

# MALAWI HIV/AIDS, TB AND HUMAN RIGHTS COUNTRY PROGRAM BEST PRACTICES





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# EXECUTIVE SUMMARY

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Centre for Human Rights and Rehabilitation and Centre for Development of People hosted and coordinated a Malawi National HIV, TB and Human Rights Advocacy and Capacity building program implemented under a consortium of five institutions namely; Centre for the Development of People (CEDEP), Centre for Human Rights and Rehabilitation (CHRR), Coalition of Women and Girls Living with HIV/AIDS (COWHLA), Ladder for Rural Development and Grassroots Movement for Health and Development. The run from 2012-2014 with sponsorship and technical support from the AIDS and Rights Alliance for Southern Africa (ARASA) with the goal of ensuring improved human rights by advocating for the review and reform of discriminatory laws and policies which increase vulnerability of PLHIV and Sexual Minorities by promoting equal access to health services in Malawi.

According to the Programme design, the programme was run through National Programme Coordinators reporting to ARASA through CEDEP and CHRR. A number of activities were being undertaken through volunteer Community Health Advocates (CHAs) that were situated at district level and responsible for human rights capacity building and advocacy, and monitoring human rights trends at district level. In order to ensure smooth running of programme activities, the programme had an Advisory Committee that provided policy and strategic direction to meet project objectives.

This booklet captures some of the many best practices and successes registered through the implementation of the country program. This booklet has been produced to disseminate these promising interventions and provide development players with knowledge on the strategies that can be emulated and replicated elsewhere in the struggle for equitable societies.

We would like to acknowledge the ARASA for the financial and technical support towards this Endeavour. We would also want to acknowledge the program Advisory Committee, MANET+, Malawi Law Society, COWHLA, UNAIDS, DNHA, YCF, Ladder for community Development, Grassroots Movement for Health and Development, and all collaborating partners that were involved in this project.

**Timothy Mtambo**  
*CHRR executive director*

**Gift Trapence**  
*CEDEP executive director*

# STRENGTHENING STRATEGIC DIRECTION THROUGH THE PROGRAM ADVISORY COMMITTEE



A consortium of five (5) organisations comprising the Centre for the Development of People (CEDEP), Centre for Human Rights and Rehabilitation (CHRR), Coalition of Women and Girls Living with HIV/AIDS (COWHLA), Ladder for Rural Development and Grassroots Movement for Health and Development jointly implemented a Malawi country Programme called *Malawi HIV, TB and Human Rights Capacity Building and Advocacy Programme*. The Goal of the Programme was to ensure improved Human Rights for people living with, affected by and at higher risk of HIV and AIDS for reduced vulnerability and equal access to HIV and TB services in Malawi. According to the Programme design, the programme was run through Programme Coordinators and a number of activities were undertaken through volunteer Community Health Advocates (CHAs) that were situated at district levels. The CHAs shall were grouped into clusters. Each cluster had a cluster team leader (Senior CHA). The Senior CHA supervised the CHAs who were responsible for capacity building, advocacy and monitoring activities at district level.

However, in order to ensure smooth running of programme activities, the programme instituted an Advisory Committee (AC) that was responsible for giving program strategic direction to ensure that the goals and ideals of the project are met. The AC that was meeting quarterly comprised 9 Executive Directors from leading institutions in HIV/AIDS and Human Rights in Malawi namely; UNAIDS-Malawi Office, Malawi Network of People Living with HIV and AIDS (MANET+), Coalition of Women Living With HIV/AIDS (COWHLA),

The Law Society, Grassroots Movement for Health and Development Ladder for Community Development, Youth Consultative Forum (YCF), Centre for Human Rights and Rehabilitation (CHRR) and Centre for Development of People (CEDEP). These executive Directors offered free and voluntary advisory services. The team composed of reputable and knowledgeable members pooled from both human rights and HIV and Aids fronts. This enhanced quality oversight and guidance of the program implementation. Regular AC meetings ensured adequate back-stopping of program implementation.

The Advisory Committee also ensured the harmonisation of efforts (against Human rights abuses relating to HIV/AIDS and Tuberculosis), strengthening and raising the advocacy voice, and ability to mobilise human and financial resources. Resultantly, through the Advisory Committee, the program has managed to engage law makers to rationalise the health budget, rationalise the draft HIV and AIDS Policy and initiated a process of repealing the sodomy laws in Malawi. The Country program, through the guidance of the AC, has also initiated a process of developing HIV/AIDS Stigma and Discrimination Guidelines in Malawi. The country programme convinced the Office of the President and Cabinet, through the Department of Nutrition, HIV and AIDS (DNHA), to embark on the development of the guidelines. Resultantly, the DNHA has prioritised this intervention and is currently in the process of consulting countrywide stakeholders with support from the UNDP. This could not be achieved if the country program did not collaborate with likeminded institutions through the AC. For the most part, the AC gave a formidable political face to the country program, a condition that has proved very vital to the advocacy endeavours.

The country program AC members continue to interface and collaborate even after funded phase. The involved institutions have also integrated the country program ideals into their own institutional programs to ensure sustainability. The committee shall also continue to jointly fundraise to sustain the efforts initiated by the country program. For instance, the UNAIDS-Malawi office has pledged to support the process of developing stigma and discrimination guidelines, after being approached by the Advisory Committee.

# ENGAGING THE UNIFORMED SERVICE IN HUMAN RIGHTS PROTECTION



First of its kind in Malawi history! The country programme team organized a 2 day training workshop for senior police officers in Malawi on 26th and 27th August 2013. It was attended by 18 most senior officers, including commissioners of police. The aims of this meeting were twofold. First was to raise awareness among senior police officers on the effects of HIV and AIDS related stigma and discrimination. Secondly, it was to reflect on the effects of the sodomy laws in promoting stigma and discrimination which eventually lead to the further spread of HIV and AIDS in Malawi. The Country program planned to target the Malawi Police service due to its history of human rights abuses, especially on minority groups and the lack of engagement from civil society institutions. As a way of stimulating debate and discussions, there were a number of presentations that were made by various experts in the Human Rights as well as HIV and AIDS sectors. The presentations made were on Sex and sexuality, Prevalence of HIV, TB, STIs and risk behaviours in Malawi prisons, Sex workers and HIV and AIDS in Malawi, Findings of a study on MSM by College of Medicine and John Hopkins, Policy and legal environment for key populations and HIV and AIDS in Malawi.

**Outcomes:** The following were the main outcomes from the interface with the police officers;

***Homosexuality and condom provision in prisons:*** Following a presentation by Dr. Ndindi which revealed the prevalence of homosexuality in prison settings, some attendees proposed that the prison service has to provide prisoners with condoms and lubricants in order to curb the transmission of HIV and other STIs among inmates.

In this regard, Dr Ndindi from prison service stipulated that provision of condoms and other barrier methods would be a very progressive initiative if viewed from a health perspective but legally this would contravene with the provisions of the penal code which criminalises homosexuality. Provision of condoms to prisoners in the face of the current legal environment would suggest a constructive legalisation of homosexuality in prisons. Dr. Mdindi, however stressed that decriminalisation of homosexuality would enable prison inmates to access a comprehensive package of HIV preventive services.

**Conjugal Visits in prisons:** Realising that sex is a basic human need and that some inmates engage into homosexuality in an endeavour to fulfil this need, some participants proposed that the Malawi Prison Service should consider permission of conjugal visits. Arguably, this would entail that inmates would be visited by their spouses to enjoy conjugal rights and consequently suppress the sexual urge that forces them into homosexuality. Dr Ndindi however clarified that currently there are no legal provisions for conjugal visits and Malawi prisons do not have proper infrastructure that can allow for such visits. The absence of National Identity Cards would also render conjugal visits impractical since it would be difficult to authenticate the identities of personalities coming for such visits.

**The Police Service and Post-Exposure Prophylaxis:** The senior police officials observed that currently, it is very difficult for the police service to connect rape victims to health service providers, within 72 hours, to access HIV Post-Exposure Prophylaxis. This is, in turn, hampering the police service's efforts to contributing towards the eradication of new HIV infections. In this regard the officials recommended that there is need to ensure that PEP is readily available within the police service premises through establishing STI clinics within the police units and also establish one-stop-centers where victims can access medical and psychosocial services from counselors, victim support police officers and medical practitioners.

**Stigma and Discrimination vis-à-vis confidentiality in prisons:** According to Dr. Ndindi from the Malawi Prison Services, stigma and discrimination against inmates living with HIV and Tuberculosis in prison settings is so rampant arguably due to lack of a system that upholds confidentiality. Prison settings in Malawi are void of medical infrastructure and as a result medical consultations are made in an open place in the gaze of everyone. The police officials also hinted that the prison standing orders also contribute to perpetuating stigma and discrimination against sick in-mates since they bar prisoners from keeping drugs in their rooms. So, the patients always have to go to open clinics to get medication and thus everyone realizes that they are on on-going treatment. This also impacts on adherence. It is thus, very difficult for one to conceal their sero-status within the prisons. In response to this challenge the senior police officials recommended the need to advocate for the establishment of in-prison clinics to ensure that in-mates rights to privacy and confidentiality are upheld.

**Tuberculosis in prisons:** The senior members of Police Service held that in order to control the spread of TB in prison settings there is need to ensure that all TB patients should be isolated from the rest of the inmates and that all smokers should also be placed in their own space. However, Dr Ndindi stated that isolation takes place but that this only applies to TB suspects that have not been enrolled into treatment since those that are on treatment cannot transmit TB. He also elucidated that prisons are very congested with no space to allow the isolation of smokers who happen to be many in prisons. Participants reiterated the proposal that government should consider establishing clinics in all the prisons in order to ensure that inmates easily access health services including TB treatment.

**Prisons and diet:** Participants bemoaned poor diet and lack of enough food in the prisons. Prison inmates currently have one meal (of Nsima and pigeon peas) per day a situation which compromises their immune systems and treatment adherence, especially for TB and HIV/AIDS inmates. Dr Ndindi's presentation attributed the lack of adequate and nutritious food to a lack of adequate financial resources to finance the prison service. However, there was an observation that there is a lot of idle farmland owned by the Malawi prisons services

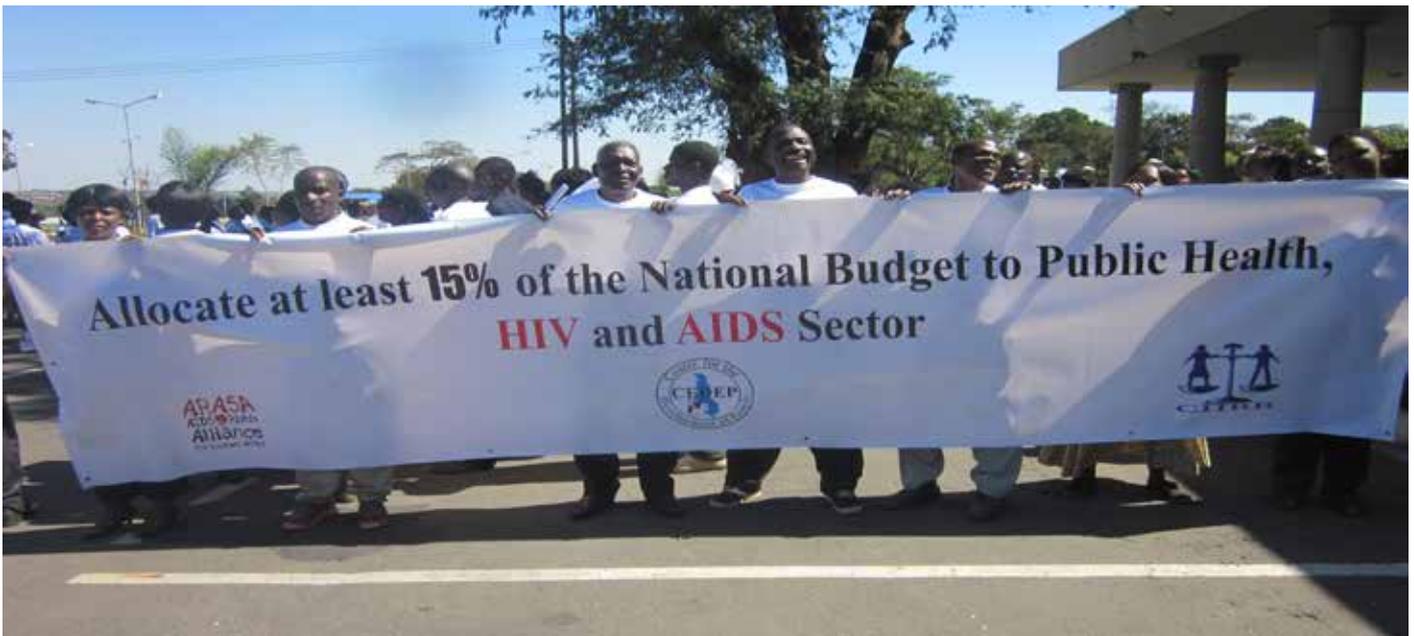
which if well developed and managed could help in ensuring that all prisons have enough food to adequately meet inmates' nutritional needs. Prisons have 744 hectares of land which has been cultivated for a long time and is no longer fertile and due to erratic rains the yield has been dwindling. Compounding the problem of low yields is the ever increasing population of prisoners. Prisons which were built to accommodate a total of 5000 people are now accommodating over 12000 people yet funding to the prisons services has been minimal. In this regard, the Members of the Police Service recommended that there is need to lobby for the provision of subsidised farm inputs to the prisons service in order to boost crop yield. It was also recommended that there is need to embark on the reformation of the criminal justice system so that suspects do not stay on remand for longer periods and that offenders should not be given custodial sentences for simple offences (i.e. they should be given community service sentences, instead). Prisons are not meant to torture offenders but to facilitate their rehabilitation into more responsible and productive citizens.

***Police Cells and Treatment adherence:*** Participants observed that the unavailability of medical clinics within the Malawi Police Units entails the inaccessibility of ART for the suspects. In order to avert this problem, the police officials suggested that, with permission from the ministry of health, the police service should be allowed to keep some bottles of drugs, which can then be administered to the patients in consultation with the health centre from where the suspects get their treatment. The officers also recommended the need for an overarching standing order for ensuring that suspects access ART and TB treatment while in police cells.

***Sexual Minorities & Protection:*** Following a presentation by lawyer Mandala Mambulasa on the legal and policy environment for sexual minorities and a life testimony from an MSM from Mangochi district, the participants' worldview was altered and they held that Men who have Sex with Men and Women who have Sex with Women are just like every Malawian and have a right to protection, health and other HIV and AIDS services, and they recommended that there is need to; Lobby for inclusion of MSM/WSW issues in training institutions for the police service, 2) lobby for sensitization of policies, strategies and laws to both the citizens and the law enforcers, 3) Lobby for establishment of complaint mechanisms in prison settings, 4) Lobby for tailor made legal aid services, Lobby for provision of guidelines in handling MSM/WSW issues in prison settings, and 5) Create sensitisation among police and prison officials about MSM/WSW needs.

***Knowledge and discharge of duties:*** The senior police officers appreciated the message that was delivered to them. They confessed that they were doing certain things due to lack of knowledge; for instance, forcing sex workers to undergo HIV or STI diagnosis after arresting them for rogue and vagabond. However, they reiterated the point that as long as homosexuality remains illegal in Malawi they would continue to treat it as such as they are there to enforce the law. One encouraging thing, though, was that they were willing to work with others to ensure that the sodomy laws are repealed as they were contributing to the spread of HIV and AIDS. The police officials also pledged to ensure that they help in disseminating research findings to their juniors at their respective duty stations.

# UNITY OF PURPOSE: MALAWI CSOS UNITE TO FIGHT STIGMA & DISCRIMINATION AND AN INCREASED HEALTH BUDGET



Malawi Non-Governmental Organizations (NGOs) are working to contribute to the elimination of the structural causes of stigma and discrimination, to the realization of human rights, to protect health rights and to achieve sustainable patterns of development. However, there has been an individualistic approach to lobbying and advocacy in Malawi, a thing the country program identified as contributing to limited progress. As the issues of human rights and health are multilayered and complex, NGOs in Malawi need to increasingly cooperate across institutional boundaries to strengthen and improve the impact of their work.

In this regard, the country program embarked on an advocacy strategy that would ensure harmonization of efforts in advocating against structural enablers of stigma and discrimination related to HIV and AIDS. On 29th and 30th of July, 2013 the country program convened a national dialogue workshop for 24 Civil Society Organizations to discuss the effects of stigma and discrimination. The objective of this workshop was to provide a platform to CSOs in Malawi to reflect on the effects of HIV and AIDS related stigma and discrimination and make demands to relevant stakeholders to take steps towards the eradication of this malpractice. To stimulate debate and discussions, a number of presentations were made during the workshop and topics covered were: a) HIV and AIDS as a human rights issue; b) Understanding stigma and discrimination (Stigma, Silence, Denial, Discrimination, Inaction and Misaction), c) Forms of stigma and discrimination; d) Effects of stigma and discrimination; e) Stigma and discrimination among key populations; f) dealing with stigma and discrimination in the workplace, communities, healthcare facilities and faith communities; g) Analysis of HIV/AIDS Bill.

The workshop brought together Civil Society Organisations working in the area of HIV to discuss and to reinvigorate their resilience towards fighting HIV/AIDS related stigma and discrimination and discrimination against the sexual minorities. It was also noteworthy that the religious-based nongovernmental organizations

under the Malawi Network of Religious Leaders Living and affected by HIV also portrayed support for the protection of the rights of sexual minorities and people living with HIV and AIDS. The leadership of the participating institutions pledge support in advocating for the rationalization of the HIV/AIDS Bill if government does not adopt the agreed demands. The meeting was attended by Executive Directors and senior members of the civil society institutions.

**Development of Memorandum of Demands:** The major outcome of the workshop was the development and signing of two important documents, namely the Memorandum of Demand to end stigma and discrimination and a Memorandum of Demand to remove all discriminatory sections in the Draft HIV and AIDS Prevention and Management Bill which was being under development. 24 CSOs participated in the development of both documents and eventually pended their signatures to them. Both documents were presented to government and published in two of the daily newspapers in Malawi. It was evident that the Memorandum of Demand on the rationalization of the HIV/AIDS Bill produced the intended impact as the next version of the Bill took into consideration all the recommendations that the CSOs made in the petition.

The grouping also planned and successfully petitioned parliament to increase budgetary allocation to the health sector!

# RAISING GRASSROOT VOICES: A CASE OF COMMUNITY HEALTH ADVOCATES AND CBOS



One major factor that proved a milestone in the program implementation was the unique identification and involvement of the Community Health Advocates. The program organized a five-day initial capacity building and recruitment workshop for Community Health Advocates (CHAs) with the goal of building a cadre of well sensitized and motivated Health Advocates with ability to endeavor in advancing the health rights of sexual minorities, people living with HIV/AIDS and Tuberculosis in the face of limited access to health literacy, counseling, treatment and care. Twenty-five candidates were initially identified from the program consortium institutions, underwent a rigorous capacity building and examination exercise from only twenty (20) were selected for the advanced training. The CHAs were drilled in the areas of Human Rights, HIV/AIDS and TB, Community Engagement, Leadership, Advocacy and Lobbying, and Drugs Monitoring. The CHAs, in turn, built the capacity of community based organizations in their respective districts. The volunteer CHAs were identified from the 20 impact districts and were incentivized by a monthly honorarium to effectively operate. The CHAs

The treatment and Human Rights training exercises fully ensured a team that was well-equipped and conversant with the programs' demands and expectations. The CHAs were grouped into 4 cluster zones that were headed by senior CHAs to ease coordination. This strategy eased consolidation and submission of reports to the program coordinators. To ensure effectiveness and program focus, the country program conducted periodic quarterly review meetings for the CHAs. The quarterly review meetings provided a good platform to track progress, challenges and lessons encountered by CHAs in the course of the program execution. The reviews also accorded CHAs an opportunity to share knowledge and experiences and best practices that could be replicated in other districts.

Drugs tracking and monitoring: Community Health Advocates embarked on a Health data collection endeavor to track down challenges being faced by health service providers and community members in providing

and accessing HIV/AIDS and TB health services, respectively. In this regard Community Health Advocates administered data collection questionnaires to health personnel and patients from various health centers in the districts. The collected data was routinely analyzed by the CHAs and the results were used (by the CHAs and the Community Members) in engaging duty bearers to ensure transparency and accountability in the drugs supply and access chain. The collected information ensured their evidence based advocacy and resultantly, the drugs availability and accessibility situation improved during the implementation period. The consolidated data from the CHAs was also used to advocate for the rationalization of the health budget at national level. Community Awareness raising campaigns: The trained CBOs members have also become instrumental in raising community awareness on human rights and the need to create discrimination free societies. This initiative has seen an improved understanding of human rights concept among community members and a conducive social environment for marginalized groups, especially the sex workers, to enjoy their basic rights. Notably, there has been a decrease in instances of sex workers being arrested and abused in the hands of the police.

~~Below are some of the case examples of the work of Community Health Advocates and Community Based Organizations in the country program~~

### *Angry communities in KA chase a corrupt health officer from the district*

An uninformed citizenry is dangerous to the nation, they say. This rang true in Karonga, a district in the Northern part of Malawi. Life for most HIV and Aids patients at Kasoba and other surrounding areas was hell. The patients could hardly receive the ART drugs as prescribed. The health facility in the areas would always run out of the drugs despite enough drugs being sent to the facility every month. Resultantly, HIV and Aids related deaths increased in the area. Even worse, those who travelled long distances to nearby health facilities were being denied access to drugs by site officials, saying they could only access the drugs at their facility. Clueless, communities simply resigned to fate.

But all this was before the capacity building training in Human Rights, HIV/AIDSs and TB targeting Kasoba CBO. After the training and the resultant awareness campaigns in the area, communities started realising they have rights, including right to health.

The activities by Kasoba CBO fired up the community members who decided to do something on the missing drugs at their health facility. Community members instituted investigations into the missing of drugs and found out that the officer at the facility was selling the drugs, including ART drugs to private traders. This infuriated the communities who called for meeting with Karonga District Health Officer and the health facility officer.

After thorough discussions at the meeting, communities unreservedly demanded the immediate removal of the health facility officer. Within a month, the officer got replaced by another. The situation now is normal at the facility as HIV and Aids victims are able to access ART drugs without hustles and hurdles.

### *A stitch in time saves nine...the story of a rescued gay person*

Harlod Manda, 26, is always shaking his head in utter disbelief. “Self-stigma would have killed me,” that how he starts narrating his story.

Born and bred in Mzuzu, Malawi’s Northern Region City, Harlod never, for a moment, imagined he would one day live with the virus.

“Being gay, I thought my chances of contracting the virus were very low. I thought HIV was only spread through hetero-sexuals,” he says.

However, repeated occurrences of syphilis and anal ulcers in 2010--- three years since he started having sex with men---compelled him to go for HIV test. To his disbelief, Harlod tested positive.

“I thought that was the end of it as I didn’t see myself surviving.

I thought time for me to die had just finally come and I didn’t even have the courage to share the bad news to any of my relations, let alone my friends.”

Harlod would then spend most his time indoors, cursing the day he contracted the virus. He started hating any message on HIV/AIDSs saying they mostly isolate homosexuals like him. He couldn’t plan for the future. He simply started waiting for death.

However, upon learning of the Human Rights, HIV/AIDSs and TB Capacity Building and Advocacy program in October, 2012 through a community awareness meeting by a Community Health Advocate for the area, Wakisa Mwenechanya, Harlod finally picked up courage to approach Wakisa on his situation.

Wakisa counselled him on how easily the virus spreads through homosexuals and advised him to go back to health centre to see if he was eligible to start taking ART drugs. It was through Wakisa that Harlod also learnt important issues like the relationship between the CD4 count, HIV and ARV. A new chapter of life opened. Enlightened, Harlod registered for ARV in November and started getting his life back.

“Look, I am now full of life and hope. I religiously take my ARVs and whenever I need more information, Wakisa is always available for me,” he said late December, wearing a jovial mood.”

With time, the initiative by the Mzuzu CHA grew from one gay person to seven of them who learn some ART literacy from Wakisa. The group also discusses how HIV is spread among homosexuals in addition to the protective mechanism they can employ.

Looking back Harlod has only kind words for the program.

“It’s good that we have a project that looks at life of homosexuals like us. Honestly, I didn’t know that this kind of an initiative exists in a homophobic country like ours,” that how Harlod finishes his narrative.

Kapyolambavi communities in Rumphi petitions the DHO, demanding a health centre in the area. For a long time, Kapyolambavi communities in Rumphi district have been denied their right to access health services. This was due to the fact there was no any health facility within their vicinity, with the nearest being some 20 kilometres away.

This situation made it difficult for Elias Chawinga, an HIV victim who took almost five years to know his HIVstatus. Every time Chawinga, 37, fell sick, he would rush to some grocery to buy some tablets hoping to recover. He did not have the wherewithal to travel to 20 kilometres to access health services.

Chawinga would probably have unknowingly lived with the virus to death had it not been for the capacity building training in Human Rights, HIV/AIDSs and TB which took place in December, 2012. The training targeted a Chikulamayembe Community based Organisation in Chawinga’s relative was one of the participants. After learning of the signs and symptoms of TB and how their relationship with HIV and AIDS, the relative to

Chawinga decided to talk to Chawinga on the need to go for an HIV test at the district hospital.

Fearing for his health, Chawinga dug deep in his pocket to meet transport costs. True to the fears of a relative, Chawinga tested positive and was immediately put on the anti-viral therapy (ART) treatment.

The situation angered Chawinga's relative, who upon return, suggested to the CBO and the surrounding community members to petition the District Health Office (DHO) on the need for health facility in the area help people in Chawinga's situation.

In February, 2013, the CBO led the community members to present the petition to DHO. Upon receiving the petition, the DHO promised to act on the issue in the petition. There are now indications that construction of a health facility in the area will commence soon.

### ***CHRR; Cedep assist an inter-sexual in Salima to reclaim lost rights***

There is no gainsaying what stigma and discrimination can do to a human being. Stigma equals self-imprisonment, whereas discrimination is tantamount to banishment. Future Edward, born to Mercy and James Edward, in Futi Village, T/A Kalonga, Salima district, once fell victim to these twin-vices.

Born an intersexual ten years ago, Future Edward was almost a refugee in his/her own village. The parents, since Future's birth, were at their tether's end as to what they could do on their child's situation.

When Future was eight, attempts were made to have Future operated on by medical experts so he/she could belong to one sex. Gogh! Salima District hospital did not have the expertise, so they referred Future's parents to QECH, the only referral that could do the required operation in the country.

Poor Future's parents managed to source transport cost here and there but it was still shy of meeting the minimum required cost. Frustrated, Future's parents gave up.

However, hell got loose when Future enrolled for primary education at Msalura Primary School. His peers, upon learning Future's status, started shunning him/her. No one wanted to talk to Future, let alone socialise with the child.

Future felt unwanted and rejected. He dropped out of school, preferring to remain indoors. However, upon learning of TB, HIV/AIDS and Human Rights capacity building and advocacy program in the district, Future's parents contacted the Senior Health Advocate for the district, Fletcher Simwaka.

Simwaka visited Future's home to appreciate the plight of the child. Simwaka then involved on-line media, Nyasatimes, to get public and policy makers' attention towards the child's situation. Almost 70 percentage of the feedback on the story was a call on government to do something on the child's plight. Simwaka also raised the matter with CHRR's senior management who personally came to visit the child to get the holistic picture of the story.

The initiative led to Future's parents being involved in various CHRR and Cedep-organised debates, explaining how discrimination and stigma can push the sexual minorities away from enjoying their human rights. Today, Future's parents who initially thought their child's place was inside the house are now leading the campaign for Future's rights, particularly right to education. What's more, the head master at the school is more supportive. During the final term of the 2014 academic year, Future claimed top position in Standard Four, instantly becoming adoration at the school as well as in the village.

“I promise to harden punishment to whoever, let alone parents who violate the rights of children like Future. Other, this project by CHRR and Cedep has taught us that being an inter-sexual does not mean the end of the world,” remarked Group Village Futi.

### ***The Dedza Soul who became Paul***

Born 65 years ago, John Chazemba of Saidi Village GVH Nandaya in Dedza district is a story of two extremes—from worst to best. Married with seven children, Chazemba personified violence to ridiculous proportions. After having one bottle of beer too many, he would engage himself in promiscuous behaviour. This resulted him into contracting HIV which he passed on to his wife. Despite his knowledge of his HIV status, Chazemba would never stop his careless behaviour. His wife was the worst victim.

Every night he came from beer drinking spree, he would beat up his wife, at time even chasing her out of the home. Worse still, he never disclosed his HIV status to his wife.

Thanks to the intensive Human Rights, HIV/AIDS and TB Capacity Building and Advocacy program in the district, Chazemba gradually started seeing the need to change his conduct.

“I December, 2013 attended one awareness meeting whose message linked gender-based violence to HIV/AIDS and Human Rights and I was greatly touched,” vividly recalls Chazemba.

“After the awareness meeting, I decided to approach organisers of the awareness meeting Mtayandondo Support Group which explained to me the details of the message.”

Chazemba went on to ask to join the group. Since 2013, Chazemba has been an active member of the support group. At home, he opened up to his wife on his HIV status and asked her to go for a test as well.

When it was discovered that her wife was positive, he offered some ART literacy to his wife by among others, asking her to be taking the drugs religiously.

Today, Chazemba is the chairperson of Mtayandondo Support Group, leading the group in conducting more community awareness of the program.

His support group together with NAPHAM and COWLHA groups have been working together in various activities including dealing with cases of stigma and discrimination, access to drugs as well as gender-based violence incidents.

### ***Ntcheu chiefs change attitude towards people infected with the virus***

It's a well-documented fact that culture is one of the contributing factors that fuel homophobia against the sexual minorities. Chiefs are always on the front championing homophobia against sexual minorities. Ntcheu District is a good example of chiefs harboured deep-seated hatred against sexual minorities. They used to say homosexuality is unMalawian and that anyone found in the district would be dealt with severely. Worse still, the district still had high cases of stigma and discrimination against those living with HIV.

Consequently, the conduct moved the victims away from accessing some of the fundamental human rights such as right to health. The coming in of the Human Rights, HIV/AIDS and TB Capacity Building and Advocacy program in the district worked wonders. Through core activities such as the opinion leaders' debates and

community dialogue by Chitungu CBO in the district, some leaders of the district softened up their stance against sexual minorities and those affected by HIV and Aids.

One such influential traditional leader is Senior Chief Kwataine who started calling for an end to forms of discrimination and assault on the sexual minorities and those affected by HIV in his area. Other traditional leaders such as Group Village Heads also backed the Senior Chief suggestion.

The gestures by the senior encouraged more HIV victims to open up, with many flocking to health centres in the area to have an HIV test. Thanks to the project, health centre officers in the district have also relaxed their negative attitudes towards people living with the virus by treating them with care like all other patients.

### ***Using the media to reach out to LGBTI community***

Community Health Advocate (CHA) for Lilongwe urban Mercy Kumwenda is like any other lesbian, except for one thing---Mercy is an outspoken lady who dedicates her efforts breaking the yoke of discrimination and stigma fellow lesbians in the City are going through.

A lesbian since she was thirteen, Mercy, had always been looking for an opportunity she would tell the world about her sexual orientation. But in a highly homophobic country like Malawi with archaic punitive laws, that seemed an impossible task. However, an opportunity availed itself one day.

In September, 2013, she was invited--- in her capacity as a CHA for Lilongwe---to be one of the discussants during the Women Forum Discussions centring on sexual minority issues. Noting that the media was there, Mercy saw as opportunity to reveal her sexual orientation.

“Holding a mic, I confidently said I am a lesbian and that the country needs to accept me as such legally, socially and culturally,” says Mercy.

Soon after making the statement, journalists swarmed her to know more her sexual life.

The following morning, Mercy’s story dominated various media outlets, drawing feedback from as many readers and listeners as possible.

“I knew that in so doing, other lesbians would come out of their hide-out and follow suit.

Mercy’s strategy worked wonders. Within a month, Mercy had 20 lesbians coming to her to seek various forms of assistance.

“This made me become a very busy person with counselling as well as sharing them knowledge on HIV/AIDS, human rights, TB and ART.”

Mercy says most lesbians know seem more assertive than before, saying the regular counselling she offers to them has hardened up their spirits and see life in a positive way.

Mangochi community radio program works wonders to fight HIV and AIDs related stigma

As efforts by various stakeholders including government to fight TB, HIV and Aids gather momentum, challenges dogging the fight also seem to be on the rise. This, thus, calls for different approaches to tame the vices.

One such creative initiative introduced as a deadly weapon against the triumvirate of TB, HIV and Aids in the use of the community radio program in Mangochi district. This is largely thanks to the TB, HIV and Aids and human rights capacity building and advocacy program in the district. Following the training the Mangochi community health advocate conducted for Women Against Aids (Waga) community based organisation (CBO) in the area, a number of bright initiatives are cropping up.

In order to reach out the greater masses faster using the limited available resources, the CHA together with the CBO managed to engaged Umoyo FM, a community radio to disseminate messages on TB, HIV and Aids and Human Rights.

Primarily, the radio program used is in form of a panel discussion comprising clinician from Mangochi District Hospital, members of Women Against Aids (WAGA) Community Based Organization (CBO) and Centre for Human Rights and Rehabilitation (CHRR).



### ***This is it! A panel discussion during one of radio programs***

The clinician talks about voluntary HIV Testing and Counseling and the importance of drug compliance for those who are on ARTs, members of the CBO talk on the importance of joining a support group while human rights activists dwells much on the ills of stigma and discrimination within the realm of HIV and AIDs fight. Listeners are then allowed to send the feedback on the program which informs improved programming.

Thanks to the program the number of people going for voluntary HIV testing and counseling has remarkably improved and that the incidents of discrimination based on one's HIV status have dramatically nose-dived.

## ***MAYO discovers a secret to winning a fight against HIV and Aids***

Music entertains, educates and informs. Music moves a person towards a certain direction. In short, there is power in music, that power which, if better exploited can cure the society of various ills bedeviling it.

This is the secret Mangochi Youth Organization (MAYO) just discovered. Upon acquiring knowledge and skills in TB, HIV/AIDS and Human Rights capacity building and advocacy, the CBO realised that using their band can just go a long way in spreading the messages against discrimination of any person based on their sexual orientation.

Thus, on a weekly basis, the band has been composing and singing songs centring on the themes of human rights, TB, HIV and AIDs.



*Fighting discrimination the creative way: MAYO band group during one of their performances*

Most remarkably, the band plays the songs even when they have been invited to engagements and wedding ceremony, fund raising for church activities and open days for other nongovernmental organisations. This means that the messages are continually been passed on to the community but in a form of entertainment.



*The dancing troops showing the dancing skills*

## ***ARASA program soothes police-sex worker relationship***

Since time immemorial, the relationship between police officers and sex-workers in Malawi has been that of a cat-and-mouse one. Mwanza district in the southern region of Malawi is no exception. Whenever the sex workers wanted to ply their trade, police officers would quickly pounce on them under the guise of rogue and vagabond.

Once arrested, sex-workers would be subjected to all forms of human rights abuses including rape, property grabbing and assault. Voiceless, workers would do their trade underground their putting the lives of their partners at risk of contracting TB, HIV and Aids.

However, with the coming in the TB, HIV/ AIDS and Human Rights capacity building and advocacy program, the situation has improved. After enhanced capacity, the community health advocate for the district Zinenani Majawa decided to work with the sex workers' alliance-Mwanza chapter to engage the Police on the need to have a health relationship between the two parties.

The CHA also use the opinion leaders' forum where the office-in-charge was one of the participants as an opportunity to engage with the Police in a progressive dialogue towards lessening their fastidiousness towards the sex workers.

Following the opinion leaders' forum, cases of human rights abuse towards sex workers by the Police have dramatically decreased.

## ***Chikwawa CBO steps to the rescue of HIV/ Aids victims in the district***

Try ask anybody in Chikwawa regarding stigma and discrimination based on HIV status and they will say: "It was high in past, not now". True, prior to the TB, HIV/AIDS and Human Rights and capacity building program in the district, cases of stigma and discrimination were on the rise.

Women have been the hardest hit. During the social protection programs such as the social cash transfer, public works, fertilizer subsidy and distribution of relief items, duty bearers would deliberately sideline those infected by HIV and Aids.

But thanks to the ARASA country program, the malpractice is now a thing of the past. After training in human rights, HIV/AIDS and Human Rights, Mthumba Community based Organization (CBO) has been taking a leading in conducting community awareness and sensitization meeting aimed at calling for the protection of the rights of sexual minorities.



*Mthumba CBO during one of the community awareness meetings in Chikwawa*

During the Opinion Leaders' Forum, the CBO, together with the CHA for the district, Titani Iman, engaged relevant officials from the District Council and traditional authorities to discourage sidelining those infected by HIV and AIDs. Today, HIV and AIDs victims are included in various social protection programs.

The campaigns have also helped men who were shunning HIV and AIDS test in fear of stigma and discrimination in their communities to start accessing the services in their large numbers.

### ***Aids support groups swell in Nsanje***

High levels of self-stigma among the communities in Nsanje district emerged to be the leading cause of most men shunning HIV test. However, the irony of it all has always been that whenever women went to access the service and tested positive, that would be the end of marriage. In fury, men would chase their HIV positive wives away where they would wait for their time to die.

This was despite the statistics showing that men are in the forefront leading the spread of the disease.

But the coming TB, HIV/AIDs and Human Rights capacity building and advocacy program seem to be turning tide in the right direction.

Operating through a community health advocate Elizabeth Mbundungu and various Aids support groups in the district, the program has managed to reach out to a number of community members including men with Human Rights and HIV/Aids messages in order to encourage men go for HIV test. The messaging also focused on encouraging respect for human rights within the marriage set-up.



*For the good of human rights victims: One of the community awareness meetings in Nsanje*

Traditional leaders and members of the community in Nsanje District have since commended the ARASA country project for enlightening them on the issues of HIV and AIDS, TB and Human Rights.

This led to decreased incidents of divorce and gender-based violence due to HIV status of one of the marriage partners.

Several people have declared their status and joined support groups where they share information on positive living. Religious leaders have also joined in urging people to go for voluntary testing and counseling before they get married so that they can make choices as to how they would be living in the family to avoid infecting each other with the virus.

### *ARASA country program helps to create a better environment for LGBTI community*

Just like in many parts of Malawi, Blantyre used to be hell for the sexual minorities to enjoy their constitutional as well as birth rights.

The oppressive legal environment would conspire with religious and cultural factors to drive those engaging in same sex relationships underground. As a result, HIV prevalence rates among the sexual minorities would thrive on a daily basis. This meant the country's target of the three zeros: zero new HIV infections rate, zero discrimination and zero HIV related deaths was nothing but a joke of the 21st century.

The harshness of the problem normally persisted till the coming in of the TB, HIV/AIDS and Human Rights capacity building and advocacy program in the district. Through the program, the community health advocate (CHA) for the area Eric Sambisa managed to reach out to the lesbian, gay, bi-sexual, trans-gender and intersexual

(LGBTI) community with human rights advocacy messages.

Not only that, Sambisa also engaged stakeholders such as the magistrate, district commissioner, officer-in-charge, religious leaders and traditional leaders in an opinion leaders discussion to among others get to the bottom of human rights issues affecting LGBTI community on the district.

The effect of the meeting has seen reduced incidents of homophobia in the district.

“Those in same sex relationship are able to come in the open to claim their rights, especially the right to health services,” says Sambisa, adding the program has helped a great deal in the district.