

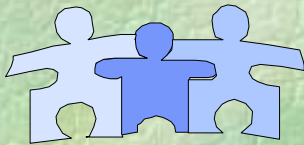


POLICY/Ukraine will identify barriers that PLWHAs face in accessing health care and other social services. A PLWHA focus group will help POLICY determine the key problems PLWHAs have in accessing health and other social services.

Pending USAID Mission approval, POLICY will use the findings to select and compare relevant Ukrainian laws with the provisions demanded by international human rights accords and UNAIDS documents. POLICY and local counterparts will then identify laws that should be modified, deleted, or added to Ukraine's legislative code.

POLICY will share the focus group findings and legal review with NGO networks to strengthen their advocacy efforts. POLICY will also hold a policy dialogue roundtable with policymakers and NGO representatives to engage them in working together for policy change.

POLICY will collaborate with a local lawyer's association to conduct human rights-based training for NGO representatives and POLICY's local staff. This training aims to empower NGOs and their contacts to remove social and legal barriers to health care and other social services.



The Human Rights Working Group ~

www.policyintranet.com

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POLICY



Human Rights

Working Group

Why are human rights important to the POLICY Project?

A human rights approach helps POLICY identify specific human rights relevant to reproductive health or HIV/AIDS vulnerability. Human rights provide internationally accepted standards for quality FP/RH/MH/HIV/AIDS services.

For further reference, see Human Rights Incorporation Document
<http://www.policyintranet.com/Groups/index.cfm?Topic=HRW>

A Practical Human Rights Approach

- 1) Analyze data
- 2) Identify national norm/policy
- 3) Compare with human rights standard
(find discrepancies)
- 4) Develop human rights solution
- 5) Propose new rights-based policy, and
advocate for adoption
- 6) Report results according to IRs



The following countries have taken the lead in using the human rights approach to promote policy priorities, encourage advocacy, justify resource allocation, or improve training. The Human Rights Working Group (HRWG) has helped by reviewing workplans, assisting with reviews of legal and social norms, and identifying international human rights treaties to which countries are parties.



Country Example: POLICY/ETHIOPIA



The POLICY Project in Ethiopia works on HIV/AIDS issues in a difficult policy environment and in an atmosphere where stigma and discrimination are rampant. The POLICY Project field staff therefore made human rights initiatives a priority.

POLICY convened a series of meetings with other local and international agencies active in HIV/AIDS and human rights. These partner organizations and POLICY/Ethiopia formed an HIV/AIDS and Human Rights Technical Working Group (TWG) and developed a scope of work for future activities. The TWG submitted its workplan to the POLICY Project Human Rights Working Group for review and suggestions.

In designing its workplan, the TWG examined the UNAIDS *Protocol for the Identification of Discrimination Against People Living with HIV*. The Protocol recommends conducting a legal analysis to understand the sources of discrimination against people living with HIV/AIDS (PLWHAs). POLICY/Ethiopia will support the TWG to hire a consultant, perhaps from the Ethiopian Women Lawyers Association, to assess Ethiopia's human rights, legal, and regulatory frameworks on HIV and AIDS.

POLICY/Ethiopia also has looked at reports from Ghana and Zambia on how to gather data about stigma and HIV/AIDS. The TWG and POLICY will support a consultant and two Ethiopian organizations of PLWHAs to design a questionnaire for community-level informant interviews on social norms, stigma, and HIV/AIDS.

The TWG will use its assessment of human rights and HIV/AIDS legal and social norms to create training programs and propose policy revisions.

Country Example: POLICY/EGYPT

POLICY recognizes that domestic violence significantly impairs the health of women in Egypt. POLICY/Egypt wished to strengthen local NGOs to address violence against women.

POLICY/Egypt researched the *Programme of Action* of the 1994 International Conference on Population and Development. POLICY also reviewed Egyptian legislation relevant to women's reproductive rights and domestic violence, Egypt's Constitution, and the Islamic Sharia. POLICY examined how these legal norms are operationalized at the national level and how legal norms interact with traditional norms.

POLICY/Egypt's country director then met with the HRWG for comments on its research. The HRWG gave POLICY/Egypt suggestions to enhance its review of legal and social norms and identified international human rights treaties to which Egypt is bound.

Based on its human rights analysis, POLICY/Egypt is advocating for a Counseling Office for Women's Reproductive Rights. This office will raise women's awareness about their existing legal rights and remedies to domestic violence.

Country Example: POLICY/PERU



POLICY/Peru analyzed data demonstrating a younger age of sexual initiation and an increase in sexual activity among Peruvian adolescents. POLICY then considered standards articulated in the Convention on the Rights of the Child (CRC) and realized that Peru must recognize adolescents' ability to make their own decisions regarding sexual and reproductive health. The Peruvian Programmatic Norms of Family Planning established age 16 as the minimum age at which adolescents could access family planning services. This requirement failed to recognize the need for sexually active adolescents younger than age 16 to access family planning information and methods.

POLICY/Peru then compared the Peruvian Code of Children and Adolescents with its Venezuelan equivalent, the Organic Law for the Protection of the Child and Adolescent. The Venezuela law specifies that adolescents older than 14 years of age have the right to ask for and receive family planning services.

Finally, POLICY/Peru is advocating to Peruvian policymakers to establish 14 years as the minimum age at which adolescents could access family planning services; a change consistent with the CRC.