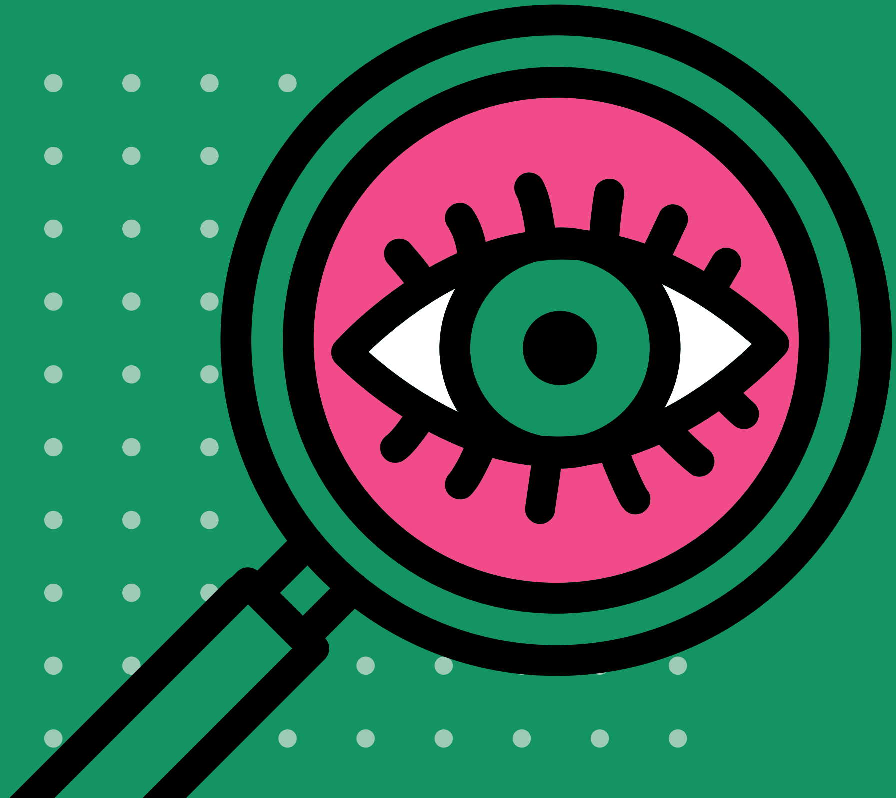
FRONTLINE AIDS

ENDING AIDS WITH EVIDENCE: USING DATA TO ADVOCATE FOR HEALTH AND HUMAN RIGHTS

A TECHNICAL GUIDE FOR COMMUNITY-LED AND CIVIL SOCIETY ORGANISATIONS

JANUARY 2026



ABOUT FRONTLINE AIDS

Frontline AIDS ('the Charity') is registered with the Charity Commission for England and Wales. The Charity functions as the coordinating body for our partnership, connecting and convening organisations and galvanising action on AIDS by identifying and fostering innovation, sharing knowledge and learning, building sustainable community systems, delivering community-led programmes and maximising the effectiveness of the partnership (referred to throughout this report as 'the Frontline AIDS partnership', 'the global partnership' or simply 'the partnership').

Frontline AIDS
Brighton Junction
1a Isetta Square
35 New England Street
Brighton
BN1 4GQ
United Kingdom

Tel: +44 1273 718 900
Email: mail@frontlineaids.org

Registered charity number
1038860

frontlineaids.org

ACKNOWLEDGEMENTS

Authors & contributors:
Eunice Mueni (Lead Author; Consultant), Oratile Moseki (co-author and Technical Lead); Alice Young, Fionnuala Murphy, Layla Ismail, Nadiia Semchuk, Rochana Mitra, Sarafina Molapisi, Thota Maheshwari.

Editor: Hester Phillips

Designer: Michael Lusaba

REAct is available to any organisation wishing to set up and implement it. Contact the REAct team at: REAct@frontlineaids.org

For more information on REAct and on HIV and human rights, visit:
https://frontlineaids.org/were-on-the-frontline-of/human-rights/

CONTENTS

ACRONYMS

ANCS	Alliance Nationale Contre le SIDA
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
CLM	Community-led monitoring
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer/ questioning
NGO	Non-governmental organisation
OST	Opioid substitution therapy
REAct	Rights – Evidence – ACTion
SRH	Sexual and reproductive health
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS

SECTION 1.0

INTRODUCTION

The HIV epidemic will not end until human rights are respected and upheld.

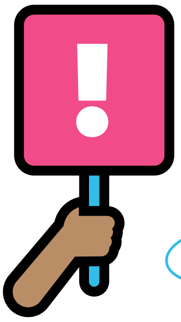
Inequalities that underpin stigma, discrimination, violence and HIV-related criminalisation are a major reason why the 2025 global HIV targets were missed, according to UNAIDS[1]. These inequalities are why millions of people are still unable to access the HIV prevention and treatment that they need, and hundreds of thousands of people are dying of AIDS-related illness each year. For over three decades, Frontline AIDS has supported communities to fight for human rights and promote justice, holding perpetrators, institutions and governments to account by using evidence . **We therefore welcome the UNAIDS' 2026 - 2031 strategy, which continues tocall on governments, development and financing partners, communities, global technical leaders and policymakers to identify and remove social and structural barriers to the HI response.**[2]

But this must go further. General data on barriers impacting the communities most affected by HIV, and on human rights barriers specifically, is critically insufficient. This lack of data means there is not enough evidence about the structural and systemic barriers that marginalised people, such as sex workers, people who use drugs, men who have sex with men and LGBTQ+ people and other key populations[3] experience when they try to access HIV-related services and support. We need this evidence to inform the changes that must take place to meet the global HIV targets that will end AIDS. Many of these targets rely on the removal of rights-related barriers experienced by marginalised people in accessing HIV services.

---

1. UNAIDS, Overcoming disruption, transforming the AIDS response — World AIDS Day 2025 report, page 7, (2025). Available at: *https://www.unaids.org/en/resources/documents/2025/2025-WAD-report*.
2. UNAIDS PCB, UNITED TOWARDS ENDING AIDS: THE GLOBAL AIDS STRATEGY FOR 2026–2031, (2025),
3. As this guide is about data, the term 'population' and 'key population' (meaning a population group most affected by HIV) are sometimes used. But it is important to note that people are affected by HIV because they are marginalised not because they are part of a certain population group.

Without this data we cannot track the nature, extent and impact of human rights barriers on HIV-related public health outcomes. We are missing information with which to inform our HIV responses and cannot back up our advocacy with the evidence needed to demand duty bearers to act and be accountable. However, we also know the data can't do all the work – we need to know how to translate the data into evidence that can be used effectively to inform decision makers that are willing to change, and demand change from those who don't.



WE NEED DATA ON MARGINALISED COMMUNITIES NOW

Many countries collect data on the general population. Examples include the national census, population surveys, administrative and service provision data, and population projection data. Yet this data often lacks indicators that acknowledges the existence of marginalised communities, let alone monitoring their human rights. **Even in the public health sector where marginalised populations are disproportionately impacted by HIV and where it is known that social and structural barriers are impeding access to HIV-related services, data on rights-related barriers is still lacking**.

THE DATA GAP

Even the most basic data on communities most affected by HIV is missing.

A review of evidence collected in 123 low- and middle-income countries between 2001 and 2017 found that:

→ **75%** did not have any HIV prevalence data **for transgender women**

→ **50%** did not have any HIV prevalence data **for people who inject drugs**

→ **20%** did not have any HIV prevalence data **for men who have sex with men**

→ **20%** did not have any HIV prevalence data **for sex workers**

→ **40%** did not have any HIV prevalence trends **for sex workers and men who have sex with men**

→ **Two-thirds** did not have adequate HIV prevalence data to **inform national or local HIV key population programmes**[4]

Over the last decade, there have been significant efforts to improve data in this area. In some contexts due to advocacy by Frontline AIDS and our partners. However, **community-led monitoring presents a powerful and critical data source where gaps remain, and helps to demonstrate the need for greater integration of marginalised population data into existing population-level data sources**. Rights – Evidence – ACTion (REAct) is central to this work. Developed by Frontline AIDS, REAct is a human rights monitoring intervention that is used by community-led and civil society partners to:

---

[4] Garcia, A. et al. (2020), 'Availability and Quality of Surveillance and Survey Data on HIV Prevalence Among Sex Workers, Men Who Have Sex With Men, People Who Inject Drugs, and Transgender Women in Low- and Middle-Income Countries: Review of Available Data (2001-2017)' in JMIR Public Health Surveillance, 6 (4), e21688, as cited in Zhao, J. / The Global Fund (17 December, 2020) 'Data saves lives. To end HIV, we must improve key population data collection now' [web article, accessed November 2021], available at *www.theglobalfund.org/en/blog/2020-12-17-data-saves-lives-to-end-hiv-we-must-improve-key-population-data-collection-now*.

→ **Document human rights-related barriers** to accessing HIV and health services experienced by marginalised communities

→ **Respond to individual cases**, so that the person experiencing these barriers receives support, in the form of direct services or by being referred to a network of service providers

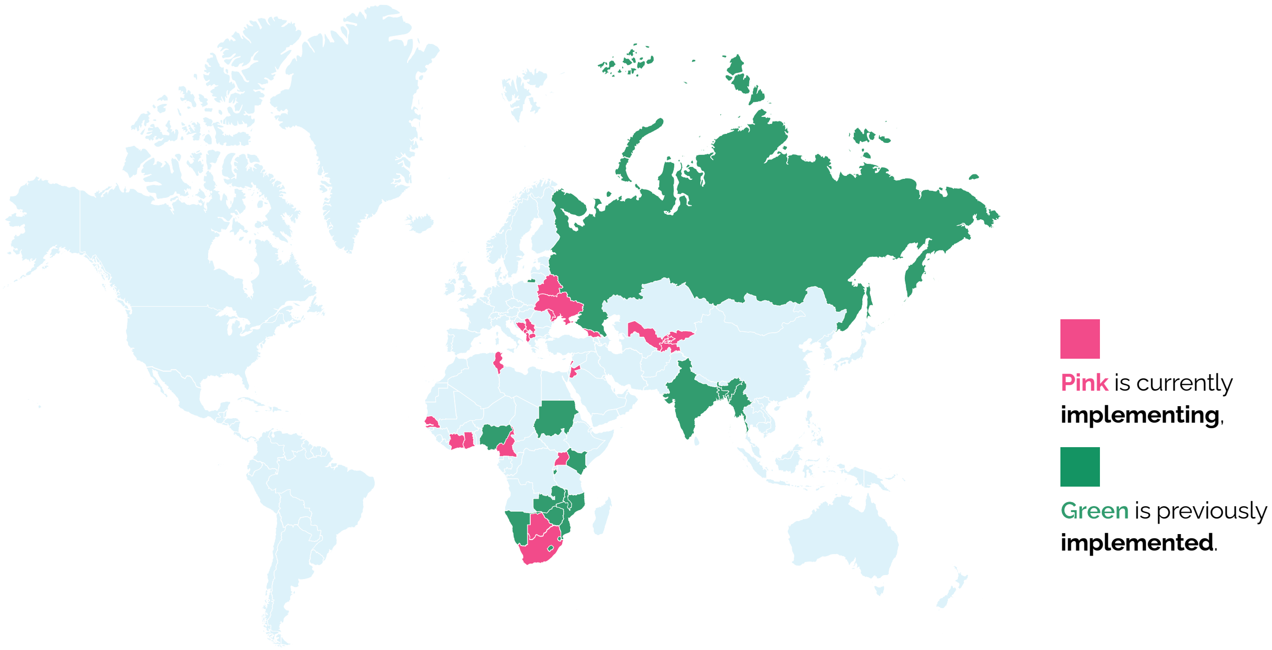
→ **Guide human rights programming** through the use of real-time data

→ **Advocate for improved programmes, policies and laws** at national, regional and global level

Since it began in 2013, REAct has been implemented by 140 community-based organisations in 31 countries in Africa, the Middle East, central Asia and eastern Europe.

> ”
> **LAMBDA HAS A SEAT IN DIFFERENT COORDINATION PLATFORMS AT THE PROVINCIAL AND NATIONAL LEVELS. HAVING THIS [REACT] DATA WILL EMPOWER US TO COME TO THOSE SPACES WITH EVIDENCE AND ADVOCATE FOR CHANGES TO BEHAVIOUR, POLICIES OR LAW, REDUCING HUMAN RIGHTS VIOLATIONS WITHIN THE LGBTQ+ COMMUNITY.”**
>
> LAMBDA, Mozambique

Figure 1 **shows countries where REAct has been used**



5. Frontline AIDS (2021), Rights and REActions: results and lessons learned from REAct. Available at https://frontlineaids.org/wp-content/uploads/2021/09/Rights-and-REActions-results-and-lessons-from-REAct_Sep2021.pdf

1.1. WHAT IS THIS GUIDE ABOUT?

This technical guide will show you how to use the growing wealth of human rights data being gathered by REAct implementers and through other community-led monitoring systems to drive accountability and ignite reforms that will advance the health and rights of marginalised communities most affected by HIV.

We know from existing REAct findings that community-gathered data on human rights, integrated into programmes and advocacy efforts in the right way, communicated to the right influential target groups, can and DOES drive change.

It is on these promising results that Frontline AIDS has built this guide with REAct partners. It has been designed to ensure that civil society organisations have evidence to back up their advocacy for HIV programming, policy and law reforms – and know how to use it effectively.

> **"REACT GIVES US THE OPPORTUNITY TO HAVE A CONVERSATION WITH NATIONAL STAKEHOLDERS LIKE THE MINISTRY OF HEALTH BECAUSE WE HAVE A DATABANK OF INFORMATION FOR EVIDENCE-INFORMED ADVOCACY. THEY CAN'T IGNORE THE FACTS. IT OPENS THE DOOR TO CONVERSATIONS ABOUT THE DECRIMINALISATION OF LGBTQ+ PEOPLE, SEX WORKERS AND PEOPLE WHO USE DRUGS."**

Richard Lusimbo,
REAct champion and community health rights activist, Uganda

SCENARIO

Moldova: Using REAct data to advocate for city-level changes[6]

In the city of Orhei, 27 cases were recorded of people who use drugs having to travel to a city 50km away every day for opioid substitution therapy (OST).

Using this evidence, negotiations were launched with the Ministry of Health about opening an OST site in Orhei.

The Ministry has now committed to providing this service, and advocacy is on-going for it to be implemented.

[6] ibid

In many countries, LGBTQ+ people, men who have sex with men, sex workers and people who use drugs face heavy legal and social sanctions, and their very existence is often denied. This makes it difficult for marginalised people to report rights violations through official channels or even appear in official statistics.

Findings from REAct data shows that it is duty bearers – the very people who are accountable for upholding rights – who are often the biggest perpetrators of rights violations against marginalised people.

The lack of official data stops the HIV response from understanding the nature, extent and impact of systemic, structural and social human rights barriers to HIV-related services.

It also prevents us from monitoring progress and holding duty bearers to account to the commitments they have made to remove these barriers, including ensuring, first and foremost, that they themselves are not violating people's rights.

It is precisely this vicious circle that community-led monitoring (CLM) and data gathering programmes such as REAct are seeking to break. REAct and other CLM data on human rights in the context of HIV shows us who is most affected by rights violations, who the perpetrators are, and the nature and impact of these violations on health.

This data forms the basis for the evidence that is needed to make duty bearers accountable for removing these barriers, effectively and sustainably, on a large scale.

SCENARIO

How the data gap is being used to stall the realisation of LGBTQ+ rights in Kenya

In 2019, efforts in Kenya to repeal anti-homosexuality legislation faltered when civil society organisations were told by the judge that they had inadequate evidence for their advocacy asks.

Community-led data about the human rights of the LGBTQ+ community and the impact it has on HIV and public health more widely could help to re-open dialogue with legislators and the judiciary about why decriminalising homosexuality is in everyone's interest.

It is crucial that this data is gathered by communities for communities because marginalised people are understandably more likely to share and entrust their stories to the community-led and community-based organisations that support them.

1.2. WHO IS THIS GUIDE FOR?

This guide is for civil society organisations and activists that areadvocating for rights-responsive HIV, TB and sexual and reproductive health (SRH) programmes, and for rights-based policy and law reform. It will show you how to translate community-generated data into evidence that can inform and guide each stage of your advocacy and substantiate claims and demands made in advocacy messaging.

Throughout the guide you will find real-world examples and practical checklists that will show you how to use rights-related data to achieve your advocacy goals. The illustration of the data management cycle below shows the process in which data is gathered, with an emphasis at the beginning of the cycle on clarifying advocacy goals and how data will help to achieve these, and then later in the cycle on translating that raw data into effective evidence for advocacy.

This guide starts at the point where data has already been gathered. It provides implementers with technical guidance on the principles and practices of applying their data to formulate evidence that they can use in advocacy. To understand more about steps A, B and C, which you will need to take to gather data, read the data gathering guides on REAct's website.

Figure 2: **Data for advocacy management cycle**

1.3. UNDERSTANDING THE DATA LANDSCAPE

1.3.1 WHAT IS DATA?

Data is a collection of facts, such as numbers, words, measurements, observations or just descriptions of things that, when taken together and analysed, describe the characteristics of something. Data is raw, unprocessed facts. Data can be quantitative, or qualitative.

Quantitative data expresses information that can be counted. It is used to answer questions such as 'How many?', 'How often?', 'How much? and 'What proportion?' It is often collected using surveys, case records and administrative data. An example of quantitative data is the number of human rights violations reported within a month.

Qualitative data describes information or the quality of something, and usually focuses on individuals' experiences or contextual factors (human stories). It is used to answer questions such as 'Why?', 'What for? and 'How?' It is often collected through observations, interviews, focus groups and case studies. An example of qualitative data is descriptions by sex workers of police harassment.

Quantitative and qualitative data work hand-in-hand. Together they can tell you how much of a thing is occurring, and the quality of that thing. For instance, the number of people (quantitative) who are experiencing discrimination (qualitative).

Indicators are the building blocks, or measures, of data. Indicators are often used to assess changes or track progress against goals and targets. They can be qualitative or quantitative and can be combined with other indicators to provide a more complete picture of the overarching goal.

Quantitative indicator	**Qualitative indicator**
Number of people reporting abuse	What are the profiles of the people reporting the cases?
Number of perpetrators	What are the profiles of the perpetrators committing the abuses?
Number of people who received a referral for a service	What kinds of services are people requesting?

1.3.2 HUMAN RIGHTS INDICATORS: FACT-BASED AND JUDGEMENT-BASED[7]

Human rights indicators are often categorised as either fact-based (objective) or judgement-based (subjective). Fact-based indicators are ones that can be directly observed or verified. Indicators that require you to give an opinion, express a perception, make a judgment or describe a feeling are subjective indicators.

The difference between the two categories is important because subjective indicators are often considered to be debatable, whereas objective indicators are generally viewed as observable facts. Human rights data is particularly interesting because the indicators can be expressed as both objective and subjective.

It is important that the formulation of our indicators gives us the best opportunity to create the strongest evidence that we can. We can make our subjective indicators strong by documenting observable facts related to them, which back up the judgment made in the subjective indicator.

---

[7] Office of the United Nations High Commissioner for Human Rights (OHCHR) (2012), *Human Rights Indicators: A Guide to Measurement and Implementation*. Available at www.ohchr.org/Documents/Publications/Human_rights_indicators_en.pdf

For example, if someone is hit by a police officer, the physical act of hitting is a fact that can be observed and cannot be debated, so it is an objective indicator. But there is also a way to document this fact using a subjective indicator – the person who has been hit describes the hitting as a breach of their safety and security, whereas the police officer may say that they were acting within the law when they hit the person.

Examples of objective indicators (Observable fact)	Examples of subjective indicators (Judgment call)
Age of client	Reason for not accessing a service
Where the incident took place	Client believes they were discriminated against (YES/NO)
Type of perpetrator	Did client consider the conduct to be a physical, mental or sexual assault?
Marginalised community the client identifies as belonging to	Were rights breached?
Police hit client (YES/NO)	Client was discriminated against (YES/NO)
Case was reported (YES/NO)	

1.3.3 WHAT IS EVIDENCE?

Evidence is the meaning that is generated when raw data is interpreted. When we interpret the data and draw conclusions it becomes evidence, which we can use to justify or support a point of view, an argument or an opinion[8].

Given that meaning is subjective, it is possible that the same data source can be used to establish different conclusions, resulting in different evidence. As activists, it is a powerful thing if we can apply our evidence to strengthen our advocacy arguments.

Data findings (Whats it is)	Evidence (What it means)	Advocacy message supported (What you want)
In year one, 2,000 sex workers reported cases of abuse	In year two, 4,000 sex workers reported cases of abuse	Sex workers' rights need to be protected and we need more support to deal with the human rights abuses they face
The number of cases has doubled in one year	There is a significant increase in reports of human rights abuses amongst sex workers	

---

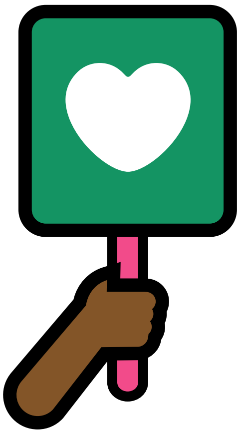
[8] Dammann, O. et al. (2019), 'Data, Information, Evidence, and Knowledge: A Proposal for Health Informatics and Data Science', *Online Journal of Public Health Informatics*, 10 (3), e224. *https://doi.org/10.5210/ojphi.v10i3.9631*

1.3.4 WHERE CAN WE GET HUMAN RIGHTS DATA FROM?

You can compare your community-gathered data against other human rights data to 'sense-check' what you have collected, or to help bolster or strengthen the credibility of your data.

SOURCES OF HUMAN RIGHTS DATA

- **Socio-economic and administrative statistics**, such as administrative data, statistical surveys and censuses
- **Perception and opinion surveys**
- **Expert judgments**
- **Events-based data:** This is data about an event or incident. It usually includes information about the kind of human rights violations, the individuals affected and the perpetrators. The data sources may include testimonies from the person affected and third parties, like witnesses.



REACT IS A SOURCE OF EVENT-BASED DATA!

COMMUNITY-LED AND COMMUNITY-GATHERED HUMAN RIGHTS DATA

This is data that individuals, communities or their organisations produce to directly monitor what is happening, and to demand or drive change on issues that affect them[9]. CLM data is targeted, constantly updated and context-specific, and can be used when official statistics do not exist.

It can be used to recognise, report and respond to human rights and gender barriers that are weakening programmes and systems, and for evaluating the level of access that specific communities have to health, social, legal and other services. CLM data sends a message to others that human rights violations against marginalised communities are unacceptable, are being documented and will be challenged.

Given the smaller scale on which it is collected, CLM data cannot provide large-scale evidence. However, it is not the aim of community-led data to provide a representative picture of an entire population. Its aim is to focus on a specific issue that is of interest to a specific community.

Because community-led data may be produced in ways that depart from established conventions to obtain quality, verifiable data that is compatible with other data sources and systems, its credibility is often questioned. Policymakers may argue that it is not good enough to inform policy[10], a situation that the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) describes.

---

9. Civicus (Data Shift) (2015), *The Data Shift: What is Citizen-Generated Data And What Is The Data Shift Doing To Promote It?* Available at http://civicus.org/images/ER%20cgd_brief.pdf

10. Global Partnership for Sustainable Development (2018), *Advancing sustainability together? Citizen-generated data and the Sustainable Development Goals*. Available at www.data4sdgs.org/sites/default/files/services_files/Advancing%20Sustainability%20Together%20CGD%20Report_1.pdf

> **WE REALISED THAT IF WE USE ONLY COMMUNITY-LED DATA, PARTICULARLY WITH GOVERNMENT, THEY SEEM NOT TO BUY IT… THEY SAY THAT 'WE WANT MORE COMPREHENSIVE RESEARCH THAN WHAT YOU ARE BRINGING US, THESE ARE JUST STORIES OF PEOPLE WHO ARE DISGRUNTLED BECAUSE OF VARIOUS REASONS'… SO ISSUES ABOUT DATA CREDIBILITY AND BELIEVABILITY… HAPPENS OFTEN BECAUSE WE BRING CONTROVERSIAL ISSUES…"**

BONELA, Botswana

However this is not always the case. In fact, CLM data can be used to successfully advocate for improving the quality of, and access to, health, social, legal and other services, as BONELA has also found:

> **"IN 2014 WE TOOK GOVERNMENT TO COURT FOR DENYING FOREIGN PRISONERS ACCESS TO HIV SERVICES, INCLUDING ARV TREATMENT, ON THE BASIS THAT THEY ARE FOREIGNERS AND DO NOT QUALIFY FOR FREE ARV TREATMENT…WE WON, AND IT BECAME LAW THAT FOREIGN PRISONERS SHOULD HAVE ACCESS TO ALL HEALTH SERVICES INCLUDING HIV TREATMENT. THAT CAME FROM US DOCUMENTING CASES FROM PRISONERS WHO COULD NOT ACCESS ARV TREATMENT IN HEALTH FACILITIES…"**

BONELA
Botswana Network on
Ethics, Law and HIV/AIDS

Community-led data can also highlight issues that can then be investigated using conventional research methods to gain more insight.[11]

SCENARIO

Moldova: Using REAct data to advance the rights of people living with HIV

Despite national laws in Moldova that prohibit all forms of employment discrimination, 20 cases were collected about people living with HIV being discriminated against in work situations.

One of these was selected for strategic litigation, with the client represented by a lawyer from Positive Initiative, the REAct coordinating organisation.

The case was won and the client was reinstated in their workplace, with compensation for material and moral damages. The case received widespread media attention, including on mainstream television.

---

[11] Civicus (Data Shift) and Open Knowledge International (2017), *Making citizen-generated data work: Towards a framework strengthening collaborations between citizens, civil society organisations and others*. Available at https://civicus.org/thedatashift/wp-content/uploads/2017/03/Making-Citizen-Generated-Data-Work_short-report.pdf

1.3.5 TEN REASONS WHY WE NEED EVIDENCE TO INFORM ADVOCACY

1

TO SHOW THAT THE CHANGES WE ARE ASKING FOR ARE JUSTIFIED.

2

TO PROVE THE EXISTENCE OF A HUMAN RIGHTS PROBLEM that is being denied by those with power to change it.

3

TO INFORM, EDUCATE AND INFLUENCE DECISION-MAKERS who are willing to change, and to show irrefutable evidence to force change from those who are reluctant to do so.

4

TO GIVE WEIGHT TO OUR POLICY ARGUMENTS: advocacy that is evidence-driven enhances the technical our legitimacy technical credibility of us as advocates,[12] and it can make our arguments more compelling and convincing.

5

TO STRENGTHEN OUR LEGITIMACY AS ACTIVISTS: DATA ACCURATELY REPRESENTS THE NEEDS, PRIORITIES AND INTERESTS OF OUR COMMUNITIES. This is information that we can use to confirm for ourselves what is really happening in our community. We might have seen or heard about a troubling human rights issue, but before we invest in advocacy, we need to be sure of the nature and extent of the problem.

6

TO INFLUENCE TARGETS FROM A RATIONAL AND AN EMOTIONAL PERSPECTIVE, particularly when qualitative data provides insights into lived experiences. The best kind of evidence-informed advocacy integrates data from different sources and by different actors.

7

TO SHOW HOW A HUMAN RIGHTS PROBLEM IS NEGATIVELY AFFECTING SOMETHING THAT THOSE IN POWER VALUE. Such as, providing government health officials with evidence on the impact of rights barriers on public health outcomes.

8

TO HIGHLIGHT AREAS THAT NEED EXTRA RESOURCES OR FOCUS.

9

TO INFLUENCE MEDIA NARRATIVES AND PUBLIC OPINION.

10

TO BUILD ALLIANCES WITH ORGANISATIONS, INSTITUTIONS AND INDIVIDUALS, AND TO DISCREDIT OR NEUTRALISE OUR OPPOSITION.

---

[12] Overseas Development Institute (2006), *CSOs, Policy Influence and Evidence Use: A Short Survey.* Available at https://cdn.odi.org/media/documents/202.pdf

> **DOCUMENTING HELPS IN ADVOCACY. WHATEVER CHANGES THAT HAPPENED AGAINST ARTICLE 377 FROM THE SUPREME COURT [WHICH DECRIMINALISED HOMOSEXUALITY] HAPPENED BECAUSE OF THE DOCUMENTATIONS WE DID. ANY POLICYMAKER WILL LOOK FOR EVIDENCE, OR WILL LOOK FOR FACTS, OR WILL LOOK FOR SOME INFORMATION IF HE HAS TO MAKE A DECISION.”**
>
> Alliance India

CASE STUDY

Using community-led data to highlight transphobic violence in Latin America and the Caribbean[13]

REDLACTRANS, the Latin American and Caribbean network of transgender people, has created an innovative human rights monitoring mechanism to generate evidence on the alarming levels of violence and other human rights violations trans people experience. It uses a secure online portal to document human rights-related issues affecting individuals. The system is exclusively run by trained personnel in the community-based organisations affiliated to REDLACTRANS and provides valuable quantitative and qualitative evidence for the network and its members, which is used to advance the human rights of transgender people in the region.

In 2012, REDLACTRANS published *The Night is Another Country: Impunity and Violence against Transgender Women Human Rights Defenders in Latin America*[14]. This groundbreaking report documented shockingly high rates of violence against transgender human rights defenders in Latin America, fuelled by widespread violations of transgender people's rights by law enforcement officers with almost total impunity. All the testimonies collected and presented in the report were based on information provided by the data collection system and individual interviews with members.

The report was launched at a series of high-profile policy seminars in Brussels, Geneva, London and Washington, DC in early 2013. These events were the first step in an advocacy campaign (Just Like You, *Igual a ti*) with national, regional and global partners, which called for national gender identity laws similar to Argentina's 2011 *Ley de Identidad de Género* to be introduced across Latin America. By the end of 2013, a number of Latin American countries had agreed to this proposal and were at various stages of passing gender identity legislation.

---

[13] Frontline AIDS (formerly the International HIV/AIDS Alliance) (2014), *Good practice guide: HIV and human rights*. Available at https://frontlineaids.org/wp-content/uploads/old_site/Alliance_GPG-HIV_and_human_rights_original.pdf?1407762153

[14] Available at http://redlactrans.org.ar/site/wp-content/uploads/2013/05/Violencia-e-impunidad-English1.pdf. Also available in Spanish as *La Noche es Otro País: Impunidad y violencia contra mujeres transgénero defensoras de derechos humanos en América Latina*.

SECTION 2.0

SAFEGUARDING WHEN USING DATA FOR ADVOCACY PURPOSES

Often, the information you will be collecting will be of a sensitive or personal nature, so care should be taken not to further increase someone's vulnerability when collecting and using data.

By acknowledging the layers of considerable power imbalances and inequality at play, those collecting data should ensure that people who share their experiences understand and give fully informed consent for their data to be used. The principles of responsible data use, data protection, and ethical and legal considerations should also be employed. There are seven data protection principles that should be taken into consideration:[15]

1. **FAIR, LAWFUL AND TRANSPARENT:** the individual should be clearly informed and aware of how their data is going to be used or shared. Only data with informed and voluntary consent should be used or shared.

2. **PURPOSE LIMITATION:** the proposed use of the data must be clearly defined and explained to the individuals sharing their data, and its use should be limited to this purpose. If there is a need to use this data for other purposes, the person should be informed and their consent for this new use should be obtained.

3. **MINIMISATION:** only data that is necessary and relevant to the stated purpose should be used. Anonymity should be ensured at the time of transcription to remove any individual identifiers. At the same time, we should avoid anonymisation that may distort data or make it unusable, unreliable or misleading.

4. **ACCURACY:** personal data should be accurate, complete, up-to-date, and relevant for the purposes it is meant for. Only use images of an individual(s) to illustrate an issue that is related to them. Care must be taken to ensure that you do not leave out relevant data as this can lead to inaccurate conclusions being drawn. The data used should accurately represent contributors, their stories and their situations, including providing context to avoid stereotyping. Avoid biased representation of a population group; be objective in choosing the stories to tell.

5. **STORAGE LIMITATION:** Personal data should only be kept for the period of time that the data is required for to address the purpose for which it was originally collected and stored. After this, data should be deleted.

---

[15] Privacy International (2018), A Guide for Policy Engagement on Data Protection: The Keys to Data Protection. Available at https://privacyinternational.org/sites/default/files/2018-09/Data%20Protection%20COMPLETE.pdf

6

INTEGRITY AND CONFIDENTIALITY: Personal data should be protected against risks, such as loss, destruction or damage or unlawful or unauthorised access, use or disclosure. The principle of do no harm must be followed, which means respecting, protecting and promoting people's human rights. Use of someone's data should not make them vulnerable or put them at risk of negative consequences, such as reprisals, violence or stigmatisation.

TIP

IN SOME INSTANCES, WELL-INTENDED ACTIONS COULD EXPOSE INDIVIDUALS TO HARM SO IT IS ADVISABLE TO DO A SITUATIONAL ANALYSIS TO HELP IDENTIFY POTENTIAL UNINTENDED OUTCOMES

CASE STUDY

How successful advocacy in Senegal to support men who have sex with men led to a public backlash[16]

In 2002, Alliance Nationale Contre le SIDA (ANCS) made use of study findings that highlighted the extreme levels of violence men who have sex with men in Dakar were experiencing. ANCS used this evidence to engage in public facing advocacy, resulting in commitments from several non-governmental organisations (NGOs) and government institutions to increase their programming for men who have sex with men.

These issues were also included in Senegal's National AIDS Strategic Plan 2007-2011, and representatives from groups led by men who have sex with men were invited to participate in all the major HIV decision-making bodies in Senegal.

Sadly, the increased visibility of men who have sex with men in society led to a public backlash. In 2009, this resulted in nine men who have sex with men being imprisoned, in a high-profile case that attracted international condemnation.

ANCS has since adjusted its approach. Rather than focusing on advocacy that raises the public profile of men who have sex with men, it has joined with several other organisations to focus on behind-the-scenes advocacy and coalition-building.

across Latin America. By the end of 2013, a number of Latin American countries had agreed to this proposal and were at various stages of passing gender identity legislation.

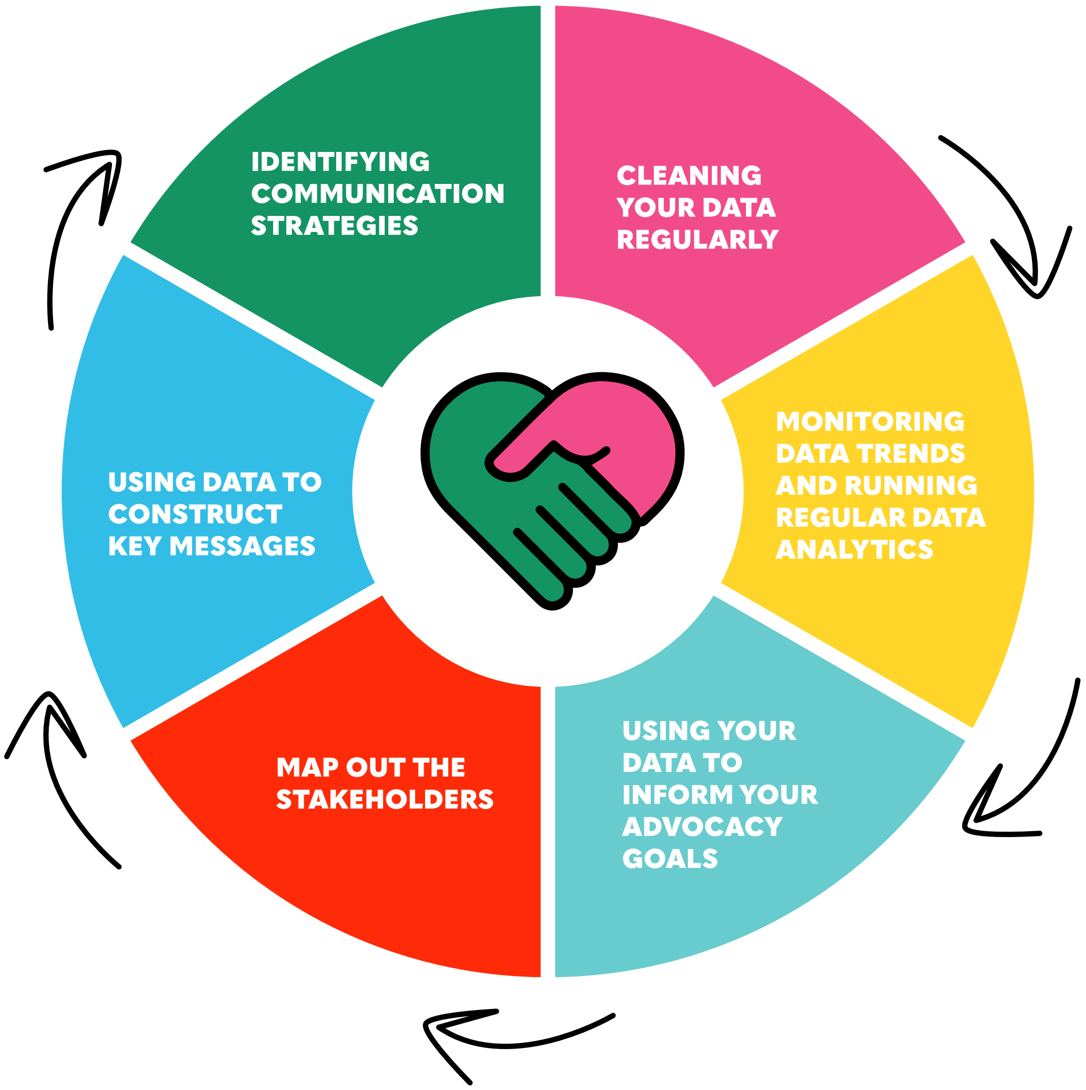
---

[16] Frontline AIDS (formerly the International HIV/AIDS Alliance) (2014), *EMPowerment for Advocacy: the EMPAD Policy Framework for national advocacy by and with key populations*. Available at https://frontlineaids.org/wp-content/uploads/old_site/90667-Empowerment-for-Advocacy-Framework_original.pdf?1405586678

SECTION 3.0

GENERATING EVIDENCE FROM COMMUNITY DATA FOR EFFECTIVE ADVOCACY

Figure 3: **Data for advocacy cycle**



The purpose of this section is to identify various ways in which evidence can be used effectively to inform or support each stage of the advocacy cycle.

Start data analysis with your advocacy-goal in mind. Before we even collect the data, we need to have an idea about what we will eventually want to use it for and construct our data elements to meet these interests. After we have collected the data, we need to know what we want from it, and later we need to think carefully about how to analyse, present and communicate it – and to whom.

Even when exploring the data for any unexpected outcomes or insights, we should be clear about what evidence we are intending to look for, otherwise data analysis can become an infinite and aimless task.

One question can spiral to additional questions and before we know it, we have been diverted from the objective of the analysis.

The following questions will help you keep your analysis on target:

- What is our advocacy about and what kinds of assertions are we making that need substantiating? What issues can be supported and advocated for with the existing data? What goal/decision-making will it facilitate?
- What kind of data do we have – what can we measure, count and describe? (In other words, what kinds of indicators do we have? Are they factual, subjective, quantitative, qualitative?)
- How much data do we have, and is it enough to use as convincing evidence for our advocacy? How much data do we think we need?
- Is our data clean enough? (See Section 3.1 for more on this)
- What other data sources are available that we can collate with our data? This can give us more confidence in our data and improve its credibility among those we wish to influence, or it can help us to refute opposing claims.
- Do we know how to run data analytics, and do we understand the limitations of the technology we have used to gather our data?
- Who needs to be influenced by our data and what do they care about? How will we present the results in a way that will influence them? And who is best placed to present the evidence?
- What communication methods and tools do we have to share the data? What platforms will we use?

3.1. CLEANING AND MONITORING YOUR DATA (STAGE 1)

It is crucial that advocacy messaging is backed up by credible, quality evidence if it is to be trusted by your target audiences.

For your evidence to be credible you have to ensure your data is 'clean' – and you do this by carrying out regular data quality checks.

Data cleaning involves identifying and addressing missing, incomplete and duplicate data; errors (which can be introduced during data entry or when compiling datasets) and outliers (one-off observations where, at a glance, they do not appear to fit within the data you are analysing). There are no absolute steps for data cleaning, as the process varies from one dataset to the next. If your data is clean, the conclusions you draw from it to form your evidence will be accurate. Failure to clean data often results in wrong conclusions.

Data quality refers to data that is sufficient, accurate, reliable, valid and acceptable and serves the purposes for which it was gathered. If data does not meet these criteria, it is not quality data.

Here is some REAct data that we will use to show you how to get the most of your data at different points in the advocacy cycle:

Table 1: **Number of human rights violation cases reported monthly in Kenya through REAct (December 2019 – October 2020)**

Month	Clients registered	Cases reported
2019	1	6
January 2020	10	31
February 2020	19	21
March 2020	6	8
April 2020	26	21
May 2020	23	15
June 2020	33	19
July 2020	23	19
August 2020	29	29
September 2020	14	14
October 2020	14	13
2019-2020	**198**	**196**

Table 2: **Marginalised communities reporting human rights violations in Kenya through REAct (December 2019 – October 2020)**

Population group	Number
Sex worker	30
Men who have sex with men	123
Person who uses drugs	2
Person living with HIV	2
Person living with TB	0
Person with disabilities	0
Prisoner	0
Migrant	8
Other	1

Table 3: **Types of human rights violations reported in Kenya through REAct (December 2019 – October 2020)**

Case incident	Quantity
Denial of protection by the police	
Denial of investigation by the police	1
Denial of health services	7
Denial of legal services	2
Denial of education	
Denial of other public services	3
Killing/attempted killing	1
Violence/physical harm	84
Sexual assault/abuse	12
Excessive use of force by law enforcement	3
Arbitrary detention	2
Torture or cruel, inhumane, degrading treatment in police/prison custody	
Torture or cruel, inhumane, degrading treatment in public health facility	
Gender-based/intimate partner violence	7
Harassment, intimidation	65
Public outing, defamation	17
Other breach of privacy	2
Discrimination because of HIV status	2
Discrimination because of TB status	
Discrimination because of sexual orientation	15
Discrimination because of gender	3
Extortion, blackmail	7
Eviction	12
Employment termination	
Destruction of property	1
Other	33

Table 4: **Perpetrators of human rights violations reported in Kenya through REAct (December 2019 – October 2020)**

Perpetrators	Quantity
Local authority	8
Judiciary	1
Police/law enforcement	25
Military	
Prison service staff	
Public healthcare professional	7
Public educator	
Family	23
Partner	33
Friends	18
Neighbour	26
Religious/traditional leaders	1
State employer	1
Private employer	2
Private healthcare professional	
Business	1
Hate group	9
Unknown	13

Let's look at this data in relation to the basic principles of data cleaning.

Principle 1: Explore the dataset for duplicates or irrelevant observations that do not fit into the specific problem you are trying to analyse.

For instance, in Table 1, there were more clients than the number of cases registered (198 vs 196). For the months April to July 2020, there were significantly more clients than cases. Since we expect that only those who reported violation cases were registered, we don't expect more clients than cases in the dataset, but the reverse may be possible.

This implies that some clients were registered incorrectly. To clean duplicates or irrelevant observations, we go through all indicators to make sure we delete only the irrelevant ones. We have to ensure a duplicate is an exact copy before deleting it otherwise we risk losing data.

Outliers can be deleted if they are clearly the result of a data entry error. But some outliers could be valid and highlight a particular finding within the data set.

For missing observations or indicators, several options could be employed depending on the analysis. As a first option, we could drop the observations that have missing values, but doing this will result in losing information.

The second option is to input missing values based on other observations, but again, since this is based on assumptions, we could lose integrity of the data. The third option is to alter the way the data is used to effectively navigate the missing values.

For example, for the data presented in Tables 1-4, about 21% of the clients registered did not have data on their age. Deleting these clients' data would result in a significant loss of information. And because the age ranged from 10 years and above, we could not correctly assign the age for the missing values.

By using option three – altering the way the data is used – we were able to still include the clients with missing age data in our analysis (as shown in Tables 1-4).

3.2. DATA ANALYSIS (STAGE 2)

Data analysis involves conducting calculations and/or connecting information to make estimates and to show trends and patterns. This will help you to derive meaningful insights and draw conclusions from your data. Making comparisons within your data or with other data can help you identify areas where differences exist that need to be addressed.

More importantly, putting the numbers in context can go a long way towards helping your target audience understand the size and scope of the issue. For instance, a low percentage can make it difficult to persuade decision-makers about the urgency to allocate resources or to take action.

If we present this in terms of absolute numbers however, this can improve how the message is received. For example, if your data shows that 1.5% of the population has experienced sexual assault this might sound small. But if the population is 18 million this is 270,000 people, which is a significant number.

The following questions will help you to clean and analyse your data and interpret the results:

- Does the dataset have complete and precise data? Is there a significant number of missing fields or outliers in the dataset? Is data being entered into the fields correctly? What are the ways to fix this before starting data analysis?
- Does the data provide us with the specific evidence we aimed to collect, or is there something new (new issues, factors, subgroups etc.)?
- What are the patterns or trends that are emerging? For example, the number of cases for the time period/region/gender/age group/key population group, the types of perpetrators or violations, or the services that are being accessed (e.g. legal assistance)?
- What do the numbers mean?
- What hunches do we have to explain the findings? What possible conclusions might we draw?
- Who can we consult (e.g. experts) to explain and interpret the data, if we do not have enough capacity to build conclusions?
- How strong is the evidence overall?
- What additional data might we explore to verify our explanations and confirm our findings?

It is important to have the right skills for the intended analysis. For example, most people can do descriptive analysis, such as frequency of occurrences, mean, median, range or variance. But inferential analysis, which identifies reasons for the patterns seen in the descriptive results, may require advanced skills in using analytical software for correlation, trend or comparative analysis.

It is important to document all the steps you took to get the results so others could follow this same method and to avoid wasting time if you have to rerun the analysis. Because of the potential of making errors in the dataset, we should avoid analysing data from the original dataset. Instead, we should make a copy for the analysis.

This ensures that if we accidentally delete some observations from the analytical file we can go back to the original file/dataset.

THE GENERAL STAGES OF DATA ANALYSIS

1 **UNDERSTAND THE SOURCE OF THE DATA AND THE INDICATOR MEASUREMENTS** to better identify the dimensions of the analysis and quickly pinpoint the problem and cause. How are the indicators measured? Does the data represent a specific region/country? Is there an incident/event that occurred in the region that could explain some of the observations in the data?

For example, Table 2 in our REAct data set from Kenya shows that men who have sex with men reported the highest number of cases. But knowing that most organisations that reported this data worked with this population group will ensure that we do not mistakenly conclude that the high number of cases reported by men who have sex with men means they experience more violations than other marginalised communities.

2 **CLEARLY DEFINE THE PURPOSE OF THE ANALYSIS**. This could be driven by a hunch/intuition about what you think may be happening and would like to learn more about it, or it could be informed by the objectives set for the advocacy.

For example, if the objective is to work with the police to stop harassment of men who have sex with men, then the data analysis should aim to support this objective by showing who the perpetrators of violations are, who the victims are and the types of violations experienced.

3 **START THE ANALYSIS BY GENERAL CATEGORISATIONS TO EXPLORE THE DATA**. For example, explore the types of key populations in the data, their age, and types of violations experienced. This initial exploration will identify the categories with data and help you see any surprising findings.

For example, in Table 3 from our dataset we can exclude the sub-categories of the violations where there were no reported cases.

4 **REFINE THE ANALYSIS BY IDENTIFYING THE INDICATORS AND ANALYTICAL CATEGORIES** that will help to achieve the objective of your analysis. Organise the relevant data in tables or charts to prepare for the next step.

5

COMPARING INDICATORS TO IDENTIFY ANY RELATIONSHIPS OR PATTERNS. This is the step where descriptive analysis is done, rearranging data to show patterns and drawing conclusions to explain the findings. It could be that we do not need to do any further analysis after this, and so we would end the analysis here by describing our findings.

At this stage we may also realise that we need more data to answer our questions and thus collate and combine data to achieve this. Every time we bring in new data, the process should be repeated, starting with data that is clean and ready for use.

6

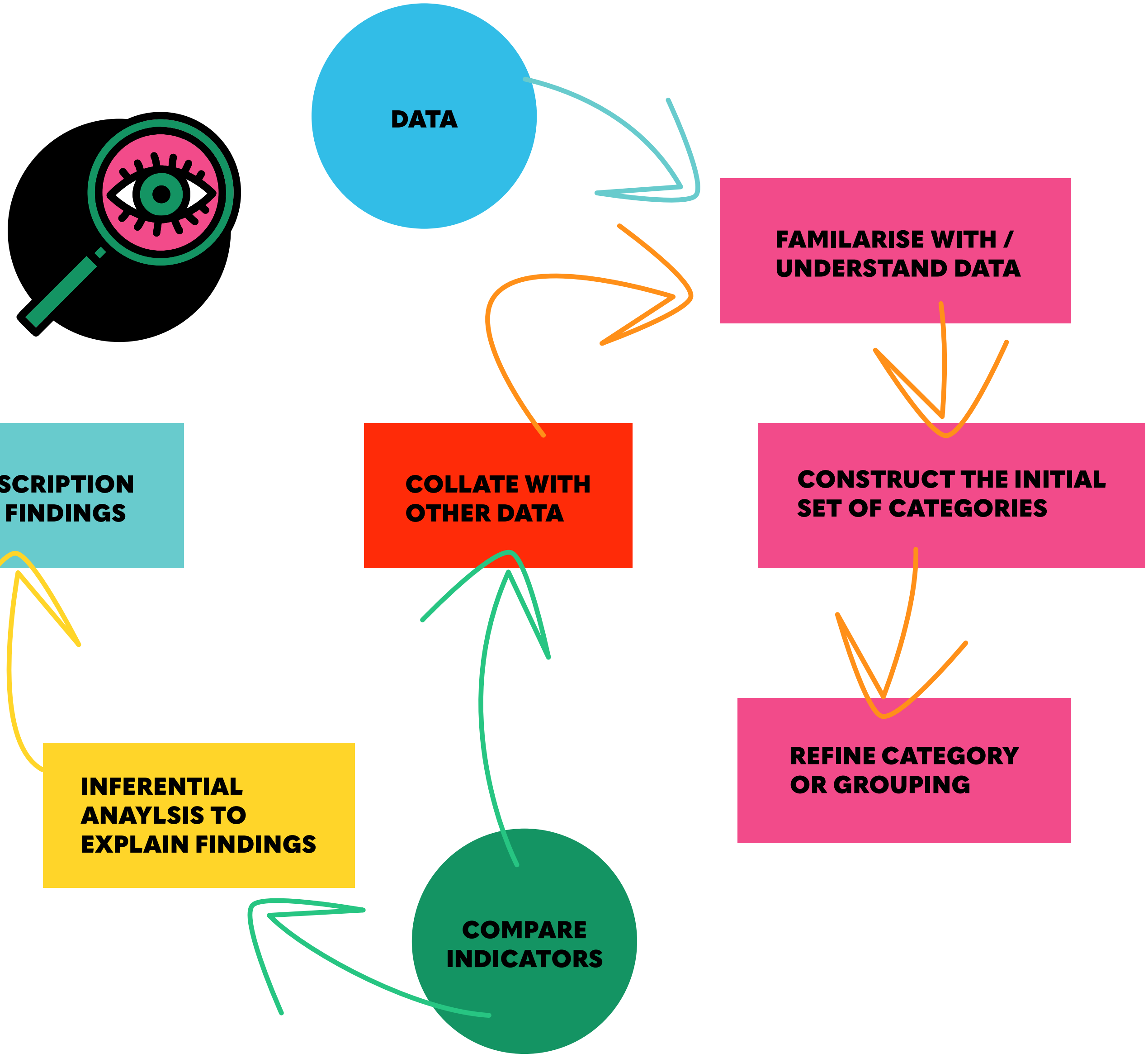
INFERENTIAL ANALYSIS PROVIDES DEEPER INSIGHTS into whether we are achieving our desired outcomes and whether specific interventions may be making a difference. This involves statistical modelling to test hypothesis.

7

THE FINAL STAGE IS DESCRIPTION OF FINDINGS, including deciding on the presentation strategies based on the target audience (see Section 3.5 for more on presentation strategies).

We should present the results as objectively as possible. Even if the results disprove our hunches or hypothesis, we should not try to change the analysis to achieve the desired results. If the objectives were clearly defined from the onset, this should not be a problem.

Figure 4: **Stages in data analysis**



Qualitative analysis involves identifying significant themes, linkages and patterns presented in a series of descriptive statements that capture the essence of the data. It follows the stages described above, except stages 4 and 5 focus exclusively on quantitative data. Qualitative analysis helps provide quotes from respondents that can give context of a statistic.

You might only want to use one story in your advocacy, so no detailed analysis will be required. Although if you want to connect different stories from many people, it might be worth using software, such as Nvivo, to help you identify various themes and relevant quotes.

> **"IT IS IMPORTANT TO DOCUMENT QUALITATIVE DATA TO SHOW CASE STUDIES OF THE SURVEY DATA, TO SHOW THE SEVERITY OF THE PROBLEM... POLICYMAKERS WOULD NOT UNDERSTAND WHAT IT MEANS TO LIVE ON THE STREETS, SO WE NEED THESE CASE STUDIES TO SHOW MOST PEOPLE THE ACTUAL EXPERIENCE... THE NUMBERS SHOULD BE SUPPORTED BY THE STORIES, AND IF I'M TELLING STORIES, I SHOULD KNOW HOW MANY OF THESE STORIES ARE THERE..."**
>
> **Alliance India**

3.3. COLLATING AND COMPARING COMMUNITY-LED DATA WITH OTHER DATA SOURCES

Data collation brings together different pieces of data so that the similarities and differences can be seen. Collation reveals information gaps, guides further collection and analysis, and provides a framework for selecting and organising additional information.

Collation is also important if, after analysis, your questions are not fully answered. Collated data can be 'triangulated' with other data sources.

Triangulation refers to the practice of using multiple sources of data, or multiple approaches to analysing data, to enhance the credibility of your research[17].

The main aim of triangulation is to corroborate (or back up) your evidence, but it can also provide multiple contexts that can enrich your understanding of your research question.

---

[17] Nightingale, AJ. (2019), Triangulation. International Encyclopaedia of Human Geography (Second Edition), p. 477-480, Elsevier

FOUR REASONS FOR DATA TRIANGULATION

1

ENRICHING: Different data sources add value to each other by explaining different aspects of an issue.
For example, you could identify the proportion of people who reported being denied healthcare because they used drugs through data from a bio-behavioural survey plus CLM data from the same location to give examples of the type of services being denied and the impact this is having on people who use drugs.

2

REFUTING: When one set of data disproves a hypothesis generated by other data.
For example, where a law exists on the legal minimum age of marriage, community-led monitoring could be used to show that this law is being ineffectively enforced, based on reported cases of child marriages.

3

CONFIRMING: **When one set of data confirms a hypothesis generated by other data**.
For example, CLM data can highlight an issue that is not included in official statistics, such as sex workers having a higher HIV prevalence than the general population, and then a nationwide survey could be conducted to confirm this. Another example is using the HIV Stigma Index to confirm data from HIV scorecards or data from your country's Universal Periodic Review.

4

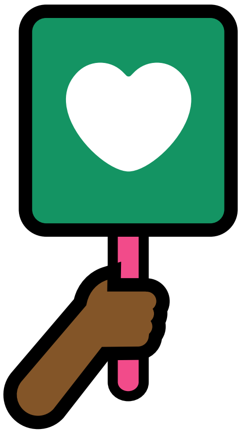
EXPLAINING: When one set of data sheds light on unexpected findings from other data.
For example, Human Rights Watch reports rights violations among marginalised communities, while community-based monitoring data gives details of the communities that are most affected by rights violations, who the perpetrators are and the types of violations experienced.

3.4. IDENTIFYING THE PROBLEM

How can we use community data to identify human rights issues? Good advocacy is based on a sound understanding of the human rights issues or problems we want to address, which is where human rights data comes in.

The problem may be a **relatively localised** (for example, the police are regularly arresting and harassing people who use drugs outside a local harm reduction provider or health workers at a particular facility are refusing HIV and SRH services to sex workers).

Or the problem could also be happening across the country and have its roots in national-level law or policy (for example, LGBTQ+ people are being turned away from HIV services across the country following a legislative proposal to criminalise the provision of services that are deemed to be promoting homosexuality, or adolescents are frequently being denied access to HIV and SRH services without their parents' consent due to a failure by government to clarify the age of consent for accessing health services).



BE OPEN-MINDED! THE DATA MIGHT SHOW UNEXPECTED RESULTS THAT REQUIRE YOU TO REVISE OR REFOCUS THE QUESTIONS TO BE ANSWERED

3.4.1 BASIC DATA ANALYSIS

Here are the key human rights' questions our data can reveal answers to:

Data questions	Indicators that can help answer
Who is reporting human rights violations?	Client profile indicators: age, ethnicity, marital status, educational background, key population group, gender, nationality.
What kinds of violations are being reported?	Incident list: physical assault, breach of confidentiality, sexual violence, denial of healthcare service.
Who is perpetrating violations?	Perpetrator profiles: Civil servant (police, healthcare, employer, educator), community member, employer. Disaggregated by gender, age.
When and where did the incident occur?	Date and time, city/town/village, specific clinic or police station, business or place of employment, school etc.
Was the case reported to the police or through a grievance or administrative-justice mechanism or other?	Yes/No, plus text box for details

EXAMPLE OF HOW TO USE DATA TO IDENTIFY THE PROBLEM

Look at the data again in Tables 2-4 (p.17-18) that show human rights violations reported through REAct by various people in Kenya between December 2019 and October 2020. What is the data telling us?

We see that there are human rights violations reported each month, and that men who have sex with men reported the highest number of cases.

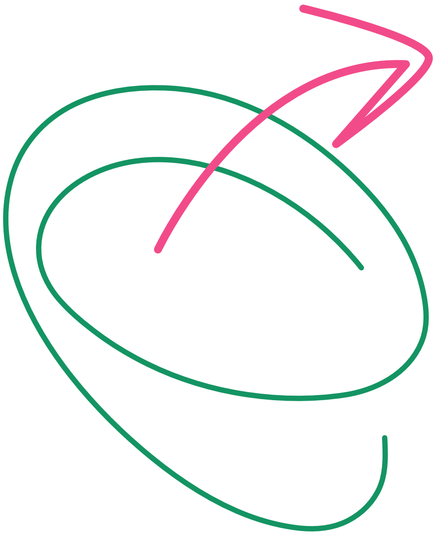
We also note that violence or physical harm and harassment or intimidation were the most common types of violations reported, and that the most common perpetrators were public duty bearers (police/law enforcement) and household members (partners or other family members).

EXPLORING YOUR DATA FURTHER

Having found out from your basic data analysis the trends about who is most affected, the most common incidents being reported, the most common perpetrators etc., you can now do some deeper data analysis to understand more about a certain trend, such as the clients reporting the most cases.

You could do this by asking:

- **What kinds of human rights abuses are they reporting?**
- **Who are the perpetrators?**
- **Where are these incidents occurring?**
- **What services are they seeking?**



The most common perpetrators of human rights violations against men who have sex with men, reported in Kenya in 2020

Perpetrators reported by men who have sex with men	Year (2020)
Family members	14
Friends	13
Hate group	5
Neighbour	18
Client's partner	18
Police law enforcement	11
Public healthcare worker	5

You may also want to look at who the most common perpetrators are, and ask questions like:

- **Which kind of clients were most affected by violations by this perpetrator (e.g. ages, location)?**
- **Where are the incidents occurring?**
- **What kinds of violations are they perpetrating?**

Here's an example from the same data, showing where incidents occurred against men who have sex with men and when they happened

Incident date	County and/or city	City of incident
24-Feb-20	Nairobi	Nairobi
24-Feb-20	Nairobi	Nairobi
04-May-20	Nairobi	Nairobi
05-Jun-20	Nairobi	Nairobi
02-Jul-20	Ruaka/ Nairobi County	Ruaka
02-Jul-20	Nyeri/Nakuru County	Nyeri
06-Aug-20	Nairobi/Nairobi County	Nairobi
24-Aug-20	Tharaka-Nithi County	Chuka
24-Aug-20	Nairobi County	Rongai
24-Aug-20	Changamwe/ Mombasa County	Changamwe
25-Aug-20	Rongai/Kajiado County	Rongai
22-Sep-20	Githongo/Meru County	Githongo

HOW TO INTERPRET NO REPORTED DATA: NO HUMAN RIGHTS PROBLEM OR LOW REACH?

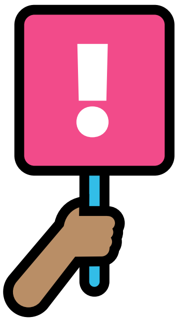
No data does not mean no information. If there is little or no reporting of cases by certain marginalised communities, or no complaints about certain perpetrators, it's important not to jump to conclusions.

This lack of data could mean you are not reaching the people who are experiencing the rights violation. You might decide to use this information to re-programme your documentation work to enable you to reach these populations. Or it could mean that a particular marginalised community is not experiencing any or much abuse to report. In this case, it might be worth finding out whether there has been some advancement of the rights of that community, which your organisation could learn from.

Low reporting about certain perpetrators could also mean different things. For example, in Table 4 (p.18) there aren't any violations reported that have been perpetrated by military, prison staff, public educators or private healthcare professionals.

This could be because these duty bearers are adhering to human rights in their practices. Or it might mean that you are not reaching the kinds of people who have experienced abuse by these officials. If, after a bit of investigating, you discover that officials in these sectors are rights-compliant, this is useful information for advocacy.

You might look to explore good practices they are implementing to be rights-responsive and use this data to show there is progress and to praise these sectors for their good work.



NO DATA DOES NOT MEAN NO INFORMATION

THIS LACK OF DATA COULD MEAN YOU ARE NOT REACHING THE PEOPLE WHO ARE EXPERIENCING THE RIGHTS VIOLATION. YOU MIGHT DECIDE TO USE THIS INFORMATION TO RE-PROGRAMME YOUR DOCUMENTATION WORK TO ENABLE YOU TO REACH THESE POPULATIONS.

3.5. IDENTIFYING YOUR OBJECTIVES AND TARGETS (STAGE 3)

Once you have run your data analytics and have evidence of the problem, you can now develop your advocacy objectives.

This includes pinpointing the people you want to target with your advocacy. Your objectives need to focus on the key changes that need to happen to address the problem you have identified. In the introduction of this section, we gave an example of police regularly arresting and harassing people who use drugs outside a local harm reduction provider. If you were facing this situation, one of your objectives might be to persuade the specific officers involved to stop carrying out these arrests, but realistically you are likely to need to go above these individuals. Here, the objective might be to persuade the local police leadership to issue a moratorium on arrests and prosecutions of people who are using this particular health service. Or you might need to go outside the police altogether, and focus on persuading senior health officials, the local mayor or your local members of parliament to put pressure on the police.

Say you were facing the situation where adolescents were frequently being denied access to HIV and SRH services because they didn't have parental consent. Here, you may decide your key aim is to persuade the government to clarify the age of consent for accessing HIV services, whether through an official statement, a government directive or a change to the law. A second objective could be to ensure that health workers are aware of the new guidance from government, and/ or that young people understand their rights to access health services without parental consent and can argue for this right in health settings.

Why not consider the other examples of local and national human rights problems, which we mentioned at the beginning of this section and see if you can brainstorm potential objectives that would help to solve them? Discuss them with your colleagues and fellow advocates to exchange ideas and see the problems and solutions from different angles.

Once you have done this and are beginning to feel confident with this way of working, move on to the specific problem that you are trying to solve, exploring the different actions that could help to solve it. When you have settled on a set of objectives, you can then move on to a stakeholder analysis (see Section 3.6 below), which will help you to work out who your key targets need to be.

Targets can be any individual or institution with the power to deliver on your advocacy objective. Targets could be the direct perpetrators of human rights violations, such as healthcare workers, the police or community members (for example, as perpetrators of harmful practices like child marriage). Often you will need to target the people or bodies that can influence the perpetrators' actions or hold them accountable, such as ministries, government inspectorates, legislators, parliamentary committees, the justice system, donors, human rights institutions, local, district or national HIV response committees, and many others depending on your national or local context.

3.6. STAKEHOLDER ANALYSIS (STAGE 4)

Often, it can be helpful to complete a stakeholder analysis to help you verify that you are focussing on the right targets and to identify other stakeholders that are key to your campaign – whether as allies to your movement or as opponents who need to be countered and sometimes neutralised.

It is sometimes easy to get stuck on actors that have limited support for and influence on your issue. A stakeholder analysis will help you to see who these actors are so that you can discount them and focus on the targets that will really make a difference.

To carry out a stakeholder analysis, identify all the possible actors that have an interest (or a stake) in your identified objective.

Examples include specific ministries, politicians, specific parliamentary committees, law enforcement agencies, NGOs, civil society organisations, community members and international actors.

Categorise these stakeholders into these four groups: (1) targets (2) allies (3) other stakeholders who can be influential in relation to your objective (4) other stakeholders who do not have much influence (see Figure 5).

These categories are based on how 'warm' (open) the stakeholders are to your message, and how much influence or power they have over whether you achieve your aims.

Once you have categorised your stakeholders, you can decide whether to target them for advocacy, to engage them as allies, or to ignore them.

Figure 5: **The four categories of stakeholders**[18]

3.7. SELECTING YOUR COMMUNICATION STRATEGIES (STAGE 5)[19]

To help your targets understand the evidence, it should be displayed in a format that best presents the case and will also appeal to them personally and – where relevant – politically.

Once you have a clear idea about who your targets are, you need to gather information about what will (and will not) influence them, as this will help you to decide how you will present your evidence, and it will guide your key messages.

Do research to gain an understanding of your targets' priorities, interests and even personal history and character traits, and look at how your approach can be tailored to connect with these. Depending on the audience, presentation strategies can be formal or informal, brief or lengthy, and they can take the form of a letter, speech, demonstration, media campaign or many other approaches.

---

18. Based on a diagram in Harm Reduction International (2018), Campaigning to redirect resources from drug control to harm reduction. Available at www.hri.global/files/2018/07/22/HRI-10by20-booklet.pdf.

19. Although this is shown as the final stage in the advocacy cycle, we are discussing it second to last because developing your communication strategies for each of your audiences, and the key messages you want to communicate to them (the final stage we discuss) go hand in hand.

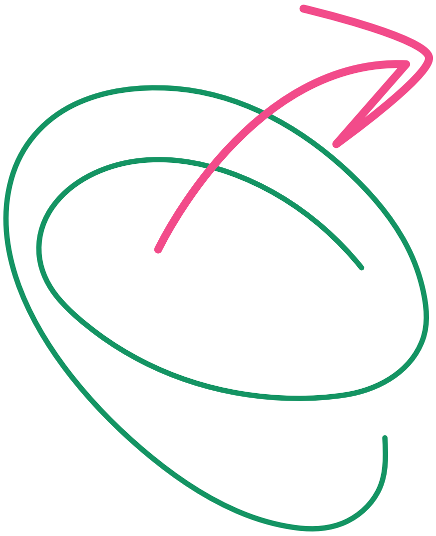
TIP

PRESENTING EVIDENCE IN EASILY UNDERSTOOD, VISUAL WAYS MAY BE IMPORTANT FOR REACHING SOME POLICYMAKERS. WHILE FOR OTHERS, TECHNICAL RIGOUR MAY BE MUCH MORE IMPORTANT. SINCE EVIDENCE IS JUST ONE OF THE CONSIDERATIONS IN POLICYMAKING, THE EMOTIONAL IMPACT OF QUALITATIVE DATA CAN ALSO BE IMPORTANT FOR INFLUENCING YOUR TARGETS, BRINGING ON BOARD NEW ALLIES AND NEUTRALISING OPPONENTS. THIS IS WHY CASE STUDIES AND REAL-LIFE TESTIMONY ARE OFTEN KEY ADVOCACY TOOLS ALONGSIDE THE DATA ITSELF.

SEVERAL FORMATS FOR PRESENTING RESULTS, AND THE MOST APPROPRIATE AUDIENCE FOR EACH ONE

FORMAT	DESCRIPTION	APPROPRIATE AUDIENCE
Reports	Detailed documentation of the results, interpretation and recommendations. This format is for audiences who understand the technical terminology, so can go into details on your methodology and recommendations. It is a good idea to produce a summary of the main report in a more accessible format, which can be distributed to a wider audience. This should present the issues, why it's important to focus on them, the results and the recommendations.	Funding organisations, civil society organisations, communities, the private sector, doctors and other caregivers, academia, national AIDS councils
Policy briefs	A short summary of a particular issue, the policy options to deal with it, and recommendations on the best options. Policy briefs should be clear and concise stand-alone documents that focus on a single topic. While an objective brief gives balanced information to the policymaker to make up their mind, an advocacy brief argues in favour of a particular course of action. The length should range from one to eight pages.	Legislators, government ministers, national AIDS councils, media, civil society organisations and communities
Factsheet	A single page document containing essential information, presented using tables, charts and images. A factsheet lists all the key information, facts and figures around a particular topic in a visual manner. If only text is presented, it should be designed to maintain the reader's engagement, for example, by using bullet points.	Legislators, government ministers, media, communities, civil society organisations, new allies

FORMAT	DESCRIPTION	APPROPRIATE AUDIENCE
Data dashboards	An information management tool used to track, analyse, and display key performance indicators, metrics, and data points in the form of tables and charts. Dashboards typically present multiple indicators on a single screen or in a spreadsheet arranged to examine trends over time. They are designed for quick analysis and informational awareness. This makes them the most efficient way to track multiple data sources because they provide a central location and can track data against benchmarks and goals.	Legislators, government ministers, funding organisations
Infographics	A collection of imagery, charts, and minimal text that gives an easy-to-understand overview of a topic.	Legislators, government ministers, communities, civil society organisations, new allies
Short films or documentaries	Usually tells a story to illustrate the message. Can be especially powerful for communicating human stories behind the data and having an emotional impact.	Can appeal to all types of audiences but must be developed with specific audiences in mind.
Social media	Social media is an inexpensive advocacy tool that can reach a large number of people. It can widen participation, create conversations, crowdsource solutions and reach decision-makers. One of its many advantages is that distance is largely irrelevant. The main disadvantage of social media is that people in some parts of the world can have limited access to it.	Can be targeted at all types of audiences and can be especially important in recruiting new allies and showing decision-makers that there is growing public interest in a particular issue or piece of evidence but must be developed and distributed with specific audiences in mind.



ALONGSIDE GETTING TO KNOW WHO YOUR TARGETS ARE, IDENTIFYING OTHER CONCERNS THAT WILL BE COMPETING FOR THEIR ATTENTION AND RESOURCES WILL HELP YOU TO FRAME YOUR KEY MESSAGES TO MAKE THEM AS RELEVANT AS POSSIBLE.

YOU SHOULD ALSO THINK CAREFULLY ABOUT CULTURAL ISSUES THAT MAY IMPACT ON HOW YOUR MESSAGE WILL BE RECEIVED AND MAY DETERMINE THE TACTICS OR ACTIVITIES THAT WILL BE MOST EFFECTIVE.

3.8. DEVELOPING YOUR KEY MESSAGES (FINAL STAGE)

Key messages are where all the information on data analysis and results, other data on the same issues, and your research on your target audiences are brought together to create evidence-informed, tailored recommendations.

There is no one-size-fits-all approach to developing key messages. The process should always consider the objectives of your planned advocacy campaign, your target audience(s) and the availability of resources. Messages should be tailored to your target audience's level of understanding and awareness and, where necessary, should connect with their values and political views. Messages should focus on things that your targets have the power and resources to implement. They could be organised on a timeline of short-term, medium-term and long-term steps.

There may also be a need to dispel common myths or misunderstandings. Rather than telling people they are wrong, try to reframe the issue with information that will gain their interest. This includes addressing cultural norms and the audience's expectations (for example, an audience of village leaders may hold the misconception that young people are not old enough to discuss matters relating to sex).

Often, proposing a small step in the right direction is better than proposing more grand action for which your audience may not be ready – although sometimes visionary campaigns do bring about social change. Using real-life personal stories and quotes to illustrate the challenges faced by those directly affected can have a powerful emotional and humanising impact.

This approach can be particularly critical in relation to powerful stakeholders who are strongly opposed to a human rights agenda, as their strategies often focus on whipping up fear or hatred, and real-life stories on the impact of human rights violations can help to counter their narratives.

It can often also be helpful to make the message relevant by presenting information relating to the local context, which may be more easily understood by your audience. Key messages should link back to your data but can also refer to national data to situate your messages (for example, by showing how the actions would result in wider benefits, such as larger health sector savings). Your key messages could also highlight the benefits similar actions have led to in other locations.

The following questions will help to develop your key messages:

- Who are the stakeholders we are presenting to and their level of impact/authority?
- What are the purposes of presenting the evidence to these stakeholders? Is it to inform/increase awareness about the particular issue, to seek support or for decisions to change programmes/policy, or perhaps to undermine arguments being made by your opposition?
- What benefits will the stakeholders get from this advocacy work?
- What resources might the stakeholders be able and willing to mobilise?
- What is the main idea we want to communicate?
- What impact/results do we expect to have?

3.9. CAPITALISING ON POLICY WINDOWS

When thinking about your campaign timeline and activities, it helps to know what policymaking 'windows' you can capitalise on to enhance your advocacy efforts.

Policy windows include election cycles, constitution review processes, policy/strategy development processes (such as the development of HIV strategic plans), donor grant cycles, moments of media interest or of high support from influential or powerful individuals or groups, and other ad hoc opportunities. Policy windows help exploit temporary surges of attention to an issue.

They can be predictable (e.g. elections, government annual budget cycles or mid-term implementation reviews) or unpredictable (e.g. a dramatic event or crisis, such as the recent US funding cuts). Policy windows can also be created, for example, by releasing findings with a striking fact that cannot be ignored.[20] Having the capacity (in terms of knowledge, time, relationships and good reputation) to react when the window is open is the key to positive advocacy results here.

---

[20] Stachowiak, S. / Centre for Evaluation Innovation (2013), Pathways for change: 10 Theories to Inform Advocacy and Policy Change Efforts. ORS Impact. Available at www.pointk.org/resources/files/Pathways_for_Change.pdf

SECTION 4.0

BUILDING THE CREDIBILITY OF COMMUNITY DATA

The fact that widely accepted data sources do not include data on marginalised populations makes them irrelevant when trying to understand services access and utilisation among these groups.

Community data can fill this gap. This makes it very valuable. To increase its acceptability – to make decision-makers understand its value, in other words – community data should be increasingly aligned and integrated with the plans and responses of other national monitoring systems for human rights.

In most countries, CLM data covers limited locations, so it cannot provide the overall picture within a country. Increasing the scale of community-led monitoring programmes to national level might improve the eligibility of the data because relevant government institutions will see reporting from various regions and will recognise that the issues are nationwide, not just from a specific location. Going to scale will also increase the number of cases reported, providing stronger evidence to support your advocacy.

Analysing CLM data to provide evidence for advocacy, and continually using it in advocacy, will create a series of lessons that can be applied in other countries and will help to show the relevance and credibility of community-generated data.

Another strategy to increase the credibility of CLM data is by standardising the criteria for the sort of data that is collected, which can be done by identifying the data that meets our purposes (e.g. types of cases captured in the REAct database). This will be done through regular training of REActors. The following quote puts this in context:

> **IF THE CASE WAS COLLECTED BY REACTOR, BUT IT DOESN'T INCLUDE ANY REASON TO BE CALLED A VIOLATION, WE DO NOT CAPTURE SUCH A CASE INTO THE DATABASE… IF A CASE IS ABOUT AN INDIVIDUAL, WHOM WE ARE NOT CONSIDERING AS A KEY POPULATION GROUP, … FOR INSTANCE OLDER PEOPLE, WE DO NOT PUT SUCH CASES IN THE DATABASE. HOWEVER, EACH TIME WE SEE SUCH CASES THAT DO NOT MEET THE CRITERIA THIS IS A CLEAR SIGN FOR US THAT WE NEED TO PROVIDE SOME TECHNICAL ASSISTANCE FOR REACTORS, SHARE GUIDANCE ON THE PRINCIPLES OF DATA CAPTURE, HAVE A TRAINING IF NEEDED"**
>
> **Alliance for Public Health, Ukraine**

ADDITIONAL RESOURCES

RESOURCE	LINK/ LANGUAGE	DESCRIPTION	TYPE OF DOC
REAct information			
REAct webpage (EXTERNAL)	Website language	Main external REAct page on the Frontline AIDS website. Contains general information about REAct as well as links to documents and publications.	General information
REAct folders (INTERNAL)	11_REAct	Our internal folders where REAct documents and information are kept.	Internal folders
REAct User Guide	English French Arabic	This user guide is for all organisations interested in implementing a human rights documentation and monitoring system. It has been designed for three main types of users: – **Programme managers:** To guide their decision-making as to the suitability of REAct for their context, and how to design a project with the involvement of the right stakeholders and the right resources. – **REAct trainers:** Workshop materials and session instructions for individuals who will train the REActors (individuals directly responsible for implementing REAct by documenting, responding and analysing the data) with suggestions for how to deliver the training. – **REActors:** Information and guidance for REActors to support them in implementing REAct. (Version published in 2019)	Guide/ learning
Gender REAct User Guide	English French Arabic	Gender REAct provides a set of new tools to complement – and be used alongside – those in the original REAct User Guide. (First published in 2021)	Guide/ learning
REAct e-learning course	English French	This course has been developed by Frontline Aids in partnership with the Open University as part of the work of the ACCESS Consortium. It goes through the same material used in the REAct training (contained within the REAct User Guide) in Units, and has activities and quizzes to check understanding. This is free for anyone to access (though they must sign up for an account if they want to save progress), or a cohort access can be arranged, which would enable a forum to be set up (contact Layla for more information).	Learning

RESOURCE	LINK/ LANGUAGE	DESCRIPTION	TYPE OF DOC
The REAct template	English French Arabic	The template is used to collect the information required for REAct and serves as a prompt in the semi structured interviews. The replies to these questions are entered into the information management tool, Wanda. Each organisation is expected to customise this base template to reflect their programming and language.	Tool
Training in Gender REAct (powerpoint)	English French Arabic	A PowerPoint presentation that can be used to present the Gender REAct content.	Learning/tool
Wanda information note	English French	Wanda is an online monitoring and reporting system that has been developed using DHIS2 and is managed by Frontline AIDS. Many coordinating organisations decide to use Wanda as their information management system so this is useful information to send them if they are considering this.	Information
REAct implementation tools and templates			
Coordinators' planner	English French	A planner to assist the REAct coordinator plan activities both before and after a REAct workshop, including budget guidance and setting up CBOs in the programme.	Tool
REAct Reporting Template	English French	A tool to assist the REAct Coordinator around the data required in order to reflect on progress made and challenges encountered in the implementation of REAct.	Tool
Example MoU	English French	An example memorandum of understanding between REAct Coordinating and REAct Implementing Organisations. This can be edited and adapted for use by organisations.	Template
Information sheet and consent form	English French	An example of an information sheet and consent form that could be given to a REAct client. An organisation can adapt this to their needs.	Template
Interview checklist and referral card	English French	This interview checklist could be used by REActors whilst carrying out interviews with clients to remind them of the important information to communicate and collect. It can be adapted by the coordinating organisation to reflect their programme.	Tool

RESOURCE	LINK/ LANGUAGE	DESCRIPTION	TYPE OF DOC
Safety and security guidance	English French	Guidance for REAct coordinating and implementing organisations on safety and security issues. This guidance, which is focused on programming, complements organisational strategies and policies. It supports those who are implementing activities with key populations. It does not replace or override existing organisational security,1 child protection or risk management strategies or policies.	Information/ guidance
Workshop case studies	English French	These are the case studies that are often used during the REAct training to give real examples of cases from REAct. They can be used for learning and discussion purposes with REActors or staff.	Learning
REAct learning			
REAct Community of Practice	Website language	An online community of REAct implementors set up and managed by Frontline AIDS. It's a platform where information can be shared with REAct implementors – past or present- and has been commonly used to post consultancy opportunities and webinar/publication announcements. This is a closed group and so members need to be approved for membership (but it's free to join).	Community
RIGHTS AND REACTIONS: RESULTS AND LESSONS LEARNED FROM REACT	English	Results and lessons learned from REAct, a community-led human rights documentation and response system. This report explores the experiences, results and lessons from the implementation of REAct in eight countries during 2019-2020 – Uganda, Kenya, Mozambique, Ukraine, Kyrgyzstan, Tajikistan, Georgia and Moldova – where it is being implemented at different scales and paces.	Evaluation/ report
Protectors or Perpetrators? The impact of unlawful policing on HIV, human rights and justice	English Russian	In this report, real-life stories lay bare how unlawful policing impacts on human rights, on access to justice and on the HIV response. These stories capture the resilience and courage of marginalised people and communities in the face of persistent stigma, discrimination and violence.	Report 2022

RESOURCE	LINK/ LANGUAGE	DESCRIPTION	TYPE OF DOC
REAct Implementation Evaluation	English- Full Evaluation English- Executive Summary	The report presents the findings of an external implementation evaluation of the REAct programme. The evaluation aimed to review and evaluate how Frontline AIDS partners are implementing REAct to shape the REAct offering in future. The evaluation focuses on how REAct is implemented in different contexts and what is happening in practice. It assesses programme delivery, strategies, procedures, and processes.	Evaluation (2022)
Beyond REAct			
Implementing and scaling up programmes to remove human rights-related barriers to HIV services	English French Russian	This guide provides practical guidance on how to design, implement and monitor programmes aimed at removing human rights-barriers to HIV services. It will help implementers of such programmes to: — Cost, monitor and evaluate programmes — Effectively combine and implement them — Use a comprehensive approach — Achieve the right level of investment — Increase meaningful local capacity — Improve community engagement — Strengthen health and community systems — Ensure sustainability	Guide
INTEGRATING HUMAN RIGHTS MONITORING INTO THE NATIONAL HIV RESPONSE	English French	Case studies about embedding community-based human rights monitoring into the national HIV response. These case studies show how REAct, a community-based human rights monitoring and response programme developed by Frontline AIDS, is being embedded in the national HIV response in South Africa and Cote d'Ivoire.	Publication/ resource
FRONTLINE AIDS AND PEPFAR: A COMPLEMENTARY APPROACH TO COMMUNITY-LED MONITORING	English		Publication

OTHER USEFUL RESOURCES/LINKS

CLM Community Library- Built by ITPC
http://library.clmhub.org

SWOT analysis (see REAct planning day notes:
REAct planning day 28.04.22 report draft.docx

CLM Best Practices for strengthening the model (CD4C/ CLAW/ EANNASO-APCASO-ATAC):
CD4C-CLAW-EANNASO-ATAC-APCASO-Community-led-Monitoring-Best-practices-for-strengthning-the-model.pdf

How to Implement Community-Led Monitoring, A Community Toolkit (ITPC):
Budgets for CLM guidance: from ITPC CLM Toolkit, p.37: https://itpcglobal.org/wp-content/uploads/2021/12/1205_ITPC_CLM_Design_FullReport06_compressed.pdf

GF CLM meeting in Bangkok report;
GF 20-21 Feb CBM meeting report_FINAL April 4.docx

GF community-based monitoring overview (may 2020);
Community-based monitoring - An Overview (May 2020) Global Fund.pdf

JOIN US.
END IT.

www.frontlineaids.org

FRONTLINE
AIDS