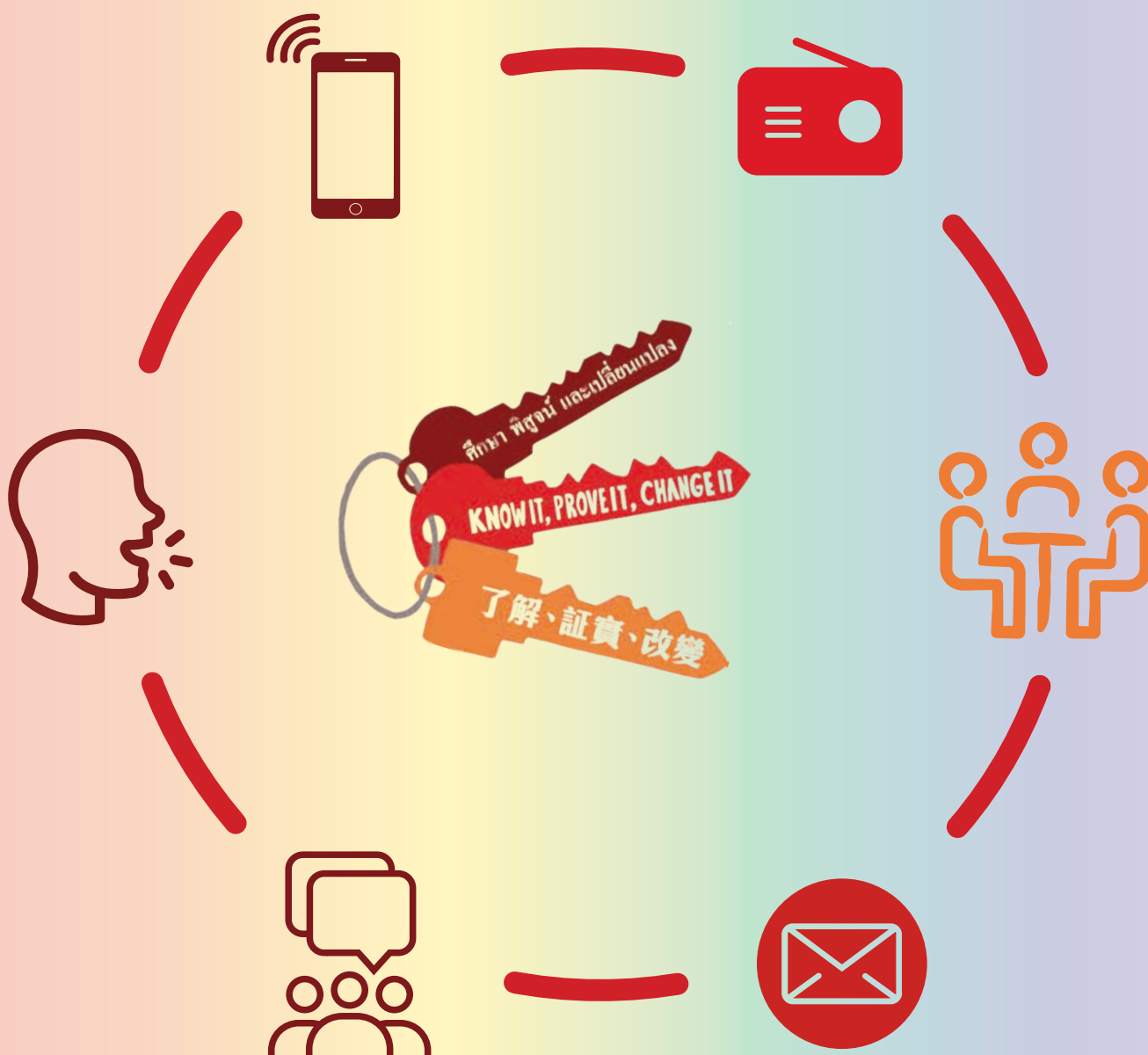


Share It!

Advocacy Experiences of CBOs



About Asia Catalyst

Asia Catalyst (AC) builds strong civil society and advances the right to health for marginalized groups in Asia. We train leaders of community-based organizations to run effective, sustainable and democratic organizations, and to conduct rigorous human rights research and advocacy. We are an independent organization that places the needs of marginalized communities at the center of national, regional, and international policy-making.

Asia Catalyst is a tax-exempt 501(c)3 organization registered in the United States that relies on the financial support of individuals and grant-making organizations. We maintain minimal overhead in the US so that our funds get to Asia where they are needed most.

Share It!

Advocacy Experiences of CBOs

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¹ The China case studies do not reference any names of individuals and organizations and describe activities that took place prior to December 2016 and the promulgation of the Foreign NGO Law (Law of People's Republic of China on Administration of Activities of Overseas Nongovernmental Organizations in the Mainland of China). The National People's Congress Standing Committee adopted the law on April 28, 2016. It came into effect on January 1, 2017.

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1. Introduction

Since 2006 Asia Catalyst (AC) has worked with more than 250 groups across Asia – primarily in China – to build their human rights documentation and advocacy and organizational management skills. We have mentored hundreds of community leaders and supported community-based organizations (CBOs) who face systematic discrimination, marginalization and criminalization, such as people living with HIV (PLHIV), sex workers, people who use drugs, lesbian, gay, bisexual and transgender (LGBT) people, and people with disabilities. Between 2009 and 2013, we worked collaboratively with Thai and Chinese activists and CBOs to develop AC's **Know It, Prove It, Change It: A Rights Curriculum for Grassroots Groups**, KIPICI ([Human Rights Manuals](#)), which provides information on the human rights framework, how to document rights abuses, and run advocacy campaigns. The manuals have been translated into Burmese, Chinese, and Thai.

Asia Catalyst introduced the KIPICI curriculum in China in 2013, and in 2015, formalized and expanded into an Asia Regional Rights Training (RRT) Program for 16 community representatives from eight CBOs from Cambodia, China, Myanmar, and Vietnam. Three intensive workshops were held in Bangkok; participants then went on to develop advocacy projects. AC provided small implementation grants. The fourth publication in the KIPICI series, **Share It! Advocacy Experiences of CBOs, based on real life advocacy experiences of CBOs**, is meant as a learning tool and aimed at empowering other CBOs and activists.

The case studies in **Share It! Advocacy Experiences of CBOs** are derived from Asia Catalyst partners in China and other well-known advocacy groups there, as well as Southeast Asian RRT participants. We provide eight case studies in total—five from China, two from Myanmar, and one from Cambodia. They largely focus on the right to health, a longtime focus of AC's work. The case studies focus less on the outcomes and more on what path was taken to bring about that change. The goal of **Share It!** is to distill "best practices" from these experiences for other CBOs to consider. Each case study, illustrated through an "At a Glance" format, describes

the context and desired change, and then lists the advantages, challenges facing, and risk evaluations made by each CBO when creating and implementing their advocacy strategy. The “lessons learned” include the top two or three significant observations that emerged from each case study.

The case studies are embedded in the social and political context of each country—Cambodia, China and Myanmar. Each country allows for civil society to operate in a restrictive and limited space, especially when it comes to individual and community advocacy and activism. But, the escalating HIV epidemic in Asia has had broad implications in opening opportunities for civil society. As a result, the governments have chosen, at various times, to directly engage with CBOs, which are usually best placed to reach marginalized and criminalized people with essential information and services. An alliance of mutual cooperation has developed between the state and activists as exemplified by the examples from China on access to HIV treatment for prevention and on hepatitis B virus (HBV) medication pricing; Cambodia on sexual and reproductive health services for women living with HIV; and Myanmar on improving HIV services for sex workers and ensuring governments uphold their HIV commitments. There is no rallying demand or shaming of governments by civil society. Instead, the CBOs exhibit resourcefulness by utilizing existing government structures, platforms, and activities to further their cause.

They manage to keep their agendas alive in the face of growing challenges that include oppressive laws and policies, restrictive and shrinking civil society space, and dwindling financial resources. AC is fortunate to be in a position to play a catalytic role in sharing knowledge and information on rights-based approaches, building organizational capacity and leadership, and bringing together activists from across the region to discuss their challenges and exchange experiences in various local and international arenas. The knowledge AC has acquired through this position of helping to incubate and support CBOs allows us to observe and promote exchanges on advocacy strategies in diverse contexts. In sections two and three, we share these case studies.

Share It! concludes with a section on partnerships, the one common thread that runs through all of the case studies. As they demonstrate, advocacy most often requires partnership and collaboration to be effective, particularly when developing campaigns. When conducting advocacy on human rights issues for marginalized groups such as people with HIV, people who use drugs, sex workers or LGBT people, we cannot go it alone. In **Change It** (Volume Three of KIPICI), we provided information and exercises on how to collaborate with local-level authorities, mobilize local support, cultivate allies, and solicit public backing. In **Share It!**, we highlight lessons on how advocacy tactics are applied to bring about change.

2. China Case Studies - Advocacy in Shrinking Civic Space

Asia Catalyst (AC) has played a unique and important role supporting civil society in China, particularly by bolstering advocacy understanding capacity among community-based organizations working in the HIV context. In Chinese, the meaning of advocacy (倡导) is different (mainly referring to representation at court hearings) from the generally-accepted definition of advocacy, which is the process of supporting and enabling people to express their views and concerns, accessing information and services, and defending and promoting rights and responsibilities.¹ The understanding of advocacy among our partners in China focused more on “public education, community education, and external communication.” Using a right to health lens, AC has been able to broaden civic understanding of advocacy by imparting new skills, knowledge, technologies, and opportunities for connections with others in country and across the Asia region.

Most activists in the case studies have been involved with AC since 2013; others got involved earlier. Through the KIPICI curriculum, which was widely used across the country, AC introduced, new

methods and tools including problem trees, SWOT (strengths, weaknesses, opportunities and threats) analysis, logic models and others, and also learned of new advocacy techniques such as use of media, building alliances and coalitions, and domestic campaigning. There are six case studies from China.

The first three case studies focus on access to HIV and hepatitis B (HBV). HIV treatment is available for free to people living with HIV, but antiretroviral treatment for prevention is not available widely and to everyone. The first case study is on advocating for access to post-exposure prophylaxis (PEP) for people at high risk of HIV. The next two case studies are on raising awareness on HBV and drug pricing of HBV treatment. The remaining three case studies spotlight advocacy tactics against a private corporation by a person with disabilities on ending discriminatory practices in travel, a national campaign to end gay 'conversion' therapy, and eliminating a system of arbitrary detention of sex workers and their clients.

We have removed the names of individuals and groups from most of the shared cases. However, the context and facts are accurately conveyed as shared by the CBOs.

2.1 Eastern China: Triangulation of Evidence for Community Access to HIV Post-exposure Prophylaxis (PEP)

AT A GLANCE: Advocating for PEP with Local Authorities

A CBO in eastern China found that HIV treatment given to people soon after being potentially exposed to the virus (HIV post-exposure prophylaxis, PEP) was available only for people with certain professions such as doctors, nurses, and police. But those in communities with high risk of HIV transmission such as key populations (KP), which include gay men and other men who

have sex with men (MSM), people who use drugs, sex workers, and transgender people did not have local access to PEP. To obtain PEP these communities had to travel long distances to other cities such as Shanghai or Nanjing.

The CBO decided to advocate for local availability of PEP for KP. In planning the project, it felt that an effective advocacy strategy requires a two-step process. First, it was important to understand why local health authorities did not provide PEP to KP communities. Second, it was important to build the evidence that need for PEP in local KAP communities, especially among gay men and other MSM.

As a first step the CBO reached out to the Center for Disease Control (CDC), the local health agency, and found that they did not possess the medical authority to prescribe PEP. Next, the CBO turned to healthcare providers at clinics and hospitals. These interviews showed that doctors could request PEP for the community, but they didn't do order extra treatment because there was no patient demand. They were afraid of stockpiling ARVs that would ultimately be wasted. The CBO realized that healthcare providers were not aware of the need for PEP by the community. The CBOs identified them as key targets for their advocacy.

The second step for the CBO was to collect evidence documenting the need for PEP in the community, and share it with the healthcare providers and CDC. As a CBO working with the MSM community, it interviewed 50 gay men and other MSM, documenting the impact of the unavailability of PEP on their lives. The research showed a very high demand for PEP (96%) among gay men and other MSM. Those living with HIV expressed that they could have prevented transmission if PEP had been available. However, 67% of gay men and other MSM were not aware of PEP and its use for prevention of HIV.

These two studies highlighted the gap between the community needs and the lack of understanding among healthcare providers. The CBO shared the results of their research with all stakeholders, and asked that the community communicate their need for PEP

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directly to healthcare providers. The strategy was to engage the community and have them create a demand for PEP.

The CBO then worked with the healthcare providers on easier referral and access to PEP. At the same time, it is also educating gay men and other men who have sex with men on PEP and pre-exposure prophylaxis (PrEP). A staff person who worked on this advocacy project supported through a small grant by AC expressed that, *"It is [our] first advocacy [project] and [it] helps us to understand how advocacy is related to our work [and] why we need to do different types of work [research]. It all depends on the needs of the community."*

Advantages

- The CBO was well connected with its community, allowing for easier access to people who could share their experience about PEP needs.
- The CBO had built long-term and trusted relationships with local CDC officials. Its outreach workers had access to PEP if they needed it.
- The CBO had a well-developed research plan that focused on gathering evidence from all key actors on access, availability and need for PEP.

Challenges

- The CBO experienced some difficulty to convince medical practitioners of community needs, but the data from the community provided sufficient evidence.
- Stigma against gay men and other MSM and PLHIV made it difficult for some people to share their experience, but the CBO collected anonymous information without identifying individuals.
- The CBO experienced difficulty in getting doctors to cooperate with civil society. Doctors did not want to get blamed for the problem.

2. China Case Studies - Advocacy in Shrinking Civic Space

Risk Evaluation

- Coordination across three different stakeholders (CDC, healthcare providers and community) was time consuming, but it was necessary for identifying gaps and changing views.
- The confidentiality of individuals providing information had to be considered in collecting evidence, and the CBO was sensitive in ensuring privacy of individuals by not identifying names or exposing their faces in videos.
- The CBO did not want to assign blame but solve a problem. It was important that government authorities and healthcare providers saw themselves as part of the solution.

Lessions Learned

- **Planning research that captured the perspective of stakeholders.** The CBO was strategic in capturing views of each stakeholder involved in ensuring access to PEP, including the community in need. This made their advocacy much stronger because they knew the limitations and barriers on the supply side and were able to challenge it by showing the community needs and generating demand.
- **Ensuring confidentiality when collecting information.** The CBO was sensitive in recognizing that stigma against gay men and other MSM and PLHIV could prevent members of the community from coming forward. At the same time, it was also careful not to blame healthcare providers or CDC officials for preventing access to PEP. The CBO handled the situation in a neutral and constructive manner, focusing on ensuring easier community access to PEP.
- **Recognizing that programmatic changes can happen sooner, but policy change can take time.** The CBO used their advocacy strategy to solve a programmatic problem on PEP access for the community. It worked with healthcare providers who were directly responsible for prescribing

PEP. This was an important strategic decision. The CBO continues to advocate for policy change on access to PEP and pre-exposure prophylaxis (PrEP) services for key affected populations, including gay men and other MSM.

2.2 Beijing Walk: Marching to Raise Awareness on Hepatitis B

AT A GLANCE: Raising Public Awareness on Hepatitis B

China has one of the highest burdens of hepatitis B infection in the world, accounting for one-third (100 million people) of all infections worldwide. Most people are unaware that they carry the disease because of poor knowledge around transmission. There is also misperception about how hepatitis B virus (HBV) is spread. Because of the lack of knowledge and awareness about HBV, people diagnosed with the disease experience stigma and bias. Although China had clear law saying there should be no testing for HBV for people to going to school or getting a job, in fact the practice still occurs and discrimination is especially bad in the employment sector, where in 2010 health screening was a mandatory requirement for a getting a job.

It was a personal incident of employment-related discrimination that triggered a creative way to raise public awareness and spread accurate information on hepatitis B transmission. The 'Walk to Beijing' was used to inform the public on multiple issues affecting the lives of people living with hepatitis B, raising awareness on transmission, and demanding the inclusion of hepatitis B treatment on China's Essential Medicines List (EML).

The 1500 km march from Shanghai to Beijing took 80 days to complete. Along the way, the activist who had decided to confront the stigma and discrimination associated with hepatitis B infection posted letters to the National Health and Planning Commission from post offices along the route. Along the way, communities were taught about hepatitis B and how it is transmitted.

The first "Walk to Beijing" took place in 2013, and since then it has turned into annual event with numerous people joining the march in different sections. It has gathered considerable media attention and targeted other government stakeholders like the Development and Reform Commission and the People's Social Affairs Department. Participants in these marches hand out pamphlets and organize small workshops to inform and educate the public on hepatitis B prevention, treatment, and advocacy strategies on reducing costs of medicines.

Since the first Walk, the Health Commission established a new mechanism called the "Drug Price Negotiation" mechanism. In May 2016, the price of hepatitis treatment was reduced from 1470 CNY per bottle to 490 CNY. Some HBV drugs are now on China's EML.

Advantages

- The 'walk' was innovative in its campaigning method to educate the public on hepatitis B. It became an annual event as it became ever more popular and garnered increasing community support.
- The walk did not require many resources, and as a result was easy to organize every year.
- Many people with hepatitis B in China faced severe discrimination in employment and education, and some had committed suicide. The organizer was aware of the gravity of the problem, including the poor knowledge and misperceptions, and knew that treatment was available.

Challenges

- Scrutiny by the state security put participants at risk of being identified as dissidents.
- Reducing broader societal stigma and discrimination against those living with HBV was difficult and required innovative means of communications to convey information

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- The public did not have factual information on hepatitis B, and those people living with the virus not only experienced broader societal stigma but also self-stigma.

Risk Evaluation

- The CBO organizing the walk provided documents to those participating explaining the purpose of the walk and also organized smaller groups that marched together rather than a large group.
- Safety of participants was a concern, and the CBO drafted a set of regulations and an agreement for those participating in the walk.
- To ensure that people understood the disease and its modalities of transmission, the communications strategy focused on addressing the misperception about transmission.

Lessons Learned

- **Understanding social context.** In planning the campaign, the activist understood that a large group would attract unwarranted attention and it might be considered as a form of protest against the state. The strategy of combining creative strategies of posting letters and organizing teach-ins resulted in an acceptable and effective form of advocacy. It was also important for individuals to carry letters explaining the purpose of the walk.
- **Mitigating potential security risks.** It was important to identify and define potential threats and risks to activists participating in the long walk of 1,500 km. While some people along the journey were friendly, others were more threatening. The walkers had to plan for safe travel and arrival, and adjust plans accordingly. Planning on safety measures that included marching in small groups, using social media to identify location, and stopping for the night

2. China Case Studies - Advocacy in Shrinking Civic Space

along the way ensured that participants were not put in any unnecessary danger.

- **Low financial threshold.** The walk from Shanghai to Beijing took 80 days but costs were low. This made the campaign sustainable and allowed for expansion and greater inclusion of participants each year.

2.3 Enforcing the Law on Price Gouging for Hepatitis B Treatment

AT A GLANCE: Enforcing the Law Against Private Actors

A CBO based in Southwest of China, working on defending the rights of people living with HBV, decided to focus its advocacy on the high cost of treatment, specifically on prices of adefovir dipovoxil tablets sold in pharmacies. The CBO visited several pharmacies to check prices and found that the price of HBV treatment tablets was 10% higher than the standard published by the government. For the purpose of documenting the higher prices, a member of the CBO bought the medicines from the pharmacies. The CBO compiled all the information in a letter addressed to local authorities as well as the Price Supervision and Inspection Bureau. In the letter it urged the agencies to take actions against the pharmacies and ensure compliance with the law on pricing.

Within a week the CBO received a response from the authorities. The authorities noted that the evidence sent in by the CBOs had been verified, and pharmacies ordered to immediately reduce prices of hepatitis B medicines to bring them in compliance with the state published prices. The letter also instructed pharmacies to reimburse the extra costs paid by the CBO staff member who had paid above standard prices.

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Through this project, the CBO learned that private pharmacies could ask for higher prices because most people didn't know, or have information on, the standard prices of medicines published under the Pricing Law. The CBO prepared information on costs of hepatitis B medicines as noted by the Price Supervision and Inspection Bureau and widely disseminated the price list.

Given their positive interaction with government officials, the CBO shared its story with the media. They appreciated the swift response of authorities, highlighting the cooperation of government officials. They supported and facilitated the media in interviewing staff persons from the Price Supervision and Inspection Bureau. Their advocacy resulted in a positive outcome for the community and helped to build trust with government officials.

Advantages

- Extensive experience on advocacy for people living with hepatitis B.
- Awareness of existing law on pricing and government structures to implement the law.

Challenges

- The community did not have knowledge about the standard pricing of treatment by the Chinese government.
- Motivating community to learn the law, understand their rights, and realize that pricing by pharmacies was illegal.

Risk Evaluation

- Possible retaliation from pharmacies against the CBO and its members who purchased medicines from them. The CBO was careful in not directly approaching and protesting against pharmacies
- Local government ignored the evidence sent in by the CBO.

2. China Case Studies - Advocacy in Shrinking Civic Space

Lessons Learned

- **Mapping the laws and government structures responsible for its enforcement.** The CBO recognized that there was legislation on controlling costs to prevent price gouging by private sector, and they also knew who was responsible for enforcing the law under existing government structures.
- **Articulating clear demands.** The CBO in their letter was specific in asking the government body to enforce the published prices of hepatitis B medicines as published by the government standard pricing list. This was a simple and specific message supported by the Pricing Law, and for which there was a government body responsible for enforcement.
- **Praising positive change.** The CBO took the opportunity to invite the media to highlight the positive action taken by government, and shared the story with media. Their actions supported to build trust and establish a stronger relationship with government agencies.

2.4 Litigating for Changes in Practice of Private Company Against People with Disabilities

AT A GLANCE: Litigating for Change

After participating in AC's workshop, a participant who has visual impairment was denied boarding a flight back to home. The airline claimed that the visually impaired activist needed to be accompanied by another seeing person. The activist called the airline management to complain and also reached out to the local media to create 'noise' regarding the incident. Under China's Civil Aviation Administration law, the "Measures for the Administration of Air Transport for Disabled," people with disabilities have an equal right

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to travel. Bad publicity was generated. The airline management was pressured to apologize and offered the activist a seat on the next flight. Staff also visited the CBO partner at home to make an apology.

Given the individual success, the activist realized that a broader advocacy campaign was necessary to eliminate all regulations against people with disabilities' legal rights to fly with Chinese airlines. The activist's CBO agreed to prepare and file a lawsuit against the airline that had the right to fly independently because of a physical disability. The activist told the airline that he would bring a lawsuit. The airline management worried the lawsuit filing would generate a lot of negative publicity for the airline. The airline, preferring to settle the lawsuit out of court, negotiated and agreed to change its existing regulations that denied seats on the plane to unaccompanied individuals with disabilities. It also told the CBO that it had decided to conduct staff training on the rights of people with disabilities.

The lawsuit was dropped. The CBO working on rights of people with disabilities partnered with the airline to provide sensitization workshops for airline staff. The collaboration resulted in training 96 staff members of the airline on Understanding Disabilities in the Social Model Context that helped to effectively implement the policy.

Advantages

- Using a personal story/experience to confront discriminatory practices.
- Having participated in the AC workshop, the advocacy strategy of engaging media was at the forefront of the activist's mind.

Challenges

- Ensuring that the practice was not a one-time exception for the customer, but a change in policy.
- Holding the airline accountable to its agreement on implementing the agreed upon activities as negotiated with the CBO on disability rights.

2. China Case Studies - Advocacy in Shrinking Civic Space

Risk Evaluation

- As a private company, the management could possibly retaliate further by denying people with disabilities rights and noting that they were a threat to safety.
- Media could refuse to listen to community as the business provides advertising revenue.

Lessons Learned

- **Using personal violations to illustrate broader issues.** Personal narrative was a powerful tool for highlighting the discriminatory practice by the airline. The realization that not every person who was mistreated could take action, and therefore the personal incident of violation had to be raised from an individual case confronting the discriminatory practices by the airline against all peoples with disabilities.
- **Reaching out to the media.** Using behind-the-scenes work with the media to raise awareness on the issue of discriminatory practice against people with disabilities was very effective for changing the behavior of private actors. The airline was forced to change its practice because of the poor image that had been created in the media of how it treated people with disabilities.
- **Creating partnerships between the community and private actors.** The disabilities CBO was able to partner with the airline on sensitizing its staff. These trainings not only helped to educate and build airline staff knowledge but also exposed them to real life challenges faced by people with disabilities during travel. As a result, the staff could provide better service and the company to effectively implement the policy.

2.5 LGBT Rights: Campaigning to End Gay “Conversion” Therapy

AT A GLANCE: Campaigning to End Conversion Therapy

A CBO, established in 2008 to foster an inclusive environment for lesbian, gay, bisexual and transgender (LGBT) people, decided to launch psychological and counseling services. Many people from the LGBT community reported being turned away and unable to receive this type of care from the general healthcare facilities.

The CBO counseled many people who reported that they had been subject to gay ‘conversion’ therapy, often under pressure from their families, aimed at curing homosexuality. Conversion therapy has been internationally condemned and homosexuality was no longer classified as an illness in China.

The CBO approached AC in 2012 with the request to receive tailored coaching on raising awareness on the harmful impacts of conversion therapy, and eventually supporting the creation of a coalition of like-minded groups across China. The CBO specifically wanted to learn, how to develop and implement effective, evidence-based, and strategic advocacy. Over the next four months, AC staff trained the CBO and it started an advocacy campaign, mainly sharing the information at academic conferences, on the harmful effects of “conversion” therapy in China.

In 2013, the CBO joined the first cohort of individuals participating in AC’s KIPICI training, a yearlong collaborative program. Through the training it met other CBOs from other locations, and together these organizations discovered that their communities were adversely affected by conversion therapy practices. They decided to develop a joint human rights advocacy plan with the aim of ending ‘conversion’ therapy across China.

The first step was to create an evidence base to contest ‘conversion therapy,’ which included documenting its availability and the experiences of individuals in 10 cities across China. The CBOs

found that conversion therapy was commonly used, and often included the harmful practice of electro-shock therapy. The coalition compiled the results and published a groundbreaking report on LGBT psychological health in China. In 2014, the CBOs invited representatives from 20 CBOs to participate in a workshop on developing a collaborative strategy to depathologize homosexuality in China. The group crafted a three-year advocacy strategy.

As part of the strategy, one member of the Beijing LGBT CBO who had undergone conversion therapy and suffered emotional and physical trauma as a result, filed the first-ever lawsuit against a gay conversion therapy clinic. It was the first lawsuit of its kind to be accepted by a Chinese court. The CBO conducted a public advocacy campaign to fuel public outrage and awareness and used public performances outside the courthouse dressing as doctors and nurses who administered chilling ‘conversion’ therapy techniques to patients.

On 18 December 2014, the court ruled that conversion therapy was unnecessary and reaffirmed that homosexuality was not an illness. The court ordered that the plaintiff should be reimbursed for damages and the clinic should issue a public apology. It further ordered the popular Chinese search engine, Baidu, to stop posting any advertisements for conversion therapy clinics.

This was a major victory, and the CBO acknowledging AC’s contribution commented that, “this Asia Catalyst training series laid the groundwork for our subsequent successful advocacy program.”

The lawsuit was a major victory for China’s LGBT community and garnered remarkably high levels of international media attention. The campaign to end discrimination against homosexual people in China continues to gain momentum.

Advantages

- Setting up psychological and clinical services for LGBT
- Receiving tailored training and therefore able to organize a broader coalition at the national training

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- LGBT community recognized the CBO as a legitimate alternative to public services
- Recognizing that homosexuality was not an illness

Challenges

- Confidentiality and safety concerns for LGBT individuals who participated in the survey
- Many clinics offering 'conversion' therapy services advertise on social network websites

Risk Evaluation

- Ensured privacy of individuals by not collecting names
- Designed strategy to include web-based advertising for conversion therapy services

Lessons Learned

- **Identifying critical issues highlighted by the community through services.** The CBO offered psychological services typically provided by government health facilities, which provided an opportunity for the community to share the trauma experiences as a result of gay 'conversion' therapy.
- **Developing coalitions to gather evidence and strategize on joint advocacy.** The AC training created an opportunity for CBOs to work together and find similarities across their issues. The coalition provided communities space to develop a joint plan on gathering evidence and disseminating the results.
- **Using street theater as an advocacy tactic.** Role-play of actual gay 'conversion' therapy scenarios was a technique that exposed public to the emotional and physical trauma endured by homosexual people.

2. China Case Studies - Advocacy in Shrinking Civic Space

2.6 Custody and Education System: Advocating to End Arbitrary Detention for Sex Workers

AT A GLANCE: Advocating to End Arbitrary Detention for Sex Workers

From 2012-2015, Asia Catalyst's advocacy efforts included a focus on ending Custody and Education (C&E), an arbitrary detention system for female sex workers and their clients. C&E was an administrative punishment mechanism used without legal basis, and through it administrative agencies could deprive individuals of their liberty without due process. AC, in its report "[Custody and Education: Arbitrary Detention for Female Sex Workers in China](#)" (December 2013), documented that, under C&E, sex workers and their clients were subjected from six months to up to two years detention without trial or judicial oversight. While in custody, they were forced to engage in manual labor and to undergo compulsory testing for sexually transmitted infections (STIs). Unlike the Re-education Through Labor (RTL) system, which was abolished in 2013, C&E was largely unknown to the public. Both systems were premised on similar assumption of 'education' and 'rescue' of individuals from marginalized, and often stigmatized, communities.

AC's research found that detainees inside the C&E centers had few opportunities for education, experienced physical violence at the hands of police, and had to pay for their stay. Police officers also extorted large sums of money in exchange for the release of detained sex workers. Personal security of detainees was often violated. On the basis of its fact-finding, AC developed an advocacy strategy with its partners that used both evidence from the report as well as legal arguments used to end RTL system.

AC and partners used legal aid centers to discuss and educate lawyers on C&E. Framing C&E as an HIV and health issue allowed AC to work with the Chinese Association of STD and AIDS Prevention and Control and UN agencies. The first national conference focusing on C&E as a major barrier for sex workers

who wanted to access HIV prevention services was organized in 2014 and resulted in the recommendation to end C&E, which was submitted to the National People's Congress. Using the Open Government Information Act, a local activist launched a lawsuit against the local government for failing to release information and data pertaining to C&E. Although the lawsuit failed, it increased public pressure on the government to release information on C&E system. AC and national sex worker organizations also submitted shadow reports on the C&E system to international human rights treaty bodies including the Committee on the Elimination of Discrimination Against Women (CEDAW) and the Committee on Economic, Social and Cultural Rights (CESCR).

As a result of this activism, there was a heated public debate on the legality of the C&E. In 2014, three government representatives submitted proposals to end C&E, during national and provincial People's Congress meetings. They continued to exert pressure every year. AC also facilitated an open appeal to China's State Council, signed by more than 100 lawyers and legal practitioners, calling for a legal review of the C&E system. The government began to release information on C&E centers and some cities reported either closing or stopped admitting people into these centers. The Chinese government representative during the 59th session of the CEDAW Committee noted that the government was investigating the issue of abolishing the C&E system. The 2018 annual report submission to the National People's Congress Standing Committee (NPCSC) by the Legislative Affairs Commission of the NPCSC recommended the abolishment of the C&E system.

A sex worker involved in the process commented: *"When AC interviewed me for the C&E report in 2013, I was scared and did not believe [that] there could be progress on this issue. Since the report's publication, I have a deeper understanding of the legal framework and about my rights. I regularly talk to the media about my experiences hoping that things would change if more people learn[ed] about my story. I also attended the national conference on sex workers and HIV, and I talked to many people including policy makers, diplomats and UN representatives. I no longer feel like a victim. I am an advocate now."*

Advantages

- Partnering with sex workers organizations developed greater trust and allowed for access to those detained under C&E system.
- The linkages with both Chinese and English media were useful in formulating an advocacy campaign.
- AC had strong linkages and good relations with UN agencies and was familiar with UN human rights framework and processes.
- Focusing on health and HIV was helpful in bringing public health officials as allies and having them serve as a bridge to other government departments.

Challenges

- C&E was unknown to the public and seldom on the agenda of the government.
- Chinese media was reluctant to report on sex worker issues because of censorship; and it was difficult to find sex workers who were willing to speak to the media.
- Sex workers were stigmatized and marginalized and had limited advocacy capacity.
- There was no platform for sex workers to engage with policy makers or lawyers.

Risk Evaluation

- Engaging in the research and speaking with media could potentially put community partners in danger. It was important to protect identity of participants and keep their locations confidential.
- The government could prevent the national conference on HIV and C&E from taking place, but the collaboration with the

UN agencies and the Chinese Association of STD and AIDS Prevention and Control provided a buffer.

- Engagement in UN human rights mechanisms could put AC staff members at risk, and thus the decision was taken to confidentially submit the report.
- As an INGO, there were always limitations on engaging directly with the issues but developing partnerships for advocacy and mobilization mitigated some of the risks. Partners were able to use the resources and share them with others.

Lessons Learned

- **Collecting solid evidence to highlight an unknown system.** The AC report was the first ever to look and record the experience of detainees and analyze the data through a legal lens including the international human rights system. The evidence revealed that the C&E system was based on an extremely fragile legal foundation in Chinese law.
- **Capitalizing on timing.** It was important to seize the momentum that had been built to abolish the Re-education Through Labor (RTL) system and remind the public and officials of its similarities with the C&E system. The added factor of linking the negative impact of the C&E system with increased risk of HIV was helpful in motivating government officials to further look into the impact on sex workers.
- **Buffering risk through partnerships with diverse stakeholders.** The partnership with a diverse range of stakeholders including the local, grassroots community of sex workers, lawyers and legal practitioners, government officials, nationally-based UN agencies and the international human rights treaty-bodies, and the media helped to mitigate any potential threats of government obfuscation. The wide-ranging partnerships also helped to exert pressure on the Chinese government in a variety of different ways.

3. Southeast Asia Case Studies – Engaging Government

From 2014 to 2016, three CBOs—two from Myanmar and one from Cambodia—participated in AC’s RRT training. As part of the training, they developed advocacy projects that were supported through small grants from AC. They shared their experiences, which are summarized below in the same format.

3.1 ARV Users Association, Cambodia: Lobbying for Improvements in Sexual and Reproductive Health Services

AT A GLANCE: AUA Constructive Dialogue

The ARV Users Association (AUA), a Cambodian CBO, was set up in 2002 by a small group of PLHIV. As part of AC’s RRT workshop, AUA in collaboration with the Cambodian Community for Women Living with HIV (CCW) decided to assess the experiences of women living with HIV (WLHIV) who were accessing reproductive and sexual health services. They interviewed 100 WLHIV and found a systematic pattern of discrimination and denial of services, including pregnancy-related healthcare.

Healthcare providers (HCP) in health facilities discouraged, and often disapproved of, HIV-positive women from getting pregnant and having children. The HCP provided WLHIV with inaccurate information and recommended sterilization as a preferred option. Some WLHIV who had accepted HCP advice on sterilization felt that they had been coerced into making this decision.

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Based on these findings, AUA developed an advocacy strategy for addressing discrimination against WLHIV in sexual and reproductive healthcare facilities and identified HCP as the target group for sensitizations. The goal of the advocacy was to reduce discrimination against WLHIV seeking reproductive health services. Using their community discussion platform that met monthly to discuss needs and experiences of PLHIV, AUA invited HCP to participate in a constructive dialogue with WLHIV and AUA members.

The Cambodian government had been supportive of PLHIV community and committed to ending HIV, and AUA felt that having HCP listen to the grievances of WLHIV could result in improved reproductive health services.

The HCP acknowledged that the grievances of WLHIV were legitimate. However, they explained that their curt and dismissive behavior, interpreted as dismissive and rude, was a result of excessive workloads and not a deliberate act of discrimination. The community members, while appreciative of the open exchange with HCP, pointed out that heavy workloads were not a reasonable excuse for delivery of sub-par services. The community dialogue resulted in building greater trust and confidence between WLHIV and HCP.

AUA members and HCP agreed upon a solution that addressed the problem of discrimination against the community and the HCP. They decided to include a community member from AUA to act as a facilitator between those WLHIV seeking reproductive services and the HC providing these services. Utilizing the community as a bridge greatly improved the experience of WLHIV in accessing reproductive and sexual health services as noted by an AUA community member, *“Now, we keep good contact with all levels of the hospital. The staff and I sit together—the doctor, the client and myself—to understand the problem in order to help the doctor do his or her best.”*

Sensitizing HCP on the health and human rights of WLHIV resulted in reducing discrimination.

3. Southeast Asia Case Studies – Engaging Government

Advantages

- Use of an existing community platform, which had an established format, meant that HCP could be invited to participate at no additional costs and the activity could continue on a longer-term basis.
- Clarity in demands of desired change in HCP behavior resulted in strengthening the three-way partnership between AUA members, healthcare providers, and women living with HIV with a mutual articulation of a concrete solution in the form of a community facilitator.

Challenges

- While the community had many issues related to experiencing discrimination in healthcare settings, AUA’s ability to conduct prior consultations ensured an agenda with clear asks of healthcare providers.
- While the community did not have the power to change issues offered as explanations by healthcare service providers for sub-par and brusque service such as ‘excessive workloads’, it could challenge these excuses. Meanwhile government officials could have the opportunity to address these genuine grievances raised by healthcare service providers in the safety of the community forum.

Risk Evaluation

- AUA had to address the power dynamics between healthcare service providers and women living with HIV and ensure equal participation in the exchanges and potential solutions.
- AUA had to ensure confidentiality of community members sharing personal information by working closely with them on understanding consequences of publicly sharing their experiences. AUA also invited sympathetic and sensitive healthcare providers to community forums.

Lessons Learned

- **Identifying the issue.** AUA through their documentation identified discrimination by HCP as the main problem facing WLHIV when accessing reproductive and sexual health services.
- **Preparing the community to share their information.** Since WLHIV were conveying personal information and experiences in public settings, they had to be prepared on the consequences of sharing their own stories. AUA worked on developing the communication skills of WLHIV in telling their stories effectively to change perceptions, as well as addressing issues of confidentiality.
- **Providing a safe space and platform for dialogue.** In the case of AUA, the monthly community forum was a safe space for WLHIV to discuss their issues. By extending the invitation to HCP and including them in this sanctuary resulted in building trust between the community and HCP. It was also a cost-saving intervention for AUA, as a new platform did not need to be created.
- **Finding a mutually agreed upon solution.** Through the community dialogue, WLHIV, HCP, and AUA members were able to propose a solution of a community facilitator who could support WLHIV seeking services and help ease the burden on those providing services. A mutually agreed upon solution resulted in a more effective and lasting change in behavior of HCP.

3.2 Aye Myanmar Association (AMA), Myanmar: Partnering with Government to Improve HIV Services for Sex Workers

AT A GLANCE: AMA Partnering with Government

Aye Myanmar Association (AMA) is a national network of sex workers in Myanmar and its mission is to ensure their human rights and build leadership skills. Female sex workers in Myanmar have a high prevalence of HIV. The national prevalence rate is 6.4% but in cities such as Yangon the HIV prevalence rate could be as high as 25%. The Burmese laws criminalize sex work, and cultural and religious norms consider it “bad, and a threat” to community.

AMA participated in the AC RRT program and as part of its activities decided to document the experience of sex workers seeking reproductive healthcare services. Through its research, AMA found that many sex workers were put off seeking health services because of the discrimination that they faced when accessing these services. AMA recognized that to end discrimination in healthcare settings it was necessary to collaborate with government, specifically the National AIDS Program (NAP). AMA also realized that the engagement with the government would become even more important over time since after 2020 the Burmese government would be the main providers of HIV and sexually transmitted infection (STI)-related services.

AMA decided to develop a three-step tactical approach. First, AMA continued its documentation process of collecting examples of discrimination against sex workers at healthcare facilities and providing NAP with constructive feedback on how services could be improved. Since AMA refrained from publicly naming and shaming HCP and expressed an understanding of challenges facing HCP, their behavior resulted in building trust and improving services. Second, AMA community workers supported NAP in

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their mobile outreach clinics in various townships identifying new hotspots where sex workers congregated, and also negotiated with agents and managers of sex workers and sex worker facilities on providing services on location. AMA also educated sex workers on their basic rights and the benefits of HIV testing. By increasing NAP outreach, AMA was seen as an indispensable partner who had the capacity to reach sex workers who would have otherwise not sought HIV services. Third, AMA members were trained by NAP as pre- and post-test counselors for HIV testing and worked alongside the HCP. The task shifting reduced the workload of HCP and the peer-based testing and counseling model decreased the loss of follow-up of sex workers that came in for HIV testing and linked those sex workers who came for testing with AMA.

Together these tactics helped to build trust and a strong and meaningful partnership between AMA and NAP and HCP. As a result, NAP services became more community friendly and patient-oriented towards female sex workers and AMA achieved its objective of reducing discrimination facing sex workers in HIV services. Sex workers also felt more confident in seeking HIV, STI, and reproductive health services from NAP.

Advantages

- Grassroots engagement with the sex worker community made AMA a credible partner in the eyes of NAP.
- Because of its evidence-based documentation on discrimination against sex workers, AMA was able to provide NAP with constructive feedback and suggestions on improving services and the national HIV program.
- AMA chose to integrate its activities and support existing NAP programming instead of introducing new interventions. This approach helped to build good relationship and trust with government and AMA's own members.

3. Southeast Asia Case Studies – Engaging Government

Challenges

- AMA initially experienced difficulty in understanding NAP mechanisms, processes and guideline, but its close collaboration helped to build its capacity in government programming.
- Frequent turnover of NAP program implementation staff meant that AMA had to spend considerable amount of time in building relationships.
- As an advocacy organization accustomed to challenging government, AMA as a government partner had to be careful in terms of its critique of national HIV programming and use language that would be helpful in resolving issues.

Risk Evaluation

- AMA had to address the negative perception by its members of working with the government rather than challenging government programming.
- AMA had to address increased visibility of its members who supported NAP activities, especially as the sex workers community is criminalized in Myanmar.

Lessons Learned

- **Establishing a credible presence.** AMA, founded and led by sex workers, had the backing of its community. Viewed as the leading organization of sex workers, it was seen as a trustworthy partner by NAP.
- **Developing real time evidence and feedback.** The ongoing documentation process was helpful in engaging NAP on the actual quality of services for sex workers, and it allowed for AMA to put forward concrete suggestions to improve services on ongoing basis.

- **Understanding the future context.** AMA was strategic in recognizing that international funding support for HIV was decreasing and that eventually these services would be provided by the government. This analysis helped in creating a constructive and indispensable partnership rather than an oppositional relationship of adversaries. The collaboration was mutually beneficial for both NAP and AMA. It was also helpful for sex workers, who had been reluctant to access HIV and STI testing and treatment services offered by NAP.

3.3 Myanmar Positive Group of People Living with HIV, Myanmar: Getting Government to Uphold Their HIV Commitments

AT A GLANCE: MPG Holding Government to Account

Myanmar Positive Group (MPG) is a national PLHIV network of 177 self-help groups that represent more than 9,000 people living with HIV from across Myanmar. Each year MPG organizes a national Forum on a particular theme based on analysis of HIV data and inputs from the PLHIV community. The Forum takes place over two to three days and includes people living with HIV and key population members, who come together to share and discuss their experiences and to raise issues that affect them.

The ninth MPG Forum took place in 2016, and 213 participants representing PLHIV and KAP communities as well as officials from the Ministry of Health and Sports, National AIDS Program (NAP), UN agencies, international and national NGOs, national media, and members from the private sector participated in the meeting. In preparing the Forum, the MPG identified an organizing committee and held community dialogues to identify concerns of community. It also organized pre-meeting discussions with other stakeholders. The agenda was developed through this participatory process, and included the state of HIV treatment, care and support; ending

3. Southeast Asia Case Studies – Engaging Government

stigma and discrimination in healthcare settings; current findings from ongoing research studies; and updates from the NAP, UN agencies, and INGOs working on HIV in Myanmar.

The format of the Forum included large information sessions and smaller group discussions. The plenaries with all participants were useful in closing the communication gap between PLHIV, NAP, and other stakeholders, while the smaller sessions allowed participants to share and discuss their experiences and develop solutions. All the Forum proceedings were recorded with the consent of participants. On the last day of the Forum, all participants including NAP agreed upon a set of collective recommendations that served as the basis for MPG's public statement of commitments.

After the Forum ended, the MPG organizing committee shared all proceedings including the public statement of commitments with NAP, the Ministry of Health and Sports, and other stakeholder who had participated in the gathering. Wanting to engage government partners and to ensure their accountability, the MPG decided that the public statement of commitments, which called on the government to stigma and discrimination against PLHIV in public and private healthcare settings should serve as powerful advocacy tool.

The MPG shared the public statement of commitments in different gatherings including the antiretroviral treatment (ART) review meeting, HIV technical strategic group meeting, and the Myanmar Health System Coordinating meeting. NAP agreed to include recommendations from the Forum in its National Operational Plans and Guidelines as well as in the new draft HIV Bill.

The public statement of commitments served as a powerful advocacy tool for MPG to hold government accountable and to bring about effective changes that the community was seeking. A member of MPG member stated that, *"The 2016 Forum developed a public statement as an advocacy tool. The public statement addressed discrimination in healthcare setting and recommended that the government enact HIV Law to protect rights of PLHIV, and that healthcare services develop operation plans for reducing stigma and discrimination against PLHIV and key populations."*

Advantages

- Systematic process for collection and documentation of issues through regional representatives that served as a basis for developing the sessions at the Forum.
- Engaged and inclusionary participation of all stakeholders through the Forum strengthened relationships and ensured full support of government officials such that public statement of recommendations was politically palatable.
- Understanding of the political and legal context and national policies around HIV and international guidance allowed for strategic alignment of the Forum and positioned the community to suggest transformative changes through the National Strategic Plan on HIV/AIDS.
- Smart use of every opportunity and platform for advocacy exposed issues of PLHIV and the commitments made at the Forum.

Challenges

- While the community received pushback from conservative government officials who viewed people living with HIV and key populations as unworthy of equal treatment and dismissed their demands, MPG was able to counter their efforts through cultivation of sympathetic officials as long-term supporters.
- It was difficult to balance the competing issues of concern and interest across stakeholders to develop the agenda.
- Since more than 200 participants attended the Forum, MPG had to consistently explore where to find resources to ensure that representatives from different parts of the country could participate.

Risk Evaluation

- MPG had to assess whether it could hold such a forum, given the administrative procedures and political challenges in Myanmar.
- MPG had to brief the community especially those from key populations on making public statements that could potentially put them at risk with government officials.

Lessons Learned

- **Taking time to build consensus across different stakeholders.** MPG used various channels for ensuring that everyone attending the Forum had participated in the development of the agenda and had a role at the meeting. Through its pre-meetings of stakeholders it ensured inclusion and meaningful participation of communities, government and other officials, and other stakeholders.
- **Turning recommendations into an advocacy tool.** MPG was able to take the proceedings from the Forum and turn them into a publicly accountable tool of commitments. This advocacy strategy was powerful given that it was based on evidence and information discussed at the Forum. The public statement of commitments also led MPG to prepare plans for monitoring commitments.
- **Using a range of platforms for dissemination of public statement of commitments.** MPG mapped out upcoming events and effective channels to reach key target groups for distribution of the public statement. Because of the public statement of commitments, agreed upon and backed by NAP, made it easier to monitor government accountability in the HIV response.

4. The Basics on Partnerships for Change

In this section, we share our partnership framework based on our learning from KIPICI and our recent experience of training participants from over 20 South Asian HIV organizations who attended a two-day partnership workshop.

The main goal of the training was to address a simple question raised by one of the CBOs attending the workshop: *“CBOs are often told that it is important to establish strong partnerships between government and civil society, that a strong unified voice is more impactful. But we are not told how ‘exactly’ to make this partnership. How to reach out to the right stakeholders? How to collaborate with other CBOs that are sometimes our competitors?”*

Partnerships between CBOs, even those that share common interests or work on similar issues, can be difficult to manage. Partnerships require clear communications, transparency in decision-making, commitment by all partners, definitions of roles and contributions, and mechanisms of accountability. When resources are involved, it becomes even more critical to clarify processes and share deeper motives for collaboration to sustain partnerships. AC has outlined steps for developing partnerships for CBOs to consider based on its experience.

4.1 Steps to Partnering

The very first step to partnering on any advocacy is to consider WHY are you partnering? Answer the following questions:

- Do you need to partner with legal organizations to provide legal analysis and advice on your advocacy?
- Are you looking to deliver a relationship with a media organization to increase pressure on national governments and to ensure your issue is kept on the agenda?

4. The Basics on Partnerships for Change

- Is there a CBO who does similar work as you and could you work together for bigger impact?
- Can an academic institution help you research the situation your community is facing and provide recommendations for more supportive policies: to research specific advocacy issues and provide additional evidence?
- Are there regional or international organizations who would be able to open more channels for you community to raise their issues and propose solutions?

Once you have decided why you are partnering you need to narrow down what partnerships need to be established or maintained, identify goals for each partnership as well as the desired contribution (resources, money, time, staff, skills, expertise, advocacy/ influence) and how you plan to measure the partnership. You can use a simple table to organize contribution of each partner, and focal points for each.

	Goal of the advocacy			
	Current Contribution of Partner	Desired contribution	How is it measured?	Partnership lead (who/ contact)
Partner A				
Partner B				
Partner C				
Partner D				
Partner E				
Advocacy Partnerships				

Table 1: Partner Contribution and Focal Points

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However, prior to working together you need to agree to common principles such as the following:

- **Equity** because it leads to **Respect**: for the added value that each party brings.
- **Transparency** because it leads to **Trust**: with partners that are willing to innovate and take risks.
- **Mutual Benefit** because it leads to **Engagement**: more likely to sustain and build relationships over time.

There are four main stages of the partnership cycle (figure below):



Diagram 1: The Partnering Cycle
(adapted from: *The Partnering Toolbook*)

4. The Basics on Partnerships for Change

Sustaining and Maintaining Partnerships

To sustain and maintain the partnership, CBOs should ensure the following:

- Make sure there is no overlap or duplication in the work.
- Try to focus on achieving your own goals as set out in the partnership; don't overly focus on your partner's progress or perceived weakness.
- Be transparent, commit to decision once they have been made.
- Document both the final decision and how you got to the decision.
- Communicate vital information, quickly and often especially if changes arise.
- Focus on mutual benefit of the partners rather than your self-interest. Be very clear what is your self-interest and what is beneficial for all involved.

Above all be flexible but don't compromise on your overall shared goal and understand organizational limitations.

5. Conclusion

There were several common advocacy strategies that emerged from these case studies, which included:

- Identifying a problem or an issue
- Collecting or using existing evidence to measure the problem
- Mapping out potential interventions (tactics)
- Developing a clear plan of action and activities
- Using existing platforms or low-cost solutions
- Assessing strengths, weaknesses and risks to the community
- Preparing concise messages and desired outcomes
- Identifying targets for pressure
- Monitoring and evaluating progress

These examples also illustrated that practical solutions and meaningful changes required collaboration and partnerships between different stakeholders.

In almost every case study, it was important to recognize the social and political context and limitations placed on advocacy. CBOs worked together in partnership with those they identified as their targets and developed mutual solutions. They refrained from being labeled as 'radical' activists and acting against the state. Instead, they used existing state mechanisms and processes to create frameworks of accountability.

AC has been privileged to nurture and to provide support including limited financial resources to grassroots CBOs to implement their advocacy projects. As these case studies point out, there is no single pathway but many journeys in advocating for changes in policies and practices.

Annex: Key Terminology

Advocacy Asia Catalyst defines advocacy as "a set of tactics aimed at influencing power-holders to make changes to policies, laws and practices. Some advocacy tactics include pursuing litigation, appealing to higher standards such as ethics or international law, harnessing the power of the media, and mobilizing community power". Advocacy activities may include lobbying and collaborating with local authorities, conducting dialogues with relevant stakeholders, raising awareness, or educational workshops. Advocacy refers to any and all forms of activities and communication that the CBOs engage in, which have specific change as the objective.

Coalition A group of organizations and/or individuals who work together temporarily to achieve a specific advocacy goal.

Community People served by an organization and/or those who will be impacted by an advocacy or other organizing outcome, for example, people served by a health clinic or a segment of the population in need of healthcare.

Community-based organization A civil society group that operates within a specific community or groups of communities, with members of the community in decision-making positions.

Lobbying To attempt to influence or sway someone, such as a public official, to take desired action.

Objective A measurable achievement; a step towards attaining a larger goal.

Stakeholder Any person who has direct interest in the outcome of an activity.

Strategy A broad plan of action based on a theory about how best to influence people to achieve your goal. A strategy is based on an analysis of the conditions, the strengths and weaknesses of people who need to be influenced, an organization's strength and weaknesses, and the allies who can be mobilized to support the goal. A strategy is made up of several tactics.

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Tactic One strategic action specifically aimed at influencing a person or institution to change their policies or practices. Tactics build on each other to create an advocacy campaign focused on a larger goal.

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