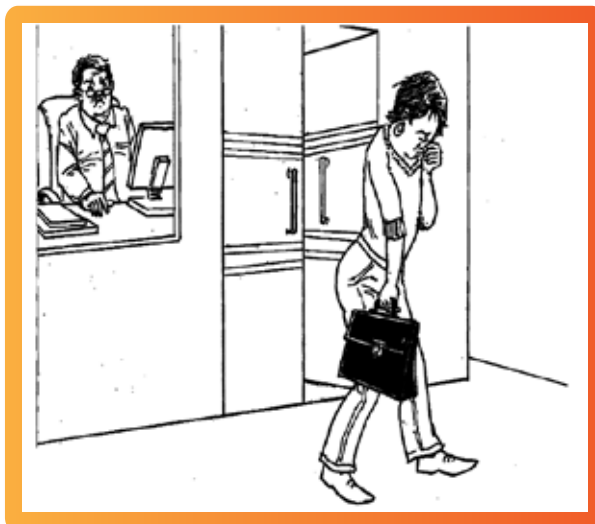
From “Understanding and Challenging Stigma towards MSM: A Toolkit for Action”. Cambodia adaptation (PACT & ICRW, 2010. Used with permission)



From “Understanding and Challenging Stigma towards MSM: A Toolkit for Action”. Cambodia adaptation (PACT & ICRW, 2010. Used with permission)



From “Understanding and Challenging Stigma towards MSM: A Toolkit for Action”. Cambodia adaptation (PACT & ICRW, 2010. Used with permission)





Handout 9.3.2: Frequently Asked Questions about LGBT (FAQ) - roCK Brochure

6- Do you think of your family?

We do, we think about them very much. We value being honest to our family, that is why we cannot lie to them. We also don't want them to face discrimination in society because of who we are. That is why we try to make people understand and accept us in the hope that society will not look down on us and our family anymore.

7- What is your family reaction when they know about you being LGBT?

Their reaction is mostly negative at the beginning. After we take more time together to understand each other more it can become positive! Most parents expect their children to be like everybody else's child. When they learn that their child is different in this one way- the person they love- then it can be a shock. But we know how to talk to our parents, how to help them know our character, that we are good people, we are good sons and daughters, we respect and love them. We help them to know our friends, and our girlfriends and boyfriends, who are also good people. Then step by step they begin to accept us. Most parents want their children to be happy. When our families understand that we need to be honest and follow our true feeling if we are to be happy, then they accept. But it takes time and effort.

8- Do your family try to force you to marry? Maybe they think that will cure you?

Some families and some people believe that yes, we must try to love the opposite sex, and then we will become normal. And they try to force us to marry to uphold the family honour and the traditional culture. But we try to be strong and honest with our families and say we cannot be a lie to ourselves and others. We are not suffering a sickness so we do not need a cure. And if people understand that we are the same as them, just different in whom we love, then why should people judge us because they judge themselves too. We only want to be happy and honest people.

9- How do you try to explain to your parents?

We spend time to listen to their fears and beliefs about us and then we try to explain to them with our real feeling and experience. We also ask them to think about us as "different but the same". We are their same blood and their same family and we have the same needs and goals as our family- to live a good and happy life. We are only different in one part, the person whom we love. So we try our best to help them understand we are mostly the same, not different.

10- Can same sex love be a permanent one?

It depends on how strong the love they feel for each other and if they get along or not- just like any love. However, many LGBT couples in Cambodia tend to break up because they cannot handle all the discrimination and the tension they receive from their family and people around them. But there are some LGBT couples that stay together through their whole life! So there is hope, don't give up, stay strong and keep fighting for our rights and for the acceptance and recognition of who we are!



Frequently Asked Questions about LGBT



For more information about any of the issues above contact RoCK:

Email: sarn09@gmail.com

Tel: (855) 092-300 006

Facebook.com: [sfuu.sfnu](https://www.facebook.com/sfuu.sfnu)

www.rockmeright.wordpress.com

WHY IS RAINBOW COMMUNITY KAMPUSHEA (RoCK)?

RoCK is an LGBT group and has a vision for Cambodia where Cambodian LGBT citizens live their life receiving full and equal respect, acceptance and human rights from all sectors of society, most especially families, communities and authorities. We wish Cambodian LGBT citizens can feel happy to be who they are and live happy lives.

PURPOSE OF THIS INFORMATION LEAFLET

RoCK wishes to share clear information about people who are LGBT so that everyone in society can understand more and accept more.

WHAT DOES LGBT MEAN?

L = Lesbian, a woman who loves a woman;
G = Gay, a man who loves a man;
B = Bi-sexual, someone who loves both men and women;
T = Transgender, someone who feels the body they were born in is not the right identity for them and so they dress, behave and change their body to the correct identity for them.

Being LGBT describes different kinds of sexual orientation- the emotional, intimate, sexual attraction we feel towards another human being.

For the majority of people, this is an opposite sex sexual attraction- men are sexually attracted to women and women are sexually attracted to men. Opposite sex sexual attraction is called heterosexuality.

For a minority of people, sexual attraction in same sex, that is that women are sexually and emotionally attracted to women (lesbians) and men are sexually and emotionally attracted to men (gay). Some people are emotionally and sexually attracted to both men and women (bi-sexual)- there are bi-sexual men and bi-sexual women.

Transgender people are people who at birth were born into the wrong physical body for their emotional and psychological feeling. They feel they are a woman but they have a man's body or they feel they are a man but they have a woman's body. So they dress, behave and change their body according to the true feeling they have about they are.

1- Why do you love same sex?

Generally society believes that same sex love is unnatural, a mental disease and immoral. Society believes that we are choosing to be LGBT or that something has made us this way, maybe the chemicals in our food. But none of these reasons are true. Our feeling of being LGBT is the feeling we have deep inside us, from when we were young. It is with us when we are born. We are born as LGBT. It is a deep part of who we are. More and more parts of the world are accepting this truth. In 1990 the World Health Organisation (WHO) removed being LGBT from their list of mental diseases. In 2001 the traditional Chinese medicine schools and books did the same.

2- What are the benefits of loving same sex?

The most important benefit of being LGBT is that we can be true to ourselves- no pretending or lying. When we can be true and accept ourselves we are happier more peaceful people. When we are happier people we bring more happiness to our families and communities. We need nothing different from anybody else, only to be able to love who we love and live a good life.

3- What is the lifestyle of LGBT like? How do they build their family?

LGBT's life is not much different from other people. We learn, we work, we struggle to help our families and friends, we have a dream/a goal, we want to have a happy life and a happy family. We need love and support like everybody else. Having a family is not impossible. There are many options such as adoption.

4- Don't you think LGBT affect society negatively? (Threat to population, changing the culture etc.)

Population decrease is a false idea because LGBT are a minority of the population- only about 10% of any society- so the majority 90% will always be reproducing the population. LGBT people do not change the culture because we have always existed, it is only that we could not show ourselves so much because of our fear of rejection and violence. The fear of showing ourselves made us hard to find in our history but we are there! In art, in poetry, in architecture you will see images of same sex love. We are not a new thing. We are part of humanity since humanity began. As our country moves towards more democracy, more freedom, more respect for every person's human rights, we are now speaking out. We are trying to use the human rights which are our rights also.

5- Aren't you ashamed of yourself? Why not simply be who your family wants you to be?


At first, when we do not understand ourselves, we can feel ashamed. And our culture teaches us to be ashamed because our culture teaches us we are not normal and natural. But when we analyse our true feeling and our true life, we know we are normal and natural. We are not wrong, we are not immoral, it is the society's mistake if it thinks like that. We are following our true feeling and our true nature and so we are not ashamed of our truth. In reverse, we feel proud to be who we are, to stand up for our truth. We do not want to lie to our family, our friends, our community, our country. We want to be honest people. So we put our effort to make everyone see who we are, that we are good sons and daughters, we are good brothers and sisters, we love and help our families, we are good citizens. Then we hope step by step everyone will accept us. We believe one day we will make people both in our family and in the society feel proud of us for what we are and not what we pretend to be.




Handout 9.3.3: Advice from LGBT Friends on how to “Come Out” to your Family


- Try to find ways to involve your family with your issues
- Show them any information relate to LGBT issues around
- Introduce your partner to the supportive members of your family and work with them
- Invite your LGBT friends to visit your house often
- Encourage members of your family to participate in LGBT events

Government of Cambodia, a speech referred to the human rights of LGBT people in Cambodia and how he hopes his government officials and authorities everywhere are respecting these rights.





Advice from LGBT friends about how to prepare to “Come Out” to your family!




GENERAL ADVICE TO ALWAYS REMEMBER!

NEVER FORGET LGBT RIGHTS ARE HUMAN RIGHTS, EVEN IF AT THIS TIME YOU CAN NOT USE THEM FULLY ...

In 1990 World Health Organisation (WHO) officially removed being LGBT from their list of mental diseases. In 2001, traditional Chinese Medicine did the same.

On March 7th 2012, the General Secretary of the United Nations, Ban Ki-Moon, announced to the UN Human Rights Council that “it is our duty under the UN Charter and Universal Declaration of Human Rights to protect the right of everyone, everywhere with the pattern of violence and discrimination directed at people just because they are gay, lesbian, bisexual and transgender”.

On December 10th 2012, RoCK celebrated International Human Rights Day showing that LGBT rights are human rights. On December 11th 2012, Samdach Akaek Moha Sena Padei Decho Hun Sen, Prime Minister of the Royal



Contact details for RoCK:

Email: ssrom09@gmail.com

Tel: (855) 092 300 006

[facebook.com/srun.srom](https://www.facebook.com/srun.srom)

www.rockmerlgbt.wordpress.com

“ACCEPTANCE TAKES TIME”

There is no correct time to come out. Wait until the right time comes for you. It is always best to wait until you feel there is some support and understanding already in your family.

other. Today I support you, tomorrow you will support me. This is how we build a strong community of LGBT solidarity and this is how we will change our problems into solutions. We need to support each other locally by helping LGBT in our village, in our commune, in our province, in our country. Then we are strong together to achieve the change every LGBT person needs- freedom from discrimination and judgment.

WHAT YOU NEED TO DO TO HELP YOUR FAMILY UNDERSTAND AND ACCEPT YOU

- Be ready to get negative reaction from your family.
- Build trust with some members of your family first then the whole family.
- Accept your parents' anger, they will understand you if you give them more time to understand you.
- Be patient and give your family time.
- Be friendly with them even if they think you are their enemy
- Don't be sad because of their negative words or actions
- Keep an open communication with them
- Tell them that you are still the same person, and you need their love
- Help your family learn about you, know you and understand you, then they will accept you
- Discuss with them in constructive ways and try to listen to them carefully to understand their weakness.
- Consider all the critics from your family.
- Show your talent or ability to them and they will be proud of you.
- Show your living style to your parents
- Show your parents that you can live independent
- If it is very difficult to face them to tell them, think about writing a letter to your father or your mother, whoever you think will be more open.
- Be a friend to your family

“YOUR FRIENDS CAN BE YOUR NEW FAMILY”

During the time when you have not told your family, you may feel lonely and isolated and you may feel that if you ever tell your family they will abandon you. For this difficult time, think about your friends who already know who you are and feel their support for you so that you do not feel alone. Some of your friends will help you a lot, as if they are a family member. This is why sometimes we feel our friends are our new family because they can fully accept who we are and understand our feeling.

“YOU ARE NOT ALONE. WE SUPPORT EACH OTHER.”

When we are part of LGBT community, it means we are not the only one. A community means we are more than one person and we are together. The LGBT community is everyone of us who is LGBT. We know the feeling of each other better than anyone else in the society. We understand each others' fears and challenges. This is why we are the best people to help each

WHAT YOU NEED TO DO TO MAKE YOURSELF STRONG!

- ✓ You have to accept yourself first, there is no need to feel ashamed. Accept must yourself before others can accept you.
- ✓ If you don't support yourself, no one supports you.
- ✓ Be brave facing discrimination within family- don't give up!
- ✓ Know yourself clearly and seek for someone to support you, don't think you are wrong.
- ✓ Be yourself and trust yourself.
- ✓ Be well behaved.
- ✓ Move away to a better atmosphere for some time to help yourself be strong and independent.
- ✓ Think about economic independence.
- ✓ Start everything from yourself first, then others will follow and support you.
- ✓ Don't get discouraged by other people's thinking or acting towards you, stay strong!
- ✓ Develop yourself!

“RoCK Advice from LGBT friends about how to prepare to come out to your family. Brochure

Research and Documentation: Focus on Human Rights

Research uses systematic methods to collect and document human rights abuses. The results of these investigations provide valuable information to advocate for MSM in the context of global public health and human rights. These methods can be effectively applied to a range of situations.

Human Rights and HIV/AIDS have a close connection. First, human rights violations of MSM and others at risk for HIV increase the risk of contracting the virus. At the same time having HIV/AIDS leads to Human rights violations. People living with HIV/AIDS may face discrimination in clinics, hospitals, workplaces, schools, and other public places. They may face barriers to testing, treatment and violations of their right to privacy.

The purpose of the chapter is to enable participants to plan and conduct rights research related to HIV/AIDS and general discrimination issues. The chapter contains exercises that help participants understand how to identify rights violations and then gather and organize that information in a systematic way.

The goal of the chapter is to enable people to gather and use information to address human rights violations in their own setting. Research skills will include gathering reliable and useful information, asking the right questions, organizing data, and reporting. Sensitivity to the safety and privacy of those experiencing or witnessing human rights abuses must be a high priority.

Key Points

- Rights research gathers and uses evidence about human rights violations
- Rights research uses systematic methods that gather useful and verifiable information
- Protections need to be in place to ensure the safety and privacy of rights workers and community members

Chapter Goals

Upon completing the chapter, participants will be able to:

- Understand the importance of research in advocacy campaigns
- Identify the local human rights issues and develop plans to gather information
- Assess and mitigate the potential risks in human rights research
- Develop skills in collecting factual information through interviews
- Learn how to organize and analyze data
- Learn how to incorporate testimony in a human rights report
- Identify instances of Human rights violations that may have occurred
- Know the basics of documentation (familiarity with the template, types of evidence required)
- Be aware of key information needs when documenting or doing research: The What, Who, When and Whys
- Appreciate the importance of having several sources of information and evidence for incidents



Exercise 10.0 - Introduction to Human Rights¹ Research/Investigations

Purpose

To orient participants to the importance of human rights research and investigations and why it is important to be systematic and mindful about informed consent and protective of those interviewed

Goals

At the end of the session, participants will be able to:

- Understand the importance of good investigations and testimony in a rights report
- Place the interviewee at the center of the work
- Understand the importance of being systematic

Materials

Examples of short testimonies (from Social Exclusion research, from other MSM & HIV documentation reports)

One volunteer from the group willing to share a personal experience of stigma and discrimination (brief beforehand)

Process

1. Introduce the activity
2. Invite the volunteer to give a testimony (or to share about a personal experience, 3-5 minutes)
3. Ask another volunteer to also share an experience, that he or she witnessed, or was relayed to him or her by a friend.
4. Ask the audience, which of the stories they believed more, (This can be a show of hands, or people can be asked to take sides). Ask, Why did they think one story was more believable?
5. Explain the power of testimony, which is the explanation of a human rights issue in a person's own words. What makes testimony powerful and what additional information might be useful to know? What types of research and information might be useful (i.e., Reviewing existing documentation, then whether the incident seems to be happening to many people or in a particular place alone)
6. Discuss about the considerations to be made during rights research or investigations. Some points could be:
 - Informed Consent – participants must be told of the nature of the research, its purpose and potential risks. Research should take precautions around safety and privacy
 - Reliability of Testimony – Research on court cases shows that people are not reliable witnesses; this is human nature. This is not anyone's fault, and is the way we process information.
 - Always check the facts and evidence, try to get multiple witnesses or look at photos or videos





Exercise 10.0 - Introduction to Human Rights¹ Research/Investigations

Process continuation

- Is testimony representative of the larger problem?
 - You may hear the same story happening repeatedly; examine the testimony not as isolated cases but see if they are part of a larger pattern. However a few cases do not make a pattern all the time. Sometimes people believe something is universally true because it happened to them or their friends.
- Build rapport and trust: the issues related to HIV, homophobia are sensitive. One must be reliable and discreet with information in order to build trust.
- Ability to take good notes (or photograph, record information)- this requires practice and it should be systematic. It helps to determine in advance what categories of information you are looking for. Take practice notes with a peer before a meeting or an interview, will help you practice active listening. Transcribe notes as soon as possible so you do not forget what you wrote.

7. Summarize main points of the discussion, some may want to provide examples of what they have done

Note to Facilitator

Explain that testimony is a form of research that puts the witness in the center of the inquiry. Collecting several testimonies from victims of human rights violations can be a powerful advocacy tool.

¹ Adapted from "The Power of Testimony" in Asia Catalyst's Prove It: Documenting Human Rights – Trainer's Supplement, pp. 10-14





Exercise 10.1 - How to Identify Human Rights Violations²

Purpose

The exercise will enable participants to discuss rights issues within their communities

Goals

At the end of the session, participants will be able to:

- Identify and discuss human rights issues in their own geographic areas
- Apply international rights standards to real-world cases
- Understand that rights issues are complex

Materials

Collect relevant constitutional or legal information for the country, a legal aid center, or invite someone with legal expertise and human rights work experience

Simplified version of the UDHR from OCHCR (Hand-out 10.1, below)

Process

1. Introduce the exercise and explain that one starting point of the research is gathering the evidence about the Human Rights Violation.
2. Enact A Role Play with a few scenarios by asking for volunteers to tell the group about their own experiences (or that of a friend) of being abused because of who they are. (i.e., forced marriage and kept in the house; police arrest scenario;), or show a film or photos
3. Ask audience to refer to the booklet from OHCHR (Universal Declaration of Human Rights in Khmer language)
4. Ask groups to identify the instances of violations that they have seen in the presentation and why they think it is a violation, cite the relevant provisions
5. Generate discussion among the groups; it can be pointed out and specified which violations are happening and what proof is required; that rights issues are complex and it is normal to have disagreements and debate
6. Discuss the roles that the government played in the adoption of the UDHR in 1993—they commit to respect, protect, promote and fulfill human rights for all Cambodians

Note to Facilitator

Some scenarios to be acted out can include being stopped from school, from working, denied access at health facilities, or being arrested arbitrarily while sitting in a park at night. Develop these scenarios further and ask a few people to act these out. They can take turn doing the analysis and the role playing. Make sure to differentiate between violence suffered as a result of criminal or illegal activity (such as stealing). A key reference for facilitators and participants is “Born Free and Equal”, a UN publication.

² adapted from “Rights issues in our communities” in Asia Catalyst’s Prove it: Documenting Human Rights-Trainer’s supplement. Pp. 16 to 18





Handout 10.1

Universal Declaration of Human Rights (Simple English Version)

Drafted by: Amnesty International Australia

Available here: http://www.universalrights.net/main/decl_fm.htm

All people everywhere have the same human rights, which no one can take away. This is the basis of freedom, justice and peace in the world.

This Declaration affirms the dignity and worth of all people, and the equal rights of women and men. The rights described here are the common standard for all people everywhere.

Every person and nation is asked to support the understanding and respect for these rights, and to take steps to make sure that they are recognised and observed everywhere, for all people.

Article 1: You have the same human rights as everyone else in the world, because you are a human being. These rights cannot be taken away from you. Everybody, no matter who they are or where they live, should be treated with dignity.

Article 2: You should not be treated differently, nor have your rights taken away, because of your race, colour, sex, language, religion or political opinions. Your basic rights should be respected no matter what country you are born in or how rich or poor you are.

Article 3: Everyone has the right to life, liberty and security of person.

Article 4: Human beings must not be owned, bought or sold. No one has the right to enslave anyone else. Slavery is a crime.

Article 5: Torture is forbidden at all times and in all circumstances. No one should suffer treatment or punishment that is cruel or makes him or her feel less than human.

Article 6: Everyone has the right to be treated as a person in the eyes of the law.

Article 7: You have the right to be treated by law in the same way as everyone else. You have the same right to be protected by the laws of your country as anyone else.

Article 8: If your rights under the law are violated by someone else, you have the right to see justice done.

Article 9: You may not be arrested or held in a police station without good reason. You may not be kept out of your own country. If you are detained, you have the right to challenge the detention in a court of law.

Article 10: You have the right to a fair and public hearing if you are ever accused of breaking the law, or if you have to go to court for some other reason. The courts must be independent from the government, qualified to understand the law, and free to make their own decisions.

Article 11: If you are accused of a crime, you have the right to be treated as innocent until you are proved guilty, according to the law. You have the right to a fair and public trial where you are allowed to defend yourself. You can not be tried for doing something, which was not a criminal offence in law at the time it was done.

Article 12: No one has the right to intrude in your private life or to interfere with your home or family without good reason. No one has the right to attack your good name without reason. The law should protect you against such interference.

Article 13: You have the right to move about freely within your country. You also have the right to travel to and from your own country, and to leave any country.





Handout 10.1

Article 14: If you are forced to flee your home because of human rights abuses, you have the right to seek safety in another country. This right does not apply if you have committed a non-political crime or an act that is not in keeping with the UDHR.

Article 15: You have the right to be treated as a citizen of the country you come from. No one can take away your citizenship, or prevent you from changing your country, without good reason.

Article 16: All adults have the right to marry, regardless of their race, country or religion. Both partners have equal rights in the marriage, and their free and full agreement is needed for the marriage to take place. All families are entitled to protection by the state.

Article 17: You have the right to own goods, land and other property, alone or with other people. No one has the right to take your property away without any good reason.

Article 18: You have the right to hold views on any issue you like without fear of punishment or censure. You also have the right to believe in any religion—or none at all. You have the right to change your religion if you wish, and to practice and teach your religion and beliefs.

Article 19: You have the right to tell people your opinion. You should be able to express your views, however unpopular, without fear of punishment. You have the right to communicate your views within your country and to people in other countries.

Article 20: You have the right to peacefully gather together with other people, in public or private. No one should force you to join any group if you do not wish to.

Article 21: You have the right to take part in the government of your own country directly or by being represented. Everyone has the right to equal access to public service in his or her country. Governments represent the will of the people. Therefore free and fair elections should be held on a regular basis.

Article 22: You have the right to have your basic needs met. Everyone is entitled to live in economic, social and cultural conditions that allow them dignity and let them develop as individuals. All countries should do everything they can to make this happen.

Article 23: You have the right to work in fair and safe conditions and to choose your job. You have the right to be paid enough for a decent standard of living, or to receive supplementary benefits. You also have the right to form or join trade unions to protect your interests.

Article 24: You have the right to time off from work. No one may force you to work unreasonable hours, and you have the right to holidays with pay.

Article 25: Everyone has the right to a decent life, including enough food, clothing, housing, medical care and social services. Society should help those unable to work because they are unemployed, sick, disabled or too old to work. Mothers and children are entitled to special care and assistance.

Article 26: Everyone has the right to an education. In the early years of schooling, it should be free of charge and compulsory. Education at a higher level should be equally available to everyone on the basis of merit. Education should develop the full human being and increase respect for human rights.

Article 27: No one may stop you from participating in the cultural life of your community. You also have the right to share in the benefits scientific discovery may bring, and the right to have any interests from your scientific, literary or artistic work protected.

Article 28: Human beings have the right to live in the kind of world where their rights and freedoms are respected.

Article 29: We all have a responsibility to the people around us, and we can only develop fully as individuals by taking care of each other. All the rights in the UDHR can be limited only by law and then only if necessary to protect other people's rights, meet society's sense of right and wrong, maintain order, and look after the welfare of society as a whole.

Article 30: There is nothing in the UDHR that justifies any person or state doing anything that takes away from the rights, which we are all entitled.





Exercise 10.2 - Asking questions to get powerful testimony³

Purpose

To help participants learn the key questions to ask in an interview

Goals

At the end of the exercise, the participants will be able to:

- Know the questions to ask in an interview (Who, Where, When, Why and How)
- Practice how to prepare a list of questions prior to an interview

Materials

Handout: "Key Questions"; "Is this Good testimony (or is this a good investigation)" exercise; Handout 10.2 – Key Questions)

Process

1. Provide introductory information: for rights information to be useful and credible it must be specific. The key is to gather all the relevant details during an interview, rather than try to do a follow-up later. Since there is so much information to gather it is important to memorize the key questions to ask.
2. Distribute the hand out "Key questions". Having a good set of questions can lead gathering the most useful and relevant information.
 - WHO ? – the person involved—physical description, names, occupation, distinguishing features
 - WHAT ? – the topic of the story and its substance
 - WHERE ? –The location of the events—be as specific as possible
 - WHEN ? – Date and Time of day
 - WHY ? –May be difficult to answer. What are the underlying motives ?
 - HOW ? – Sequence of events and actions. Be specific so the reader or listener can re-enact events in his or her own mind.
3. Break the group into pairs to conduct mock interviews using the key questions. Each pair should practice with one as the interviewer and the other as the one giving testimony. People can provide their own topics, or refer to a recent incident
4. Ask participants to report back on the interview and what they may have learned
5. Ask participants to brainstorm about what questions they might want to ask in an interview and write them down for the group.

³ Adapted from "Who, What, Where, When, Why and How" in Asia Catalyst's Prove it: Documenting Human Rights-Trainer's supplement, pp. 57 to 63





Exercise 10.2 - Asking questions to get powerful testimony³

Process continuation

6. Point out how each of the questions requires specific answers; avoid vague descriptions such as "a long time", "big man " etc. Remind the participants to use follow up questions to gather more information, including supplemental information from others
7. Distribute , Divide into small groups to discuss the handout "Is this Good testimony ?"
8. Feedback to the larger group to discuss the testimony
9. Summarize the main learning points: Ask the group to state their main learning

Note to Facilitator

May also need to prepare some scenarios or some documentation of testimonies from the newspapers for discussion.





Handout 10.2

Key Questions

There are several key pieces of information explained in the following table.

Remember: Get as many details as possible:
Try to get a clear and credible story of what happened.
Ask open questions, allow the interviewee to tell his or her story without being led.
Do not suggest answers, if the interviewee is upset or cannot remember, take a break.

Key Questions	Explanation
WHO committed abuse or was the victim?	“Who” questions may include the name of the person or the description, such as height and weight or whether he or she was wearing a uniform. Some victims maybe reluctant to identify an abuser for fear of retribution. Do not pressure victims or witnesses to identify an abuser if they are afraid to do so.
WHAT happened?	What exactly happened? Try to get a sequence of events. Go slowly with the victim or witness and take breaks, for the testimony maybe traumatic. If you are confused about details, go back and ask again.
WHERE did it happen?	Where did the abuse happen? Try to get locations for every part of the story. For example, if it happened on the street, which street? You can gather details about the location, such as whether the prison has food or drink, or whether the street was empty or busy.
WHEN did it happen?	When did the abuse happen? What date, day of the week, and time of day? How long did the event happen?
WHY did it happen?	Why did this event happen? What was the context? Were there previous interactions? The explanation of an event maybe complex, so take your time to understand the details. If the story doesn’t make sense to you, ask more questions.
HOW did it happen?	How did the abuse happen? Depending on the nature of the violation, ask in what manner it happened. If the victim was beaten, how many times and with what weapon? If the victim was arrested, what were the charges?





Exercise 10.3 - Introducing a template for recording information when documenting possible human rights violation

Purpose

To help participants learn the key information that should be recorded or reported about a human rights violation

Goals

At the end of the exercise, the participants will be able to:

- Understand what is good standard documentation
- Know the types of information that should be recorded on a document or report of human rights violations; know the questions to ask in an interview (Who, Where, When, Why and How)
- Identify the methods used to collect information and evidence

Materials

Sample of Human Rights abuse documentation forms (next page)

Process

1. Ask the group, "what do you understand by documentation when investigating a human rights violation? What is important to record? Have each one of the audience give one answer.
2. Then checking the standard documentation form—note what information has NOT be mentioned-- bring this up and ask the audience, "is this information important to include" ? Why or why not ?
3. Divide into three groups, asking each group to discuss the following for about 10-15 minutes:
 - Group 1: Discuss the WHO (or which kind of person) should be recorded, the characteristic description or distinguishing marks, some personal details, to elicit the following: perpetrator, victim(s), witnesses, supporters, etc.
WHY is this information important?
 - Group 2: Discuss: WHAT type of information should be recorded? (What happened and the details – focus on the human rights abuse, not personal issues); the WHEN and the WHERE this incidents happened.
WHY is the information important?
 - Group 3: Discuss HOW can we collect the information properly ? (methods, as well as types) as well as details of information ? What information will need to be recorded ? What kind of evidence or equipment can be included ?
WHY is this information important ?
4. Have the groups report back and share. Invite the other groups to ask questions, and comment, and agree if any other information will need to be collected.





Exercise 10.3 - Introducing a template for recording information when documenting possible human rights violation

Process continuation

5. Then introduce the template format. It is important to point out to the participants that the information they have discussed in the group is important and has (or will be) included in the form. Review the information in the form that they may not have mentioned in the discussion, and familiarize them with principles of informed consent, and protecting privacy and confidentiality
6. Note that on the form, one section is "Solution" – what should be in the document ? Why is this important ?
7. Discuss, Why is completing the form important ?
 - Saves time for documentation and investigations of the victim, and the other investigators
 - Keep the data for better analysis because it is systematically done
 - Help victim , you can just send to the lawyers; it can be shared with friends following confidentiality procedures and others who want to help the victim
8. What are the actions (or solutions) taken so far ?? What are the solutions or actions done in response ? (both from the side of the victim, who did they go to, what did they do, and what was the result ? What actions from the side of the activist or investigator, may also needed for follow-up)

Note to Facilitator

Include sample templates of documentation forms of human rights violations. This should be given at the end of the exercise.

While there is an existing template, it is more important to ask people the type of information they see as important in a document, and what to record, as this increases their own participation in the exercise and enables them to think through the documentation issues.





Handout 10.3

Case No:

Date :

Name:		Age:	Sex:
Gender:	Marital Status:	Nationality:	
ID card No:	Work/Occupation:		
Place of Birth:	Present Address:		
Contact Details / Telephone:			
WHO was involved? (Victim, Perpetrator(s), Witnesses. Note any distinguishing marks			
WHAT happened, WHEN and WHERE, TIME ?(describe incident in detail and in sequence if possible)			
WHY (Reason why the incident happened)			
OTHER information (evidence such as documents, photos, etc.)			
ACTION Taken so far (What has been done, by who, and the results)			

Other Remarks/Comments/Notes(Use back of this form if more space is needed)

Name and Stamp/thumb printing (interviewer)

Name and Stamp/thumb printing(interviewee)



Advocacy Cycle and Planning

Advocacy consists of a series of strategic actions leading towards a similar goal. These actions, taken together, constitute a campaign. Prior to starting this exercise, it will be useful to review the definitions of advocacy, note the challenges and problems, as this will be basis for making a goal for the advocacy activity or campaign. (See Chapter 4 on Advocacy, print the exercises)

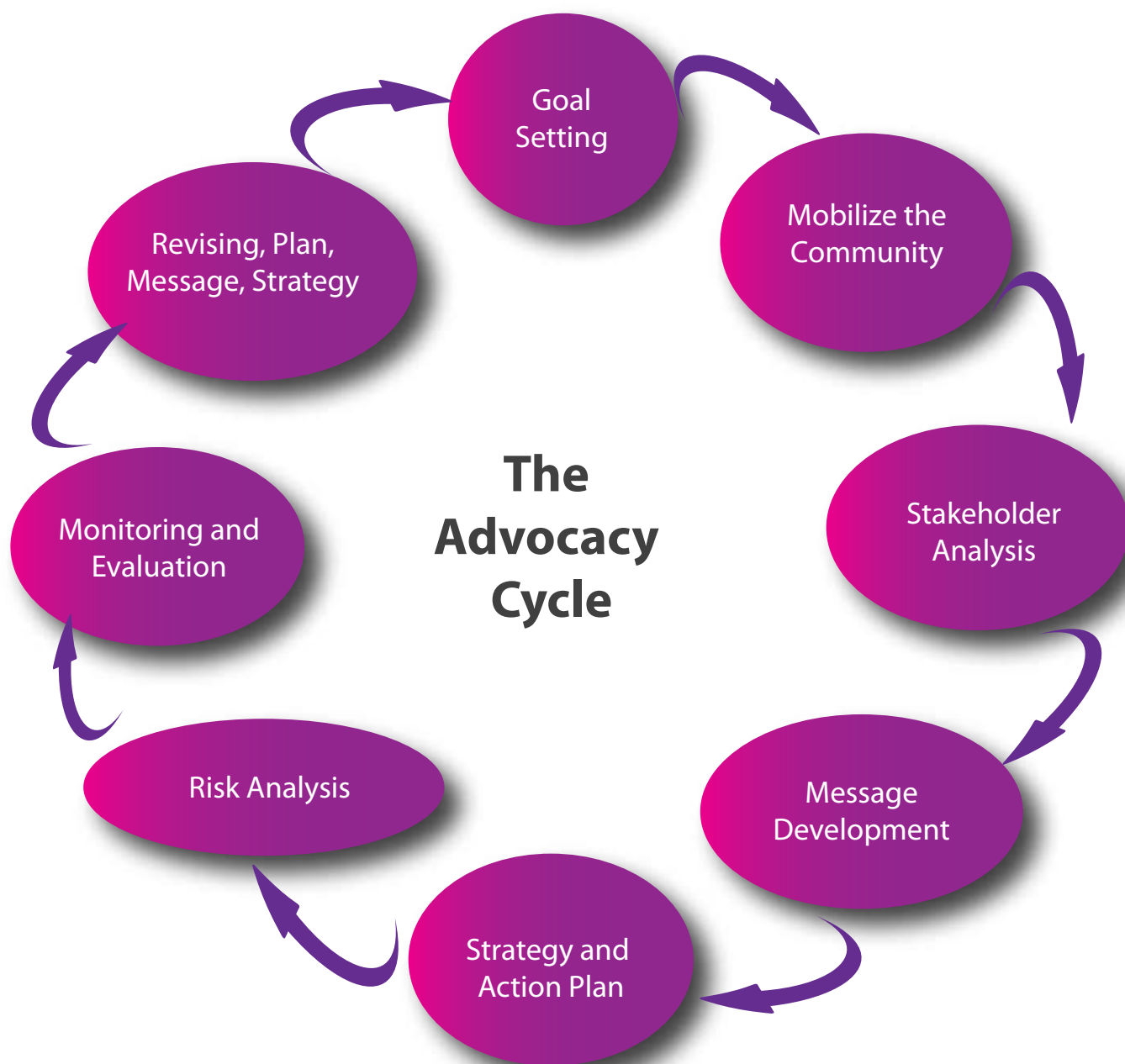
Key Points

- An advocacy plan may be done by a single person or a group of people, or by organizations and networks, acting together, using different activities and approaches, but always towards the same goal

Chapter Goals

By the end of the training participants will be able to:

- Name and describe the key steps in an advocacy campaign or activity
- Set a Goal for an Advocacy campaign
- Identify and classify stakeholders
- Identify information needs
- Develop their key message(s)
- Outline key activities
- Identify possible risks
- Monitor advocacy activities



The Advocacy Cycle

(adapted from the Grassroots Advocacy Toolkit, PACT, 2008)

Steps in the Cycle Explained

1. Goals – The change we want (refer to the objectives derived from the problem tree exercise). This will already be in “objective” form, rather than as a problem statement. If the groups want to tackle a different problem or issue than that which has already been discussed, it is recommended that they go through the challenges and problem tree exercises once more, and then formulate a goal statement.

2. Mobilizing the Community:

Depending on the composition of the Group, it may be better to have all people from the same “community” (i.e., location, same organization or network, to sit and brainstorm and plan together) for the next series of exercises below. This assumes that they have identified a common issue or issues and that they plan to do something about that issue.

3. Identifying Stakeholders for the issue (s)

- What are stakeholders? Give examples
- Relationship mapping between our community and the stakeholder, (Power mapping from earlier section)

In each group, the following questions are discussed:

- Who will be the targets for the advocacy campaign? (They are the ones who can make the decisions about policy or practice)
- Who might the stakeholder-decision makers listen to (i.e., analyze who might have influence over the stakeholder and why)
- Imagining which information is important and why; what kinds of information might decision makers consider important?
- What information do we want about our decision makers?

(Brainstorm/list an exercise to identify what we want to know. For example, sex, age, marital status, position, occupation, education background, political affiliation, sexual orientation, original hometown, children, ethnicity, religion, general personal likes and dislikes, position towards LGBT and MSM and Transgender and HIV ?)

- Listing information that we might need for our messages

4. Crafting the Advocacy message:

Relate to previous exercise (Goals, and to the Problem Tree/Analysis = Crafting the Objective)

Developing the message: what do you want stakeholders and decision makers to remember and what do you want them to do?

How might the stakeholders and decision makers respond to your message?

Who may have influence on these decision makers? Who will they listen to?

5. Taking Action

Develop an action plan, it may be useful to record in a table form as follows:

- What are the activities
- Who are the targets
- How will the message be delivered
- When
- Who is responsible
- Who will support
- What resources and materials are needed (human, technical, financial resources)



Handout 11: Advocacy Cycle Action Planning

Action Plan for an Advocacy Campaign or Activity

Key Message:		
Activity		
Target Audience		
Sub-Activities		
Date		
Who is Responsible?		
Support		
Resources & Materials		
Risk: Likelihood happening (L)(Grade 1,2,3,4,5)		
Risk: Potential Severity (S) (Grade 1, 2, 3,4,5)		
Total Risk Grade (L x S)		
Risk Mitigation Strategy		



Advocacy Cycle & Planning

6. Reducing Risks

What is a “Risk”? Why is it important to identify risks at the outset of the campaign?

Risk Analysis for the advocacy campaign : Discuss and Rate the following:

- Severity of Impact (Mild, Moderate or Severe)
- Chance of the Risk Happening –Likelihood: Not Likely, Likely Very Likely to Happen
- To get the Risk score, multiply the rating under severity by the Likelihood of risk Happening
- Mitigation or Risk Reduction Strategy

To the above table, participants may now add a row, identify a few risks and grade the risks as to severity and likelihood

7. Monitoring and Evaluating the Advocacy Campaign activities:

- How do we know we are implementing well and are on track ?
- What should we measure? (Indicators)
- When should we measure?

- What are the sources of our information?
- How is this information collected?
- Incremental steps towards the Overall Goal, are there any steps or achievements that might need to happen before the overall goal is reached? What are these and how do we know they are happening, or are in place?

In addition the following may also be regularly monitored, as some activities and results may not be anticipated during the planning phase.

- What are the Changes seen: Positive and Negative
- Unexpected results
- Sharing lessons

To the above table, participants may also now identify their indicators to monitor, when and how, that will gauge progress of the advocacy actions.

8. Re-adjusting our approaches, messages, etc.

Further References:

For more references on Advocacy steps and Planning, please refer to the reference section of Chapter 4 of this toolkit, “Advocacy”.

How to Resources & Core reference documents

Honing Skills in Advocacy: Key Resources

In addition to the resources included at the end of each chapter, this section has been included as an easy reference. It contains a collection of annotations that match up with the HIV/AIDS Alliance's Advocacy in Action toolkit and attunes the skill cards to MSM and Transgender communities. These are broken down into easy-to-understand steps. Also included are links to 2 core reference documents: (1) the Yogyakarta Principles and (2) the UNGASS Declaration of Commitment on HIV/AIDS. These are very useful for reference when drafting advocacy documents. Find them at the end of this section. It is suggested that toolkit users download the Advocacy in Action toolkit and read the skill cards in tandem with the annotations below. The following information is included:

- Analyzing and influencing legislation or policies
- Preparing a briefing note or position paper
- Working from inside the system
- Lobbying or face-to-face meetings
- Writing and delivering a presentation
- Persuading through drama
- Working with the media

- Writing and using a press release
- Carrying out a media interview
- Preparing a press conference
- Using the internet

Please access the HIV/AIDS Alliance's Advocacy in Action toolkit skill cards the following link:

<http://www.aidsalliance.org/publicationsdetails.aspx?id=142>

Please note that another very good set of skill cards is available in the APCASO Advocacy toolkit accessible at:

http://www.apcaso.org/index.php?option=com_content&view=article&id=28&Itemid=66

Since all grassroots activists engage face-to-face with decision makers, one exercise from the AIDS Alliance Advocacy in Action Toolkit, "Lobbying or Face to Face Meetings" is included as a specific exercise in this section.

Skill Card Annotations:

1. Analyzing and influencing legislation or policies

In Cambodia, anal intercourse and other expressions of same-sex union are not criminalized, but there is widespread cultural disapproval. These attitudes and policies not only affect individuals, but also obstruct rights by officially condoning anti-MSM attitudes and obstructing HIV prevention efforts.

There are also more subtle ways that policy can impede freedom of movement and expression for MSM and Transgender communities. For example, in many countries vagrancy laws against petty theft, "public nuisance," and in Cambodia, "Commune

safety," "Gang member" and "drug users" are often regularly and falsely used against MSM in certain communities. In these cases, MSM and Transgender are charged and taken into police custody in an effort to clear them from public areas.

Of course, it is not enough to stop at analyzing legislation and policies that impede and obstruct MSM individual and collective rights. It is also important to work for new policies that safeguard the rights of MSM and other groups with different sexual and gender identities.

In many communities this may not happen for a number of years; nonetheless, it is important to begin thinking and working for these protective policies immediately.

Action step(s):

- Lead focus group discussions or interviews among community members in your area, and agree which legislation or policies are serving as obstructions. These might include local vagrancy laws, including the Commune Safety Policy that are used regularly to keep MSM and Transgender out of the public space.

2. Preparing a briefing note or position paper

There is much work to be done for MSM and Transgender populations. This means there will be a number of positions and stands to take on multiple issues. In a situation like this, advocacy messages can be amplified by getting consensus from as many groups working with MSM as possible on stances around issues and how issues rank according to priority. Otherwise, the community runs the risk of sending mixed signals, or diluting the potential of their advocacy efforts to make change.

Action step(s):

- Identify other Groups, NGOs, Organizations or Associations that work on MSM and Transgender, LGBT, Human Rights and other Issues.
- Network with these other MSM and LGBT groups in your area and learn about their stances on particular issues, as well as their own advocacy agendas and priority items.
- When possible, come to a consensus on these issues as well as their priority ranking to avoid sending mixed signals.

4. Lobbying or face-to-face meetings

In advocacy work with MSM and Transgender, terminology is always an important question. As a general rule, use language that your advocacy target audience will understand. For example, the term “MSM” comes from the world of HIV research and prevention, and will certainly not be understood by the majority of audiences. It is also a difficult term in cultural contexts where “sex” as a term is not used openly. The terms gay, bisexual, and homosexual may work in some cultural contexts, but in others they may not properly represent the MSM and Transgender population doing the advocacy or may also be very stigmatized terms. Many communities have advocated successfully with targets in conservative cultural settings by using creative terminology to refer to MSM (for example, “ostracized men,” “feminine men,” “men with the hearts of women”).

Making your advocacy target comfortable is key; tactful language use can allow for a meeting to run smoothly and for a longer duration. Another tactic in conservative settings is to consider how appearance can positively or negatively impact a meeting, and your goal should be to make your audience as comfortable as possible. MSM should not feel as if they are compromising their identity; tact is an incredibly important part of making advocacy effective.

The full exercise on Lobbying and Face-to-face meetings is at the end of this section.

Action step(s):

- Lead participatory discussions with MSM and Transgender in your area to create a list of terms that can be used with various audiences on the basis of their being the most “appropriate” and “palpable” for that particular audience.
- Create a dress code policy as well. For example, when is it appropriate to use drag as a tool to raise awareness, and when is it more appropriate for the community to represent itself more conservatively?

5. Writing and delivering a presentation

The situation in which many MSM and Transgender communities find themselves is shot through with gaps, missing pieces, and shortfalls. When making presentations, avoid the tendency to focus on the negative. Build into presentations a sense of positivity and possibility without getting bogged down in what is wrong, what is missing, and what is unworkable about a given situation. Be sure to include at least some examples of what is working or what has worked elsewhere, and articulate clear steps toward a solution to an articulated problem.

Action step(s):

- Be aware about the many positive actions, good work and good practice that have provided support to MSM and Transgender as well as LGBT communities. Cite these as examples to share and learn from. For example, some monks and local village leaders accept the realities of same-sex partnerships and can find ways to include same-sex partners in local community activities.
- Designate a community member as editor for all publications and presentations to read documents for language that
 - (1) could potentially offend important advocacy targets, such as National AIDS Program bodies, and
 - (2) assess the degree to which a piece of writing gives readers a sense of positivity and workability.

6. Persuading through drama

Drama is a very powerful medium through which communities can reach the local public. Drama suits MSM and Transgender community groups for a few reasons. In Many cultures MSM and Transgenders are traditionally the keepers of the art of theater and costume, and already have the talents as well as tools to put up a compelling performance. In many

cultures, drama and theater are culturally sanctioned and important parts of day-to-day life. Bringing messages about MSM to the general population in a familiar cultural medium will increase the chances that the message will reach people. Drama is also a wonderful way for communities to deliver multiple messages, depending on the theme and story of the performance, which the community can control. This makes it an incredibly flexible medium that can be changed according to context.

Action step(s):

- Convene a working group composed of MSM and Transgender community members who have some degree of experience in performance or theater to assess the possibility of using drama as an advocacy tool. Consider potential actors, potential audiences (local decision makers, schools, festivals where dramas are regularly performed), and messages the community might deliver through a performance.

7. Working with the media:

Note: These annotations relate to the following skill cards:

- 1) Writing and using a press release
- 2) Carrying out a media interview
- 3) Preparing a press conference

When approaching and working with the media, MSM should remember that the media is not an objective force that necessarily sees the truth in a particular group's message or struggle, despite many people's deep trust in media outlets. Particularly in cultural contexts where MSM rights are still in a nascent stage, or where MSM identities are relegated to a particular societal segment or profession, the media can perpetuate stereotypes even though many often go to the media to learn the "truth."

The media can be used strategically and effectively to sensitize the general public about MSM and Transgender as well as Human Rights issues. To do this, consider a few things:

- What is the current depiction of MSM and Transgender by the local media? What kinds of stories are reported, and how are MSM portrayed? Is there a particular story that repeats regularly? What terms are used to refer to MSM and LGBT? Are these in alignment with the truth of the MSM and LGBT in your community? If not, what are the core stereotypes, and what parts of the story are not being told?
- Like doctors, members of the media are trained in their profession. During their training under most circumstances they do not learn about ethically and sensitively covering MSM and LGBT. Consider organizing trainings for working media personnel as well as local media college faculty and students to raise awareness about what constitutes ethical and sensitive MSM community portrayal.
- Another way to sensitize media to MSM and Transgender concerns is to prepare a leaflet with key points about sensitive coverage, eg, what terminology to use, what stereotypes to avoid, etc. This “takeaway” can assist them when they are putting together their final article or news segment.
- For many MSM, participating in anything media-related can be a terrifying experience because there is the potential for people finding out their MSM status. For this reason confidentiality is a key concern. For the media communities can prepare a set of regulations around use of names, as well as photographing community members. For a community organization. It is important to train members of the community so they understand these issues, particularly the risk of being exposed. Many MSM who were hiding their identities have been made public by the media because they did not have the knowledge to protect themselves.
- Consent forms are another good way to regulate media coverage of community names and faces. Create a template and require that media people get a signature before publishing names or faces.

• Media also includes film and TV in which the portrayal of MSM is another way stereotypes are perpetuated and learned. What are some examples in your community of MSM and Transgender in film and TV? What stereotypes repeat regularly?

Action step(s):

Action step(s):

- Do a mapping of the local media outlets—print (newspapers, magazines) and broadcast media (radio, television, movies, etc.) and their portrayal of MSM and Transgender. Identify stereotypes that are being perpetuated by these portrayals, as well as aspects that are missing from the story the media is telling.
- Identify media colleagues in your area and network with them in the interest of leading a training on ethical and sensitive portrayal of MSM.
- Bring local MSM community members to an awareness of “do’s and don’t’s” when engaging with media to assist them in protecting their privacy if they do not want their names or photographs to appear in the media. Develop a similar list for media people who cover events where MSM are presentation for an event where media will likely be present. This increases the chances that a clear message will reach the media.

8. Using the Internet, E-mail Groups and Social Networking Sites

Groups should consider launching an e-advocacy campaign through the internet, which is accessible in many cultures and a very cost-effective option. This can be done in a number of ways. There are e-forums that host discussions on a number of topics relating to MSM, human rights, and HIV in various regions of the world. It can also be achieved through creating a blog about a particular body of work or issue. E-mail blasts can be used to send a number of select recipients.

There are many documents about particular issues that can be shared through the internet, and short films and documentaries are often posted on sites like YouTube. Social networking pages such as Facebook, can be used to get the word out about issues that relate to MSM and Transgender.

Action step(s):

- Designate an Internet action plan and delegate specific responsibilities (e.g., blogger, e-forum manager, Facebook manager) to community members with computer and communication skills.

Two key resources that may be useful when writing for advocacy are:

Yogyakarta Principle: a set of international principles relating to the application of international human rights law to issues of sexual orientation and gender identity. Centered on affirming binding international legal standards with which all states must comply.

<http://www.yogyakartaprinciples.org/>

UNGASS Declaration of Commitment on HIV/AIDS: a framework of action to halt and reverse the spread of HIV, agreed to by governments and including specific milestones and deadlines.

<http://www.unaids.org/en/AboutUNAIDS/Goals/UNGASS/default.asp>



Exercise 12.1

Lobbying or face-to-face meetings (Adopted from the AIDS Alliance toolkit, Advocacy in Action)

A face-to-face meeting with a targeted decision-maker (also known as 'lobbying') is one of the most frequently used advocacy methodologies and is often the starting point in a series of activities.

Personal contact provides the opportunity to build relationships with decision-makers, which could prove very useful in future. Try to set up a channel for regular contacts.

It is important to choose the right time for meeting decision-makers, when your issue or problem is already on their agenda or most likely to be taken up - for example, before an important vote - or when they are able to take action in support of your advocacy-for example, during the budget-setting process, or at the time of an annual meeting.

Try to imagine how the issue or problem looks from the decision-maker's point of view. Why should they support your advocacy objective? How can they benefit from taking the action you are requesting? This can be answered more easily if you have fully

researched the 'target person' you are meeting.

Make realistic requests. Show the decision-maker that there is widespread support for your advocacy objective. Encourage allies to also lobby the same decision-maker; giving the same message (use briefing note to ensure the message is the same – see Advocacy in Action Card 2). It is difficult for officials to ignore large numbers of advocates.

Do not be satisfied with vague expressions of support. Return to three basic questions:

- Does the decision-maker agree that things need to change?
- What are they willing to do to make change happen?
- Are there some intermediate steps that you and other members of your group can offer to help out with?

Advantage

- It shows the human face of the issue or problem to decision-makers, especially if people directly affected by the issue are involved.
- No need for literacy.
- Good for involving people at community level. It an opportunity to express emotions and share personal experiences.
- It allows you to discuss the issue rather than just present your position.
- Creates a personal connection which is more likely to lead to things being done.

Disadvantage

- The message could fall to make an impact if the decision-maker takes a personal dislike to the messenger(s).
- A decision-maker with greater negotiating skills could make the meeting a waste of time, or could persuade you to agree to actions you later regret.





Exercise 12.1

Skills-building activity

Goals

By the end of this session participants will be able to lobby a decision-maker in a face-to-face meeting

Process

1. Introduce the topic and explain the objective of the activity to the participants.
2. In plenary ask the participants
 - What are the advantages and disadvantages of holding face-to-face meetings for advocacy work?
3. Divide the participants up into small groups of four to six people. Assign to the groups different topical issues that they might advocate about – for example, provision of treatment for people living with HIV/AIDS at a local hospital; face-to-face meeting with the hospital managers to overcome this discrimination.
4. Ask at least one group to role-play a meeting in which the decision-maker opposes the advocacy objective. Ask at least one other group to role-play a meeting in which the decision-maker is neutral or uninterested in the advocacy objective.
5. Ask participants to practice preparing to hold a face-to-face meeting with an influential person. They should identify two or more people to act as the 'advocates(s)' and two or more people to act as the influential people. Give each group these guidelines:
 - Prepare your case with facts and evidence to support what you will say
 - Identify what the decision-maker might argue their case, and plan your replies
 - Consider how you want to behave during the meeting and why
 - Decide what, if anything, you should take to the meeting.
6. Depending on the number of participants and time available, either ask:
 - a) some, or all, of the group to perform a 10 minute role-play of the face-to-face meeting they have prepared for the whole group, or
 - b) each group to role-play their meetings without an audience.





Exercise 12.1

Process continuation

7. Lead a plenary discussion about face-to-face meetings for advocacy work, based on the following kinds of questions:

- Who was more persuasive and why?
- How could the advocates have improved their lobbying?
- How might you follow-up a face-to-face meeting?
- What did you learn about face-to-face meetings from the role-plays?
- What are the advantages of having people directly affected by the issue or problem at such a meeting?

8. Invite any other comments or experiences of face-to-face advocacy. For example, it is common in many cultures that one must not “lose face” in public, and also never to underestimate the power of informal connections and private discussions.

Note to Facilitator

If time allows, ask each group or pair to list some advice (‘Try to...’ and ‘Try not to’ points) for face-to-face advocacy, and be as specific as possible for your advocacy target.

If the skills session on position papers and briefing notes is not part of the workshop, some participants can prepare a position paper for this activity.

In some circumstances it may be possible to do some real advocacy work in the form of a face-to-face meeting. However, this will only be possible if the beneficiaries have been involved in the planning of the action, and if some or all of

Advice:

- ✓ Try to begin by praising the decision-maker for any past support on your issue.
- ✓ Try to begin by pointing out areas of agreement and mutual interest with the decision-maker.
- ✓ Try to listen, as well as talk – you need to hear what your target thinks.
- ✓ Try to link your objective to an issue the decision-maker cares about.
- ✓ Try to know more about the issue than the decision-maker! Gain a reputation for being knowledgeable.
- ✓ Try to be willing to negotiate, but be clear about how far you will compromise.
- ✓ Try to decide who will say what, if there is more than one of you.
- ✓ Try to end by summarizing what the decision-maker has said or promised.
- ✗ Try not to ask the decision-maker to do more than one thing at a time, unless he or she seems very eager to help you.
- ✗ Try not to confuse the decision-maker with too many messages.
- ✗ Try not to give too much information – for example, graphs, statistics.
- ✗ Try not to use technical terms or jargon.
- ✗ Try not to give false or misleading information – it can cause you problems in future.



How to lobby/hold a face-to-face meeting

Establish 'points of entry'

Think creatively about how you can get a meeting with the target person. Is there something you have in common? For example, if a friend of yours attends the same mosque as the decision-maker ask your friend to introduce you to them so that you can negotiate a time to meet, or alternatively use the opportunity as face-to-face meeting in itself.

Ask for a meeting

Send a letter explaining what your advocacy goal is and why you would like a meeting. Follow up with a phone call. Often you will not get a meeting with the 'direct target' but with one of their staff (an 'indirect target'). Always meet with the staff, and treat them in the same way you would treat the decision-maker.

Invite them to see the issue or problem themselves

Invite them out of their office to see the issue or problem first-hand and to show them why you need their support. If the decision-maker cannot leave their office, try taking issue to them – bring people directly affected by the issue to your meeting, show a short video addressing the issue or take a few photographs with you. If you have a friend who knows the decision-maker or someone on their staff, ask your friend to send the letter or make the phone call to support your views.

Preparing for meetings

Step 1: Know your target

Analyse your target, using the questions/table headings in Step 4 of the advocacy framework (Section 2).

Step 2: Focus on your message

Choose your main objective and develop a simple message from it:

- What you want to achieve
- Why you want to achieve it (the benefits of taking action, and/or the negative effects of doing nothing; evidence for the problem – statistics and anecdotes)
- How you propose to achieve it
- What action you want the target person to take.

Write a short position paper (see Advocacy in Action Card 2) to give to the decision-maker, to remind them of your points.

Step 4: Practice!

Rehearse your message with colleagues or friends. Ask someone to role-play the meeting, pretending to be the decision-maker, asking difficult questions.

After the meeting

Write to the person who you met, thanking them for the meeting (even if the person was not helpful), briefly repeating your key points and any supporting comments made by the target person, especially any promises to take action. Tell the target person what you plan to do next, promise to keep them informed, and express the hope that you will be able to work together on the issue in future.

Notes and Tips for Facilitators

Introduction

The exercises in this toolkit are of an extremely sensitive nature, taking up concepts and issues that will likely reach deep into the lives and experiences of the training participants. It is likely that some of the concepts will be perceived to be in conflict with social and cultural norms of some of the participants, or with the context in the country where the trainings are held. It is therefore crucial that the information be presented in a format that is both comfortable to the participants and sensitive to their particular circumstances and personal situations. Some of the exercises call upon participants to share personal information that may be unpleasant or difficult for them to recollect and to share. Some groups may not have the capacity to carry forward many of the activities presented in the toolkit. It is the job of the facilitator, then, to strike up a workable balance and cover and present material in such a manner that the participants are inspired to take on advocacy work with whatever skills they possess and the resources that are available. It is also very important to note that this toolkit is just a beginning to a successful advocacy campaign and that advocacy work is a process that takes time and energy over an extended period. Participants should leave the training inspired but also with a realistic sense for advocacy's multiple processes and sometimes slow going nature. It is suggested that persons with some degree of experience with leading training related to HIV, AIDS, MSM and Transgender facilitate the training.

Ground Rules

It is recommended that all facilitation sessions begin with a group discussion of ground rules to assure safe space. These can be written on a flip chart for people to discuss. Review the list, ask the group for any further suggestions, and ensure that the group understands and agrees to the following principles:

Confidentiality

What is said in the room, stays in the room

Respect

Do not interrupt others, speak for yourself, use "I" statements, and use constructive statements

Right to Pass

In roundtable discussions, participants may "pass" if they wish

Step up, Step Back

Allow for all the voices in the room to be heard. If you find yourself speaking often while others are silent, encourage participation by letting others speak.

Resources for Facilitation

There are a number of useful resources and comprehensive facilitation guides from other settings. It is

suggested that the facilitators go to these resources and prepare before leading a training.

The Naz Foundation (India) Trust. Training Manual: An Introduction to Promoting Sexual Health for Men who have Sex with men and Gay Men. (2001) Pages 1-6

<http://www.aidsalliance.org/publicationsdetails>.

PACT, Inc. & International Center for Research on Women. Understanding and Challenging Stigma towards MSM-A toolkit for Action.

Adapted for use in Cambodia. (2010) See pages 12-24. A Khmer language version is available from PACT-Cambodia

<http://www.icrw.org/files/publications>.

International Planned Parenthood Federation. Handbook for Advocacy Planning (web version, pdf file) 2010. Pages 15-29.

<http://www.ippfwhr.org/en/advocacy-planning-manual>

Facilitating Specific Sessions in the Community

Most of the advocates at the local community level may not have access to resources and equipment like computers, projectors, or the internet. Therefore sessions can be designed that are carried out with basic materials such as flip chart paper, pens and markers. Sessions such as brainstorming, facilitating group discussions and organizing role plays also do not depend on the presence of equipment. Here are a few points to consider for these activities:

Organizing Brainstorming session, Case Study and Role Play

For community level activists in Cambodia, three group activities are considered the most important in generating interest and participation while also bringing out sensitive issues for discussion. Community activists may usually have no access to the internet, computers, Powerpoint, or LCDs, projection equipment, or even electricity! These activities below can be done with the use of flipchart paper and marker pens. It might also be helpful if the sessions are co-facilitated with another person so that each can help the other and provide feedback to the participants and to the other facilitators.

Name of Tool or Activity	When to use	How to use it / Steps
Brainstorming	To get some ideas from the audience about a specific issue or topic, and when you want to see similar or related topics grouped together.	<ul style="list-style-type: none"> a. Know the overall goal for the session b. Create list of questions related to what you want the participants to answer. c. Open questions will be the best one to ask. (What, Why, How, etc....) d. Ask those who seem quiet to start with their idea before letting others talk e. Ask for one idea at a time, rather than saying many things all at once. f. Always write down all answers that participants say to motivate those quiet to speak more, as well as to remember what they say. g. Where the answers seem similar or related try to group them together in a way that makes sense h. Summarize at the end to clarify the achievement towards the objectives of the topic
Develop Case Study	When you want to illustrate a certain topic or issue and when participants need to think more deeply about any situation	<ul style="list-style-type: none"> a. Always look at the news or any report related to the topic being discussed b. Or ask the participants to tell their personal story or their friends' story or problem. This approach is always useful to let participants to share and relate specific aspects of their case. Ensure that people are volunteering information that they are comfortable with sharing c. Try to analyse the major points in the case story. Focus on a few, or the most important points to lead the discussion d. Then we can use the case as the basis to organize a drama or role play, reminding the participants about the important points before they start to make the role play. The storyteller becomes the script writer while others in the small groups are assigned the different roles of characters in the

Name of Tool or Activity	When to use	How to use it / Steps
Role play	Similar to case study but also allows participants to think about how they might feel or act if facing a similar situation	<ol style="list-style-type: none"> Identify questions according to topic we want to present Ask participants to answer the questions then ask them to discuss for several minutes then they can do role play Another way, use the case study and ask the group to do role play (see above directions from the case study) Then have them identify the main roles to be played and who will play them, and to put themselves in the same situation as the character in the role play After the performance ask the audience to say what they thought and what are the main ideas that they saw, or the messages that were communicated through the role play In some situations , during the discussion you can ask the audience to suggest "if you were the actor, how would you do the role play" ?

Other ways of doing Brainstorms and Role Plays:

Rotational Brainstorm

- Write the topic tile on the top of a flipchart – several flipcharts with different topics may be used
- Divide the group according to the number of flipcharts put up
- Each group discusses and puts down its ideas on the flip chart, allow for brief discussion, about 3 minutes
- Then the groups move to another flipchart (say, move clockwise or counterclockwise, or number the flipchart). Ask them to read what the previous groups have written, and then to put their own ideas, adding to those already written; avoid duplications
- Continue the process until all groups have written on each topic.
- Ask the groups to provide feedback, the first group to write on the sheet should discuss. What did they learn from the exercise ?

Paired Role Playing

Participants pair off and each pair performs a role play on a scenario. The role plays are all performed at the same time so participants do not feel self-conscious about their acting, and because no one is watching them, everyone is focused on their own role play.

1. Ask participants to pair off and face each other (one other participant may be asked to take notes)
2. Explain the roles: For example, *"A is the father, B is the son who is MSM"*. They agree on their roles.
3. Explain the scenario: For example: *"The father tells the son he should be a 'real man'. 'The son should respond in a strong and confident way' and so on for each pair"*
4. Get all the groups started by saying, *"Begin"*
5. After three minutes, shout *"Stop"* and ask a few pairs to show their role plays, one at a time, in the center of the circle. The pair may be asked to explain their roles – the audience may be asked to guess the scenario in order to have them focus their attention.
6. After each role play, ask: *"How did A or B do? Was it convincing?"*
7. Then ask, *"What did you learn from the role playing?"*

In other variants of this role play, the participants may swap roles. After they have finished, ask,

"How did you feel playing a different role? Was it easy or difficult?"

"What did you learn?"

In feedback to the larger group, the facilitator may also ask,

"Do you think someone can do a better role?"

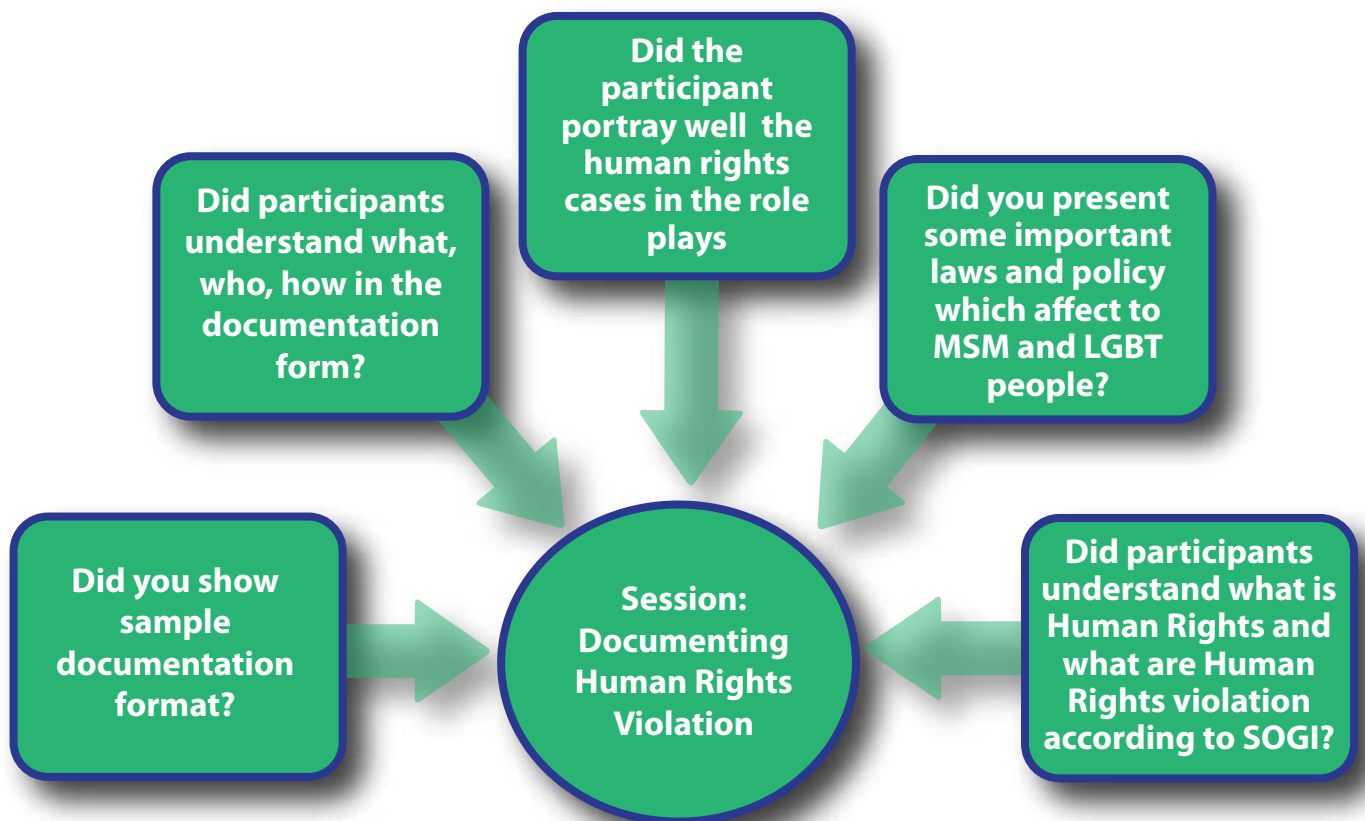
if they do, ask them to demonstrate. Then ask,

"What did you learn from the role playing?"

Make a check-list for the session

It is recommended that the facilitator prepare a checklist that enables him or her to remember the most important points for the session. An example of one checklist is in the diagram below:

**A sample checklist for the facilitator session of
“Documenting Human Rights Violations”.**



List of Hand-outs and Supplementary Materials for Toolkit

Chapter 14

List of Hand-outs with its corresponding chapters and exercises:

Chapter 4: Advocacy Basics

- 4.1 Case Study : HIV positive Transgender arrested in a Public Park;
Case Study: Prime Minister gives Supportive Speech after Human Rights Day Celebration, 2012;
Case Study: Laws can't stop lovers marrying (Phnom Penh post article
- 4.3 Sample Problem Tree Diagram (adapt from Alliance tools no. 22 and 30, "Tools Together Now" ;
- 4.4 Types of Stakeholders and their Influences OK-but needs chivorn revision
- 4.5 Matrix for Stakeholder Analysis: Targets and Influential Persons for Advocacy
- 4.6 Challenges and Opportunities: Being Ready as An Advocate

Chapter 5: Understanding Sex, Gender, SOGI

- 5.1 A whole Range—Sex, Gender, Gender Expression, Sexual Orientation
- 5.2 Exercise – Sexual Orientation

Chapter 6: Stigma and Discrimination

- 6.1 Case Study : Diagram of "Bubbles" and Stigma/Risk of HIV
- 6.2 Relationship between Stigma and HIV

Chapter 7: Services

- 7.0 Service Mapping
- 7.1 Comprehensive Package of Services for MSM and Transgender
- 7.1.1 Key Elements relating to legal, policy and social environments in a comprehensive package of actions to address HIV risk among MSM and Transgender
- 7.2 Case Study: Reproductive Health Association of Cambodia (RHAC)

Chapter 9: Self-care and Dealing with Violence

- 9.0 Picture Cards on Violence (3 picture cards) – see other document
- 9.1 "Making it Through the Night" – Cambodia Daily article
- 9.3.1 Defining "Community" from the Commission on AIDS in Asia
- 9.3.2 Frequently Asked Questions about LGBT (FAQ) – Rock brochure
- 9.3.3 Advice from LGBT Friends on how to "Come Out" to Your Family – Rock Brochure

Chapter 10: Research and Documenting Human Rights Violations

- 10.1 UDHR – Simplified Version
- 10.2 Key Questions Hand-Out
- 10.3 Sample Documentation Template for Human Rights Violations

Chapter 11: Advocacy Cycle and Planning

- 11.0 Advocacy Cycle Action Planning

Case Study 1:

The case of HIVpositive Transgender arrested in a public park

One night in July 2013, near the corner of the Sedona hotel and Wat Phnom, at 8:15pm, about 20 police driving two vehicles and motorbikes tried to arrest the Gay and Transgender people, for unknown reason. They ran after the Transgender people, handcuffing them and pulling off the wigs. Nine Transgenders were arrested and were taken to a police station in Daun Penh, where they took the naked pictures of Transgenders. They forced Transgenders to do humiliating things like “jump like a frog”. They forced them to do modeling laughed at them, and harassing them sexually. They forced them to promise not to dress like the opposite sex and not to come to the hotel, the public place, in the next two weeks. They were then set free at different time (10pm, 11pm, 00 am, 01am).

Two among nine are living with HIV/AIDs and taking ARV medicine. They were afraid of telling the police about their HIV status because they are afraid that Police will share this information to others, especially transgenders’ friends. They could not use their HIV drug for two weeks. They were getting very sick. Upon learning of the arrests, a CBO working in the area (MHC) then contacted the MSM and Transgender network (BC). BC also sought the assistance of two NGOs—the WNU and CLS to ask for legal advice and support. Staff of WNU and CLS visited them while in detention at the “Social Action Center” run by a government agency, the MOSAVY. The Network of Positive persons (CPN+) was also contacted and they made sure their friends in detention were able to continue taking their ARVs. These NGOs (WNU, CLS) provided food and counseling support and had a lawyer and coordinator meet with the center officers. They also sent letters to the judge and the police chief, explaining the situation of the sex workers. The judge ruled that there was no reason to keep them in detention at the center, and they were finally released.

Case Study 2:

Prime Minister gives supportive speech after Human Rights Day Celebration (2012)

December 10, 2012—International Human Rights Day. Celebration of this event in Cambodia included extensive media coverage about LGBT persons and appeals that they should not be discriminated against, as they are also human beings and deserve respect. LGBT rights activists and NGO leaders were featured on national TV. The following day, Prime Minister Hun Sen issued a statement, saying that He had heard requests from gay Cambodians that they be able to enjoy the same rights and freedoms as others.

"There are gays and lesbians in every country, so there should be no discrimination against them just because of their destiny," ...he appealed to society to show respect for gay people, saying, "Most of them are good people and are not doing alcohol, drugs or racing vehicles."

Government Ministers were previously against inclusion of lesbians and transgender into the national strategies of the Ministry of Women's Affairs. However, some of the advocates and activists mentioned the news article about the Prime Minister's speech to the staff and undersecretaries of the Ministry, and the Minister also learned about this. Following the news of the speech, the Government Ministers were more open to discussion about LGBT and invited comments from LGBT rights groups to provide feedback into the drafts of the strategy. Now, feedback from some of the activists present at these meetings is that the Ministry of Women's Affairs (MOWA) will specifically mention Lesbian women and Transgender persons in the National Action Plan to Prevent Violence on Women- (2013-2017)

Case Study 3:

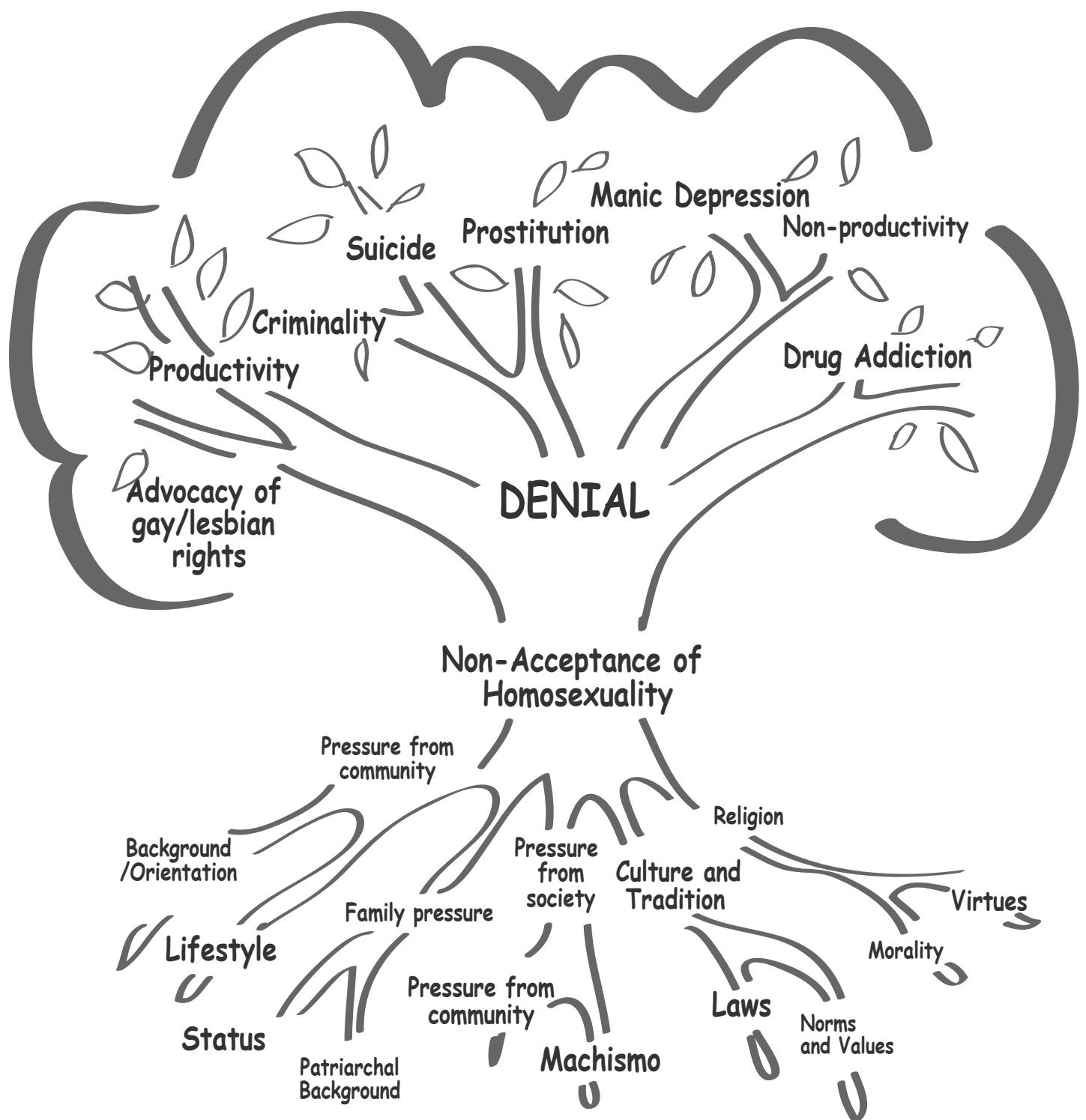
Laws can't stop lovers marrying

(Phnom Penh Post, May 20, 2013), p. 1 – 2

Cambodian law prohibits same-sex marriage, but that did not stop RosRavuth, 52, from marrying her long-time partner "Sinoun" 38. They have lived together in Kandal Province for 20 years, ever since the couple obtained the permission—if not the blessing – of local authorities to marry. According to Ravuth, "When I made the request, the commune and village chiefs pressed me about whether I really wanted to get married, and if we would live with and care for each other forever.... I replied that I was sure that I loved her, and that we would live together even if we are the same sex." A month later, the local authorities granted a marriage permission letter and they celebrated their wedding despite objections of some relatives. "We were so happy and a lot of guests came to our wedding, because many of them had never seen a same sex marriage". A year after the marriage ceremony, Ravuth and her wife received their Marriage certificate. Ravuth now works in a garment factory to support Sinoun and their three adopted children.

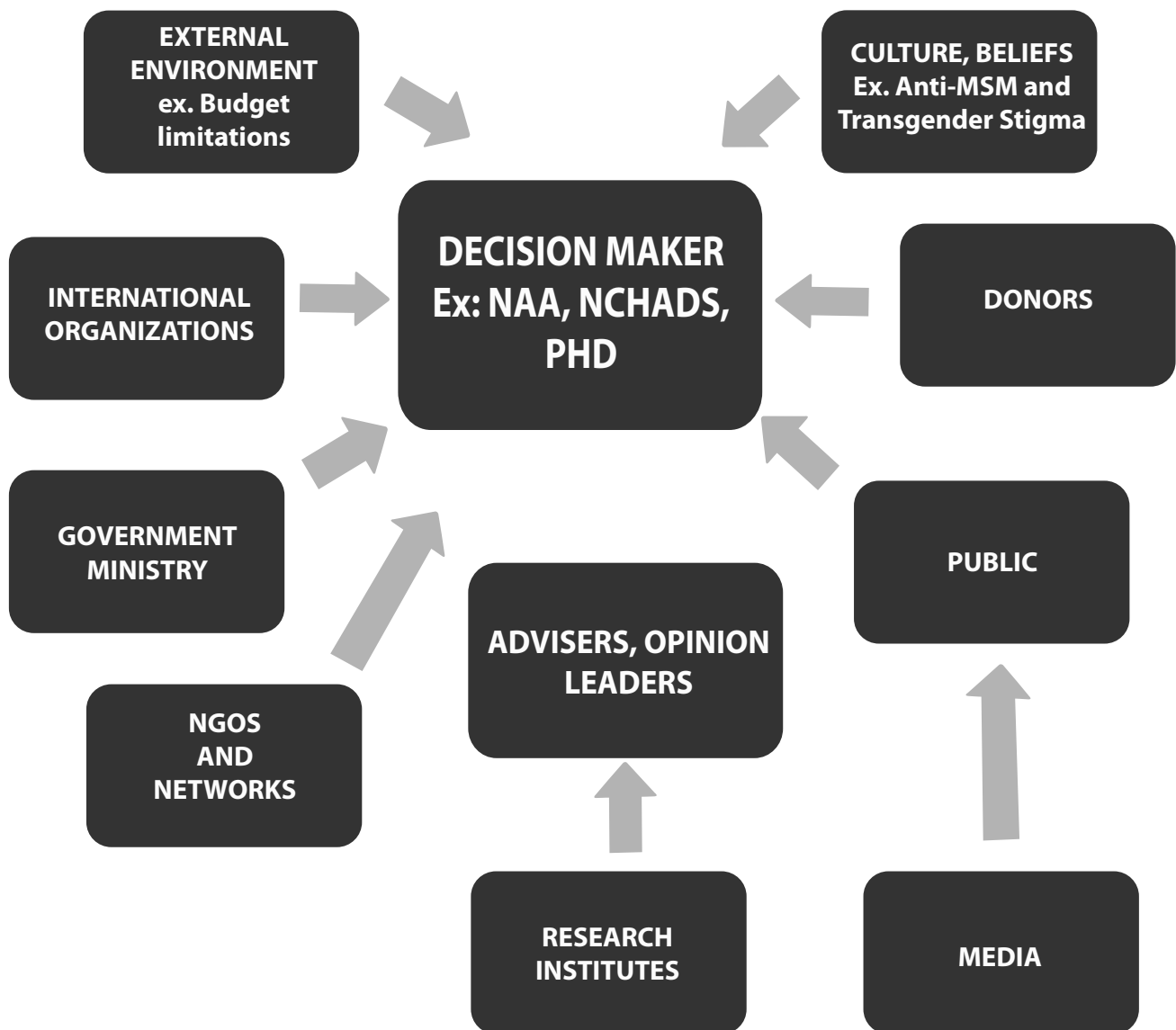
While article six of the 1989 marriage law specifies that "Marriage shall be prohibited to a person whose sex is the same sex as the other". Marriage is also prohibited to one whose penis is impotent, those suffering from leprosy, TB, cancer or venereal diseases which are not completely cured, the insane and those possessing mental defects. LGBT activists say that over 15 gay or lesbian couples have obtained marriage certificates—documents that identify one partner as a "husband" and the other as "wife". Chou Bun Eng, Secretary of State of the Interior Ministry, notes that it is not necessary to amend the Marriage Law, stating "Our law on marriage says a man and a woman are to be married, but when there is a marriage between a woman and another woman, you just register one as a man and the other one as a woman...we don't talk about supporting them, but never ban them."

Many others have been given family record books; documents that Cambodian law mandates all families keep to identify spouses and biological as well as adopted children. Some of them also have ID cards that recognize them as poor families eligible for government aid.



Problem Tree showing the cause and effects of non-acceptance of homosexuality. Reference: Adapted from PHANSUP partnership meeting, Philippines, May 1997

Handout 4.4



Stakeholder Relationships

Handout 4.5

Key Targets and Influential persons for Advocacy
(first column is filled out for reference)

Target

Ease of Contact

Easy to convince?

Target listens to,
or influenced by?

Strategy to
influence target

Any Connections?

Other Comment

Objective(s) of Advocacy:

Challenges

Opportunities

Knowledge and Skills needed to respond

Sex Biological / Physical	Male or Man	Intersex, Hermaphrodite	Woman or Female	Transitioning
Gender	Male, Female, Neither			
Gender Expression	Masculine, Feminine, Neither			
Sexual Orientation (Who attracted to, sexually)	Homosexual (same sex)	Bisexual (both sexes)	Heterosexual (Opposite Sex)	"Asexual" (not interested)

Table : A whole Range—Sex, Gender, Gender Expression, Sexual Orientation (Adapted and Modified from MSM Stigma toolkit, Cambodia Adaptation —PACT & ICRW 2010)

Handout 5.2

1. What is your Sex? Please check : F ☐ M ☐ Other ☐

2. What is your Gender?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Bi-sexual |
| <input type="checkbox"/> Man | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Other _____ (please list) |
| <input type="checkbox"/> Lesbian | |

3. Write name of up to three persons, who you are sexually attracted with.
Please state the person's Sex and Gender under each Name:

1

Name

Sex / Gender

2

Name

Sex / Gender

3

Name

Sex / Gender

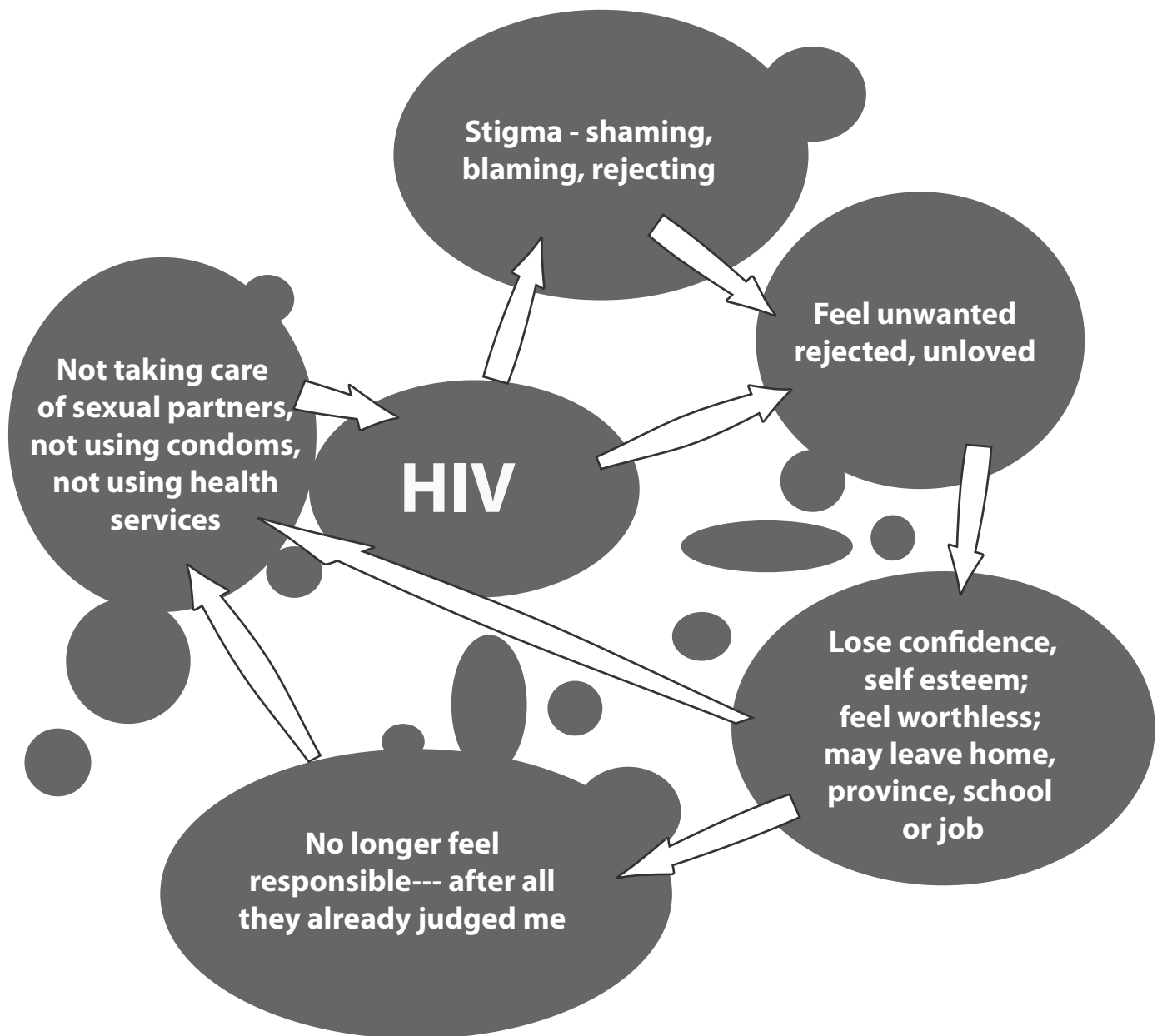
Case Study

Kiri's Story

"Kiri started to have sex with other boys and men when he was about 16, but he hid this from his family and other friends. He knew that being with other males was natural for him, but he feared that his family might find out and make his life miserable. Other friends had been discovered by their families and had suffered as a result. He lived in the same town as his family but when he grew older, in his 20s he decided to move to another city. His family suspected that he might be gay, but they made excuses for him about not being married, until he was 30 years old. He agreed to the marriage to get them off his back. Soon after getting married he found out that one of his previous male partners had become HIV positive, so he started to worry about his own status—what would people think if he was MSM ?
If he developed AIDS ?

He went to the clinic to have an HIV test but the counselor made him feel uncomfortable, asking him lots of questions about his sex life. When Kiri told the counselor that he liked sex with other males, the counselor said, "Oh are not like them ! You seem different !" Kiri left the clinic without taking the test.

He started to worry about infecting his wife and his new male partner. He wanted to use a condom with his wife but she got angry and said he must be having an affair. He was not willing to tell her about his other male partners and so he had sex with his wife without using a condom. He got very depressed and wondered what to do next."



Handout 7.0

Area / Site :

Type of Service

Provider

Quality Rating

Remarks

**Health
Organizations**

Mental Health

**HIV Prevention
VCCT**

**Vocational
Training**

Activists

Other

Service Mapping

Comprehensive Package of HIV Services for MSM and Transgender

Access to Information and Education about HIV and other STIs and support for safer sex and safer drug use through appropriate services (including peer-led, managed and provided services)

Access to Condoms and Water-based Lubricants

Access to confidential, voluntary HIV counseling and testing

Access to STI detection and management through the provision of clinical services by staff trained to deal with STIs as they affect MSM)

Access to referral systems for legal, welfare, and health services and access to appropriate services; safer drug use commodities and services

Access to appropriate antiretroviral and related treatments, where necessary, together with HIV care and support

Access to prevention and treatment of viral hepatitis

Access to referrals between prevention, care and treatment services, and services that address the HIV related risks and needs of the female sexual partners of MSM

Key Elements relating to legal, policy and social environments in a comprehensive package of actions to address HIV risk among MSM and Transgender

Protection from discrimination and the removal of legal barriers to access to appropriate HIV-related prevention, treatment, care and support services, such as laws that criminalize sex between male

Understanding the numbers, characteristics and needs of MSM and Transgender regarding HIV and related issues

Ensuring that MSM and Transgender are appropriately addressed in national and local AIDS plans, that sufficient funding is budgeted, and that work is planned and undertaken by suitably qualified and appropriate staff

Empowering MSM and Transgender Communities to participate equally in social and political life

Ensuring the participation of MSM and Transgender in the planning, implementation and review of HIV-related responses

Public Campaigns to address homophobia

Training and sensitization of health care providers to avoid discriminating against MSM and Transgender and ensuring the provision of appropriate HIV-related services for MSM and Transgender

Access to medical and legal assistance for those who experience or who have experienced sexual abuse

The promotion of multi-sectoral links and coordinated policy making, planning and programming including health, justice (including the police), home, social welfare, interior, similar and related ministries at all levels

Case Study

RHAC clinical services for MSM and Transgender clients

The Reproductive Health Association of Cambodia (RHAC), the largest NGO providing MCH, STI and HIV Prevention services in the country, first started to provide services to MSM in 2002 through its network of clinics. The first specific services for MSM were set up in Siem Reap in 2009, comprising of HIV counseling and Testing, STI diagnosis and Management and Primary Health Care services. In 2010, with the support of RFSU, the services were expanded to seven other clinics in three provinces. Each of the clinics has hired a community member (MSM, gay or transgender) as a counselor, providing general advice and information, pre-and post test counseling, and they can accompany clients to the examinations as requested. RHAC has also trained the medical providers on being sensitive to MSM client behaviors, history taking, physical examination, STI diagnosis and management for MSM and Transgender clients. Some clinics have modified their physical space to allow for separate entrances and waiting rooms. All clinics allow MSM and Transgender clients a choice of providers.

As a result, evaluations of the clinics have shown marked increase in the numbers of clients seeing medical care, STI & HIV testing, and condoms. Services have also expanded to include Hepatitis B testing and immunizations. Providers have expressed more confidence and are more flexible and patient with the different types of clients, and also have developed strategies to ask routinely about same-sex sexual activities. MSM and Transgender clients have also expressed satisfaction with services and 86% say they will recommend the clinic to their friends.







Case Discussion

Making It Through the Night

by Chin Chan and Denise Hruby- The Cambodia Daily Weekend, May 18-19 2013

A strong kick in the midsection sent the petite girl flying backwards as she held on tight to the knife that was meant to protect her. She lifted herself off the ground and yelled at the man who had groped her without paying. Her colleague, 35-year-old Sokna, watched from a stone bench four meters away on Street 106 and tried to assess the danger. Fortunately, this time the customer left after cursing the girl.

"No one protects you here," Ms. Sokna said on a recent night at work, wearing neither makeup nor jewelry.

Seventeen years as a sex worker have taught Sokna a lot about the different types of customers she might encounter. It has also taught her when it might be necessary to pull out a weapon in self-defense, and when best to keep quiet while being gang raped. "The last time it happened, a man came to pick me up in a car. He drove me near a bridge, where six other men were waiting in a field. They had knives, and they cut me while they raped me," she said, showing a long slash on her calf.

According to Ms. Sokna, the roughly 200 women working in and around the Wat Phnom area in Phnom Penh often experience beatings, intimidations, abuse and gang rape. The men who tend to pick up the women for an hour in a guesthouse don't have enough money to spend inside brothels or massage parlors. Here the girls are protected by the owners and services cost at least four times as much. The men who come here, Ms. Sokna said, are often drunk or on drugs, and many of them are violent.

Ms. Sokna is fully aware of the potential dangers of the streets, and has come to accept them. She has been dragged into forests and threatened with guns, situations that she says have made her think she would never see her children again.

But more importantly, she has learned to stick to certain rules to protect herself from getting into a danger—at least if money isn't tight.

For example, going to a guesthouse you are familiar with, where the owners are your friends and will come running if you scream for help, and taking a separate ride from your client are guidelines that make your life as a streetwalker much safer, Ms. Sokna said.

But when ends don't meet, she accepts to work under conditions and rules set up by customers. "If I already made enough money to pay for food and for the \$2 rent for the next day, then I tell them that I will only go to the guesthouse I know. Then, I can choose. But sometimes I am so desperate for a customer that I have to take the risk," she said. On average, sex workers earn about \$10 for an hour and can have as many as four clients per night.

Coming to work early is an advantage. "There's less competition," Ms. Sokna said. "Later at night, if I ask for extra money to pay for my own ride to the guesthouse, the men will just walk over to the next girl," she said.

At another spot for streetwalkers in Phnom Penh, close to Olympic Stadium, two sisters in short pants and flip flops are talking to three young men on a motorbike. The men ask Chia Sreymum, 24, to turn around and show off her body. Her sister, Chia Sreyni, gives her instructions, and tells her to smile. Although Sreyni is two years younger, it is she who introduced her sister to the street.

Ms. Sreymum's husband passed away a few months ago, leaving her with a 6-year-old son and a 4-year-old daughter, while Ms. Sreyni's husband is in Prey Sar prison. All their relatives have passed away, they said, except for their grandmother, who tucks in their children when they are at work. They have never learned a trade and are both illiterate, leaving them limited options for work. Walking the streets, Ms. Sreymum said, held the best prospects of making enough money to send her children to school. "When my husband died, I spoke to my grandmother about the future, and how I could take up this work to earn enough for us to live on. After some discussion, we agreed that there was no other way for me to make money, so she let me go," Ms. Sreymum said.

One of the worst things are the frequent beatings by police. "That's why I don't wear heels anymore. With flip flops, I can run faster and escape," she said. Ms. Sreyni handles the business and tells the young men on their motorbikes that an hour costs \$20, that they can choose one of the two guesthouses the women have trust in, and that their own designated Tuk Tuk driver, whom they hire every night, will take them there separately. There's no haggling, and the rules aren't up for discussion. It's basic and simple and not hard to stick to, Ms. Sreyni said: Wear comfortable shoes. Go to guesthouses you know. Always tell your friends where you are going. Get your own ride. And if you have to scream for help—do it as loud as you can.

Case Study

The Meaning of “Community”

(Commission on AIDS in Asia and the Pacific,
“Redefining AIDS in Asia-Crafting An Effective Response”),
2008, p. 153-154

Like many social constructs, the meaning of “community” is not fixed. At least two definitions have emerged in the context of the HIV epidemic.

Community as a Sense of Place

This notion constitutes the most basic interpretation of community. In this case, community refers to a group of people linked together by virtue of being in the same location. Although their personal circumstances and needs may differ, members of the community share certain characteristics, such as the same traditions and values. They usually share a language, a dialect or a set of religious beliefs. Membership is relatively easily defined, since it is based on physical location.

Community as a Form of Identity and Belonging

Here the notion of community refers to a group of people who are linked through a sense of common circumstances and experiences – such as people living with HIV, or people who share certain behavioral traits. The sense of community is strengthened by the awareness of common experiences; often this sense emerges gradually but it can be fomented and supported by external actors. This notion of community is based on a subjective sense of identity-it is defined as much as a sense of who does not belong as a sense of who does belong. (Emphasis supplied).

4- Do you think of your family?

We do, we think about them very much. We value being honest to our family, that is why we cannot lie to them. We also don't want them to face discrimination in society because of who we are. That is why we try to make people understand and accept us in the hope that society will not look down on us and our family anymore.

7- What is your family reaction when they know about you being LGBT?

Their reaction is mostly negative at the beginning. After we take more time altogether to understand each other more it can become positive! Most parents expect their children to be like everybody else's child. When they learn that their child is different in this one way- the person they love- then it can be a shock. But we know how to talk to our parents, how to help them know our character, that we are good people, we are good sons and daughters, we respect and love them. We help them to know our friends, and our girlfriends and boyfriends, who are also good people. Then step by step they begin to accept us. Most parents want their children to be happy. When our families understand that we need to be honest and follow our true feeling if we are to be happy, then they accept. But it takes time and effort.

8- Do your family try to force you to marry? Maybe they think that will cure you?

Some families and some people believe that yes, we must try to live the opposite sex and then we will become normal. And they try to force us to marry to uphold the family honour and the traditional culture. But we try to be strong and honest with our families and say we cannot be a lie to ourselves and others. We are not suffering a sickness so we do not need a cure. And if people understand that we are the same as them, just different in whom we love, then why should people judge us because they judge themselves too. We only want to be happy and honest people.

9- How do you try to explain to your parents?

We spend time to listen to their fears and beliefs about us and then we try to explain to them with our real feeling and experience. We also ask them to think about us as "different but the same". We are their same blood and their same family and we have the same needs and goals as our family- to live a good and happy life. We are only different in one part, the person whom we love. So we try our best to help them understand we are mostly the same, not different.

10- Can same sex love be a permanent one?

It depends on how strong the love they feel for each other and if they get along or not- just like any love. However, many LGBT couples in Cambodia tend to break up because they cannot handle all the discrimination and the tension they receive from their family and people around them. But there are some LGBT couples that stay together through their whole life! So there is hope, don't give up, stay strong and keep fighting for our rights and for the acceptance and recognition of who we are!

For more information about any of the issues above contact RoCK!

Email: srorn09@gmail.com

Tel: 0855 092 300 006

[facebook.com/srorn.srorn](https://www.facebook.com/srorn.srorn)

www.rockhmeright.wordpress.com



Frequently Asked Questions about LGBT



WHO IS RAINBOW COMMUNITY KAMPUCHEA (RoCK)?

RoCK is an LGBT group and has a vision for Cambodia where Cambodian LGBT citizens live their life receiving full and equal respect, acceptance and human rights from all sectors of society, most especially families, communities and authorities. We wish Cambodian LGBT citizens can feel happy to be who they are and live happy lives.

PURPOSE OF THIS INFORMATION LEAFLET

RoCK wishes to share clear information about people who are LGBT so that everyone in society can understand more and accept more.

WHAT DOES LGBT MEAN?

- L = Lesbian, a woman who loves a woman;
- G = Gay, a man who loves a man;
- B = Bi-sexual, someone who loves both men and women;
- T = Transgender, someone who feels the body they were born in is not the right identity for them and so they dress, behave and change their body to the correct identity for them.

Being LGBT describes different kinds of sexual orientation- the emotional, intimate, sexual attraction we feel towards another human being.

For the majority of people, this is an opposite sex sexual attraction- men are sexually attracted to women and women are sexually attracted to men. Opposite sex sexual attraction is called heterosexuality.

For a minority of people, sexual attraction in same sex, that is that women are sexually and emotionally attracted to women (lesbians) and men are sexually and emotionally attracted to men (gay). Some people are emotionally and sexually attracted to both men and women (bi-sexual)- there are bi-sexual men and bi-sexual women.

Transgender people are people who at birth were born into the wrong physical body for their emotional and psychological feeling. They feel they are a woman but they have a man's body or they feel they are a man but they have a woman's body. So they dress, behave and change their body according to the true feeling they have about they are.

1- Why do you love same sex?

Generally society believes that same sex love is unnatural, a mental disease and immoral. Society believes that we are choosing to be LGBT or that something has made us this way, maybe the chemicals in our food. But none of these reasons are true. Our feeling of being LGBT is the feeling we have deep inside us, from when we were young. It is with us when we are born. We are born as LGBT. It is a deep part of who we are. More and more parts of the world are accepting this truth. In 1990 the World Health Organisation (WHO) removed being LGBT from their list of mental diseases. In 2001 the traditional Chinese medicine schools and books did the same.

2- What are the benefits of loving same sex?

The most important benefit of being LGBT is that we can be true to ourselves- no pretending or lying. When we can be true and accept ourselves we are happier more peaceful people. When we are happier people we bring more happiness to our families and communities. We need nothing different from any-body else, only to be able to love who we love and live a good life.

3- What is the lifestyle of LGBT like? How do they build their family?

LGBT's life is not much different from other people. We learn, we work, we struggle to help our families and friends, we have a dream/a goal, we want to have a happy life and a happy family. We need love and support like everybody else. Having a family is not impossible. There are many options such as adoption.

4- Don't you think LGBT affect society negatively? (Threat to population, changing the culture etc.?)

Population decrease is a false idea because LGBT are a minority of the population- only about 10% of any society- so the majority 90% will always be reproducing the population. LGBT people do not change the culture because we have always existed, it is only that we could not show ourselves so much because of our fear of rejection and violence. The fear of showing ourselves made us hard to find in our history but we are there! In art, in poetry, in architecture you will see images of same sex love. We are not a new thing. We are part of humanity since humanity began. As our country moves towards more democracy, more freedom, more respect for every person's human rights, we are now speaking out. We are trying to use the human rights which are our rights also.

5- Aren't you ashamed of yourself? Why not simply be who your family wants you to be?

At first, when we do not understand ourselves, we can feel ashamed. And our culture teaches us to be ashamed because our culture teaches us we are not normal and natural. But when we analyse our true feeling and our true life, we know we are normal and natural. We are not wrong, we are not immoral, it is the society's mistake if it thinks like that. We are following our true feeling and our true nature and so we are not ashamed of our truth. In reverse, we feel proud to be who we are, to stand up for our truth. We do not want to lie to our family, our friends, our community, our country. We want to be honest people. So we put our effort to make everyone see who we are, that we are good sons and daughters, we are good brothers and sisters, we love and help our families, we are good citizens. Then we hope step by step everyone will accept us. We believe one day we will make people both in our family and in the society feel proud of us for what we are and not what we pretend to be.

Handout 9.3.3

- Try to find ways to involve your family with your issues
- Show them any information relate to LGBT issues around
- Introduce your partner to the supportive members of your family and work with them
- Invite your LGBT friends to visit your house often
- Encourage members of your family to participate in LGBT events

NEVER FORGET LGBT RIGHTS ARE HUMAN RIGHTS, EVEN IF AT THIS TIME YOU CAN NOT USE THEM FULLY ...

In 1990 World Health Organisation (WHO) officially removed being LGBT from their list of mental diseases. In 2001, traditional Chinese Medicine did the same.

On March 7th 2012, the General Secretary of the United Nations, Ban Ki-Moon, announced to the UN Human Rights Council that "it is our duty under the UN Charter and Universal Declaration of Human Rights to protect the right of everyone, everywhere with the pattern of violence and discrimination directed at people just because they are gay, lesbian, bisexual and transgender".

On December 10th 2012, RoCK celebrated International Human Rights Day showing that LGBT rights are human rights. On December 11th 2012, Samdach Akaek Moha Sena Padei Decho Hun Sen, Prime Minister of the Royal

Government of Cambodia, a speech referred to the human rights of LGBT people in Cambodia and how he hopes his government officials and authorities everywhere are respecting these rights.



Contact details for RoCK:

Email: ssorn09@gmail.com

Tel: (855) 092 300 006

facebook.com/srun.sorn

www.rockhmerlgbt.wordpress.com



Advice from LGBT friends
about how to prepare to
"Come Out"
to your family!



GENERAL ADVICE TO ALWAYS
REMEMBER:

"ACCEPTANCE TAKES TIME"

There is no correct time to come out. Wait until the right time comes for you. It is always best to wait until you feel there is some support and understanding already in your family.

"YOUR FRIENDS CAN BE YOUR NEW FAMILY"

During the time when you have not told your family, you may feel lonely and isolated and you may feel that if you ever tell your family they will abandon you. For this difficult time, think about your friends who already know who you are and feel their support for you so that you do not feel alone. Some of your friends will help you a lot, as if they are a family member. This is why sometimes we feel our friends are our new family because they can fully accept who we are and understand our feeling.

"YOU ARE NOT ALONE. WE SUPPORT EACH OTHER"

When we are part of LGBT community, it means we are not the only one. A community means we are more than one person and we are together. The LGBT community is everyone of us who is LGBT. We know the feeling of each other better than anyone else in the society. We understand each others' fears and challenges. This is why we are the best people to help each

other. Today I support you, tomorrow you will support me. This is how we build a strong community of LGBT solidarity and this is how we will change our problems into solutions. We need to support each other locally by helping LGBT in our village, in our commune, in our province, in our country. Then we are strong together to achieve the change every LGBT person needs- freedom from discrimination and judgment.

WHAT YOU NEED TO DO TO MAKE YOURSELF STRONG!

- ✓ You have to accept yourself first, there is no need to feel ashamed. Accept must yourself before others can accept you.
- ✓ If you don't support yourself, no one supports you.
- ✓ Be brave facing discrimination within family- don't give up!
- ✓ Know yourself clearly and seek for someone to support you, don't think you are wrong.
- ✓ Be yourself and trust yourself.
- ✓ Be well behaved.
- ✓ Move away to a better atmosphere for some time to help yourself be strong and independent.
- ✓ Think about economic independence.
- ✓ Start everything from yourself first, then others will follow and support you.
- ✓ Don't get discouraged by other people's thinking or acting towards you, stay strong!
- ✓ Develop yourself!

WHAT YOU NEED TO DO TO HELP YOUR FAMILY UNDERSTAND AND ACCEPT YOU

- Be ready to get negative reaction from your family.
- Build trust with some members of your family first then the whole family.
- Accept your parents' anger, they will understand you if you give them more time to understand you.
- Be patient and give your family time.
- Be friendly with them even if they think you are their enemy
- Don't be sad because of their negative words or actions
- Keep an open communication with them
- Tell them that you are still the same person, and you need their love
- Help your family learn about you, know you and understand you, then they will accept you
- Discuss with them in constructive ways and try to listen to them carefully to understand their weakness.
- Consider all the critics from your family.
- Show your talent or ability to them and they will be proud of you.
- Show your living style to your parents
- Show your parents that you can live independent
- If it is very difficult to face them to tell them, think about writing a letter to your father or your mother, whoever you think will be more open.
- Be a friend to your family

Universal Declaration of Human Rights

(Simple English Version)

Drafted by: Amnesty International Australia

Available here: http://www.universalrights.net/main/decl_fm.htm

All people everywhere have the same human rights, which no one can take away. This is the basis of freedom, justice and peace in the world.

This Declaration affirms the dignity and worth of all people, and the equal rights of women and men. The rights described here are the common standard for all people everywhere.

Every person and nation is asked to support the understanding and respect for these rights, and to take steps to make sure that they are recognised and observed everywhere, for all people.

Article 1: You have the same human rights as everyone else in the world, because you are a human being. These rights cannot be taken away from you. Everybody, no matter who they are or where they live, should be treated with dignity.

Article 2: You should not be treated differently, nor have your rights taken away, because of your race, colour, sex, language, religion or political opinions. Your basic rights should be respected no matter what country you are born in or how rich or poor you are.

Article 3: Everyone has the right to life, liberty and security of person.

Article 4: Human beings must not be owned, bought or sold. No one has the right to enslave anyone else. Slavery is a crime.

Article 5: Torture is forbidden at all times and in all circumstances. No one should suffer treatment or punishment that is cruel or makes him or her feel less than human.

Article 6: Everyone has the right to be treated as a person in the eyes of the law.

Article 7: You have the right to be treated by law in the same way as everyone else. You have the same right to be protected by the laws of your country as anyone else.

Article 8: If your rights under the law are violated by someone else, you have the right to see justice done.

Article 9: You may not be arrested or held in a police station without good reason. You may not be kept out of your own country. If you are detained, you have the right to challenge the detention in a court of law.

Article 10: You have the right to a fair and public hearing if you are ever accused of breaking the law, or if you have to go to court for some other reason. The courts must be independent from the government, qualified to understand the law, and free to make their own decisions.

Article 11: If you are accused of a crime, you have the right to be treated as innocent until you are proved guilty, according to the law. You have the right to a fair and public trial where you are allowed to defend yourself. You can not be tried for doing something, which was not a criminal offence in law at the time it was done.

Article 12: No one has the right to intrude in your private life or to interfere with your home or family without good reason. No one has the right to attack your good name without reason. The law should protect you against such interference.

Article 13: You have the right to move about freely within your country. You also have the right to travel to and from your own country, and to leave any country.

Handout 10.1

Article 14: If you are forced to flee your home because of human rights abuses, you have the right to seek safety in another country. This right does not apply if you have committed a non-political crime or an act that is not in keeping with the UDHR.

Article 15: You have the right to be treated as a citizen of the country you come from. No one can take away your citizenship, or prevent you from changing your country, without good reason.

Article 16: All adults have the right to marry, regardless of their race, country or religion. Both partners have equal rights in the marriage, and their free and full agreement is needed for the marriage to take place. All families are entitled to protection by the state.

Article 17: You have the right to own goods, land and other property, alone or with other people. No one has the right to take your property away without any good reason.

Article 18: You have the right to hold views on any issue you like without fear of punishment or censure. You also have the right to believe in any religion—or none at all. You have the right to change your religion if you wish, and to practice and teach your religion and beliefs.

Article 19: You have the right to tell people your opinion. You should be able to express your views, however unpopular, without fear of punishment. You have the right to communicate your views within your country and to people in other countries.

Article 20: You have the right to peacefully gather together with other people, in public or private. No one should force you to join any group if you do not wish to.

Article 21: You have the right to take part in the government of your own country directly or by being represented. Everyone has the right to equal access to public service in his or her country. Governments represent the will of the people. Therefore free and fair elections should be held on a regular basis.

Article 22: You have the right to have your basic needs met. Everyone is entitled to live in economic, social and cultural conditions that allow them dignity and let them develop as individuals. All countries should do everything they can to make this happen.

Article 23: You have the right to work in fair and safe conditions and to choose your job. You have the right to be paid enough for a decent standard of living, or to receive supplementary benefits. You also have the right to form or join trade unions to protect your interests.

Article 24: You have the right to time off from work. No one may force you to work unreasonable hours, and you have the right to holidays with pay.

Article 25: Everyone has the right to a decent life, including enough food, clothing, housing, medical care and social services. Society should help those unable to work because they are unemployed, sick, disabled or too old to work. Mothers and children are entitled to special care and assistance.

Article 26: Everyone has the right to an education. In the early years of schooling, it should be free of charge and compulsory. Education at a higher level should be equally available to everyone on the basis of merit. Education should develop the full human being and increase respect for human rights.

Article 27: No one may stop you from participating in the cultural life of your community. You also have the right to share in the benefits scientific discovery may bring, and the right to have any interests from your scientific, literary or artistic work protected.

Article 28: Human beings have the right to live in the kind of world where their rights and freedoms are respected.

Article 29: We all have a responsibility to the people around us, and we can only develop fully as individuals by taking care of each other. All the rights in the UDHR can be limited only by law and then only if necessary to protect other people's rights, meet society's sense of right and wrong, maintain order, and look after the welfare of society as a whole.

Article 30: There is nothing in the UDHR that justifies any person or state doing anything that takes away from the rights, which we all are entitled to.

Key Questions	Explanation
WHO committed abuse or was the victim?	
WHAT happened?	
WHERE did it happen?	
WHEN did it happen?	
WHY did it happen?	
HOW did it happen?	

Handout 10.3

Case No:

Date :

Name:		Age:	Sex:
Gender:	Marital Status:	Nationality:	
ID card No:	Work/Occupation:		
Place of Birth:	Present Address:		
Contact Details / Telephone:			
WHO was involved? (Victim, Perpetrator(s), Witnesses. Note any distinguishing marks			
WHAT happened, WHEN and WHERE, TIME ?(describe incident in detail and in sequence if possible)			
WHY (Reason why the incident happened)			
OTHER information (evidence such as documents, photos, etc.)			
ACTION Taken so far (What has been done, by who, and the results)			

Other Remarks/Comments/Notes(Use back of this form if more space is needed)

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Name and Stamp/thumb printing (interviewer)

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Name and Stamp/thumb printing(interviewee)

Handout 11

Action Plan for an Advocacy Campaign or Activity

Key Message: <input type="text"/>		
Activity		
Target Audience		
Sub-Activities		
Date		
Who is Responsible?		
Support		
Resources & Materials		
Risk: Likelihood happening (L)(Grade 1,2,3,4,5)		
Risk: Potential Severity (S) (Grade 1, 2, 3,4,5)		
Total Risk Grade (L x S)		
Risk Mitigation Strategy		