ARASA
AIDS & Rights
Alliance
for Southern Africa

Progress Report

2012

This progress report covers the period 1 January to 31 October 2012 and is divided into 2 parts: (a) a narrative section documenting the key activities, achievements and lessons learned during this period; and (b) an updated progress reporting matrix, providing further detail on the expected outcomes and related activities; quantitative and qualitative outputs and respective indicators; timeframe and implementation status.

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Overview

Established in 2002, the AIDS and Rights Alliance for Southern Africa (ARASA) is a partnership comprised of a diverse range of non-governmental organisations (NGOs), which promote a rights-based response to HIV and tuberculosis (TB) in the southern Africa Development Community (SADC) through capacity strengthening and advocacy.

ARASA's activities aim to achieve the two programmatic outcomes of: (1) Strengthened civil society capacity for effective human rights and HIV/AIDS advocacy in SADC; and (2) Increased mobilisation of civil society advocacy on human rights issues in the context of HIV/AIDS and TB in SADC.

Between January and October 2012, the ARASA team focused on consolidating the integration of training and advocacy activities at national and regional levels, building on the commitment to a stronger, more cohesive team approach expressed in 2011. This resulted in a more streamlined workplan, which prioritised the consolidation of technical and financial support to country programmes, Small Grants projects, the regional Training of Trainer's programme, partner exchange internships as well as thematic advocacy and lobbying efforts.

An annual planning meeting was held in January to finalise the 2012 Annual Workplan. This was followed by a workplan review meeting in June to assess the progress of activities and make amendments based on lessons learned during the first half of the year. Weekly staff calls were facilitated to keep track of activities and provide administrative and programme management support.

Governance

To ensure strong governance and oversight of the organisation, ARASA supports regular meetings of its trustees, all of whom are representatives of their respective organisations. The current members of the Board of Trustees are:

- Kaumbu Mwondela (ZARAN) (Chair)
- Toni Hancox (LAC)
- Nonkosi Khumalo (Section27 (incorporating ALP))
- Lois Chingandu (SAfAIDS)
- Christine Stegling (BONELA)
- Michaela Clayton (Director ARASA) (ex officio)

The first trustees meeting for the year was held on 30 March in Johannesburg, South Africa. During this meeting, the trustees signed off on the 2011 narrative and financial reports, the 2012 workplan and budget as well as the audited financials for 2011 and report to management letter. The trustees were briefed on the external evaluation, which culminated in the strategic planning process for the 2013 to 2017 period. They made recommendations regarding specific issues that should be considered during

the strategic planning process. Furthermore, the trustees congratulated Michaela on being named first runner up in the Namibian Breweries Ambassadors Awards, which honours Namibians whose work has been recognised internationally.

The second trustees meeting will be held on 13 November 2012, a day before the Annual Partnership Forum to accommodate trustees who may want to attend this annual gathering of partners.

Human resources

In April, ARASA recruited Sirka Amaambo as Communications Officer, based in the Windhoek office. In June, Lawrence Mbalati was appointed as Advocacy Officer, working out of the Cape Town office. Prior to this, he served as Grants Officer. Khairunisa Suleiman, contracted as a consultant to coordinate the TB and Human Rights Documentation Project concluded her contract in August. Also in August, the trustees agreed to elevate the post of Programmes Manager to that of Deputy Director and to appoint Felicita Hikuam in this position. In her role as Deputy Director, Felicita continues to manage programmes as before, but now has some additional responsibilities in representing ARASA as Deputy Director.

At the end of October, ARASA employed the following staff:

1. Michaela Clayton: Director, Windhoek, Namibia
2. Felicita Hikuam: Deputy Director, Windhoek, Namibia
3. Rudolf Gaweseb: Finance Manager, Windhoek, Namibia
4. Loide Iipinge: Office Administrator, Windhoek, Namibia
5. Jacob Segale: Training and Capacity Strengthening Team Leader, Johannesburg, South Africa
6. Lynette Mabote: Advocacy Team Leader, Cape Town, South Africa
7. Boniswa Seti: Training and Capacity Strengthening Officer, Cape Town, South Africa
8. Maggie Amweelo: Monitoring and Evaluation (M&E) Officer, Windhoek, Namibia
9. Lisias Mashuna: Office Assistant, Windhoek, Namibia
10. Lawrence Mbalati: Advocacy Officer, Cape Town, South Africa
11. Sirka Amaambo: Communications Officer, Windhoek, Namibia

Partnership

During this period, ARASA welcomed 9 new partners, bringing the number of partners to 61. The new partners represent diverse mandates across the HIV, TB and human rights advocacy spectrum. Four of the new partners are lesbian, gay, bi-sexual, transgender and intersex (LGBTI) led and focused organisations (Gays and Lesbians of Zimbabwe; Rainbow Identity Association, Botswana; Lesbians, Gays and Bisexuals of Botswana and Trans Bantu, Zambia). The other organisations are Passion for Women and Children, an NGO registered in Malawi, Copperbelt Health Education Programme (CHEP) from Zambia, Zimbabwe National Network of People living with HIV (ZNNP+), Zambia Association for the Prevention of HIV and Tuberculosis (ZAPHIT) as well as Rights and Not Rescue Trust (RNRT), a sex-worker led organisation based in Namibia,

ARASA's current partners are as follows:

1. Action Sida - Comores.
2. Adventist Development and Relief Agency (ADRA) - Lesotho
3. African AIDS Vaccine Programme – South Africa
4. AIDS and Human Rights Research Unit, Centre for the Study of Human Rights (UP) – South Africa
5. AIDS Law Unit of the Legal Assistance Centre – Namibia
6. AIDS Legal Network – South Africa
7. Associacao de Reintegracao dos Jovens / Criancas na Vida Social (SCARJOV) – Angola
8. Associacao KINDLIMUKA - Mozambique
9. Associacao Mulher, Lei e Desenvovimento (MULEIDE) - Mozambique
10. Botswana Network on Ethics, Law and HIV/AIDS (BONELA) – Botswana
11. Centre for Development of People (CEDEP) – Malawi
12. Children Dignity Forum (CDF) - Tanzania
13. Children Education Society (CHESO) – Tanzania
14. Centre for Human Rights and Rehabilitation (CHRR) – Malawi
15. Coalition of Women Living with HIV/ AIDS (COWLHA) - Malawi
16. Community Health Media Trust (CMT) – South Africa
17. Copperbelt Health Education Program (CHEP) - Zambia
18. Development for Peace Education (DPE) – Lesotho
19. Dr. Idrice Goomany Centre – Mauritius
20. Friends of RAINKA – Zambia
21. Gays and Lesbians of Zimbabwe (GALZ) - Zimbabwe
22. Grassroots Movement for Health and Development (GMHD) – Malawi
23. HIV/AIDS Support Organisation of Seychelles (HASO) – Seychelles
24. Human Rights Development Initiative (HRDI) – South Africa
25. Ladder for Rural Development – Malawi
26. Lesbians, Gays and Bisexuals of Botswana (LEGABIBO) - Botswana
27. Lesotho Network of PLWA (LENEPWHA) – Lesotho
28. Mozambican Treatment Access Movement (MATRAM) – Mozambique
29. Network of Zimbabwean Positive Women (NZPW+) – Zimbabwe
30. Association for Help and Development (PFUNANI) - Mozambique
31. Phelisanang Bophelong – Lesotho
32. Prévention Information Lutte contre le SIDA (PILS) – Mauritius
33. Passion for Women and Children – Malawi
34. Prisons Care and Counselling Association (PRISCCA) – Zambia
35. Protection Enfants Sida (PES) – DRC
36. Population Services International (PSI) – Swaziland
37. Rainbow Identity Association - Botswana
38. Research for Equity and Community Health Trust (REACH Trust) – Malawi
39. Rigiac Sida Sannam – DRC
40. Rights Not Rescue Trust (RNRT) - Namibia
41. Southern Africa Development Community Parliamentary Forum HIV/AIDS Programme (SADC PF) - Namibia
42. Southern Africa HIV & AIDS Information dissemination Services(SAFAIDS) – Regional
43. Southern Africa Human Rights NGO Network (SAHRiNGON) – Tanzania

44. Section 27 – South Africa
45. Sambatra Izay Salama (SISAL) – Madagascar
46. Swaziland Positive Living (SWAPOL) – Swaziland
47. Tanzania Network of Women living with HIV (TNW+) – Tanzania
48. Tonata PLWHA Network – Namibia
49. Treatment Advocacy and Literacy Campaign (TALC) – Zambia
50. Treatment Action Campaign (TAC) – South Africa
51. Trans Bantu Association of Zambia
52. Unit for behavioural studies on HIV and Health (UNISA) - South Africa
53. WEZESHA –Tanzania
54. Women and Law in Southern Africa Research Trust (WLSA) – Swaziland
55. Women and Law in Southern Africa Research Trust WLSA - Zimbabwe
56. Youth Vision Zambia – Zambia
57. Zambia Association for the Prevention of HIV and Tuberculosis (ZAPHIT) - Zambia
58. Zambia Network of Religious Leaders Living with HIV and AIDS (ZANERELA+) – Zambia
59. Zambia AIDS Law Research and Advocacy Network (ZARAN) – Zambia
60. Zimbabwe Lawyers for Human Rights (ZLHR) – Zimbabwe
61. Zimbabwe National Network of People living with HIV (ZNNP+) – Zimbabwe

Finance and sustainability

An external audit was conducted during the last week of February by Stier Vente Associates Chartered Accountants. The audit report was approved by the Board of Trustees in March and distributed to donors, trustees, partners and other stakeholders.

The Swedish International Development Cooperation Agency (SIDA) is the only donor left in the Joint Financing Arrangement (JFA). In 2011, they agreed to provide ARASA with an additional amount for the financial years of 2011 and 2012 respectively, which ensured that ARASA had sufficient funds to cover the annual budget for 2012. On 30 May, ARASA hosted an annual donor's meeting with SIDA as required in terms of the provisions of the Joint Financing Arrangement.

In addition to funding from SIDA, ARASA receives financial support from Ford Foundation, Open Society Initiative for Southern Africa (OSISA), Open Society Foundation (OSF), John M. Lloyd Foundation and TIDES Foundation through the International Treatment Preparedness Coalition (ITPC).

In September, ARASA secured funding from the Royal Netherland Embassy (RNE), Pretoria to implement a regional programme on Sexual and Reproductive Health and Rights for lesbian, gay, bi-sexual, transgender and intersex people (LGBTI) in Southern Africa with HIVOS, Positive Vibes and CoC. The programme will be implemented in 10 SADC countries and will run for three years.

Monitoring and evaluation

In 2012, ARASA introduced monitoring and evaluation (M&E) field visits to provide M&E related technical support to the Country Programmes as well as some 2012 Small Grants projects, based on needs identified by the ARASA team.

Between July and November, Maggie Amweelo, the M&E Officer, visited the Country Programme in Mozambique; the Disabilities, HIV and AIDS Trust (DHAT) in Zambia and Youth Outreach on Rights and Development (YORD) in Namibia. A visit to the HIV AIDS Support Organisation (HASO) in Seychelles was cancelled due to funding limitations. The Malawi Country Programme will be visited during the 1st quarter of 2013.

The field visits provided an opportunity to observe the implementation of project activities, explore challenges related to narrative and financial reporting and provide technical support related to organisational M&E systems. Key challenges identified during these visits included a limited understanding of the M&E logframe, budgetary constraints (under-budgeting on budget lines) as well as challenges related to financial management and complying with ARASA's financial procedures regarding re-alignment of budget lines. Notes from each visit were circulated to the ARASA team to ensure that individual team members could follow up on the concerns raised.

Although a pre-implementation workshop was hosted for the small grants recipients during the inception phase of the projects, it became clear that the grantees appreciated the targeted support offered during the field visits as they were able to raise their specific challenges, such as those related to the logframe, in a more targeted, one-on-one setting.

In January 2012, ARASA commissioned Singizi Consulting, a South African company specialising in developmental work and research, to conduct an evaluation of ARASA's achievements against its strategic plan for 2008-2012. The evaluation aimed to (a) draw lessons for effective and efficient implementation for the remaining phase of the plan; and (b) inform the development of the new strategic plan for the period 2013 to 2017.

The evaluation, conducted between January and April, focused on a programme, partnership and institutional review. The methodology used for the evaluation included a review of key ARASA documents including annual reports, workplans, donor agreements, strategic plans and logical frameworks and budgetary information.

As part of the inception process, Singizi met with ARASA staff in Windhoek, Namibia, on 25 and 26 January 2012, and obtained a full briefing on ARASA's work to understand and refine ARASA's "programme logic". During this stage of the process, Singizi also conducted initial interviews with all of the core ARASA team members to gather data on staff perceptions of each programme area, as well as perceptions of how the organisation sets about achieving the objectives that it has set for itself.

During the data collection phase, Singizi developed and implemented survey tools for ARASA partners, Small Grants recipients, participants of the Training of Trainers (ToT) programme, individuals trained by ToT participants, Country Programme Coordinators, interns who participated in the partner exchange internships, regional and global players as well as donors and trustees.

This resulted in a comprehensive evaluation report submitted in April and distributed to partners, trustees and donors in May. This report can be viewed on the ARASA website at: http://www.arasa.info/images/stories/PDF/ARASA_Evaluation_Report_final[1].pdf

Key findings of the evaluation are outlined below:

Outcome 1: Strengthened civil society capacity for effective HIV, TB and human rights advocacy in the region

The evaluation reviewed the key programmes that ARASA is undertaking to support the achievement of Outcome 1, including the Training of Trainers (ToT) programme, the Partnership Exchange Internship programme, and the capacity building component of the country programmes and found that ARASA has undertaken the activities that it had planned to train and build the capacity of civil society for effective human rights advocacy in the SADC. It has run the ToT programme, and the findings suggest that participants are very satisfied by the programme and state that they consider this training to be valuable, relevant, well-structured and well delivered. Further, there is evidence that the trainers are using this training to train others, and to support advocacy work, which points to the wider capacity being developed through the programme. Moreover, individuals trained by ToT graduates express high levels of satisfaction with this training. The internship programme also appears to be contributing to both the capacity of the interns and their organisations of origin, as well as the organisations that host the interns. It is noted, however, that this is rather limited in scale, which limits the extent to which it can contribute to the capacity of civil society organisations more widely. The organisations hosting the country programmes reviewed in this evaluation feel that their capacity has been significantly boosted through the process. Depending on the particular country, other organisations have received varied levels of training through this programme, contributing to the development of civil society, though the limited scale of the programme is also highlighted.

Partner interviewees, who state that the training and capacity building interventions have developed their capacity, evidence the success of these interventions.

The extent to which this training and capacity building has, in turn, contributed to more effective advocacy work is discussed in the section below.

Increased mobilisation of civil society advocacy on human rights issues in the context of HIV and TB in the region

This evaluation, as well as findings from the previous ARASA's external evaluation (2006) found that ARASA is an "*authoritative voice*" in the region and is able to play a strategic advocacy role, without

which there would be a clear gap in the region. This argument is premised on the view that ARASA is the only regional partnership of organisations working in the region to promote a human rights based response to HIV and TB.

The evaluation found that ARASA is able to ensure that the voice of civil society is heard at the level of the SADC, as well as globally. In addition, interviewees suggest that ARASA's closeness to civil society is critical with respect to its ability to provide an "early warning system" about issues that urgently need to be addressed.

Further, it was found that the small grants process has specifically created an important platform for organisations (through the individual grantees) to initiate and implement human rights-related advocacy campaigns. It has been found that the reach of some of the projects that were reviewed here has been significant, particularly given the small grant allocations.

There is also evidence that the country programmes, have provided training and support to civil society to initiate and implement advocacy campaigns.

One issue highlighted by the evaluation that needs to be considered with respect to the extent to which ARASA has succeeded in this outcome is the concern that ARASA has not consistently managed to ensure that partners are on board, and have the capacity to engage in the advocacy work. This reflects the tension between ARASA continuing to take up cutting edge issues - an ability that was commented on very positively in this evaluation - and the time that it takes to facilitate a consultative process.

Review of the Partnership

The previous section has highlighted the central issue pertaining to the ARASA partnership approach. That is, when does ARASA secretariat move ahead, and when does it ensure that it brings partners on board? This evaluation has found that this issue has implications for:

- Decision-making: which issues should be prioritised?
- Capacity development: ensuring that partners have the capacity to address the issues in the relevant forums; and,
- Value clarification: whether the issue is one that all partners feel comfortable with.

Moreover, the level of involvement of the partners continues to be uneven, with some partners actively engaging, and others showing minimal interest in many of the activities of ARASA, as evidenced by the views of some respondents and, possibly, by the limited number of responses to the survey.

Regardless of these complexities, the review does suggest that the ARASA partnership certainly brings with it the credibility to participate in forums, and provides ARASA with a deep understanding of the issues emerging from civil society. Further, partners state that participating in the partnership and various programmatic activities has also enhanced their own work as individual organisations.

The evaluation recommends that ARASA now urgently needs to clarify the following questions:

- Are there an appropriate number of partners?
- How does ARASA determine its agenda such that it can consider those partners that cannot speak out for fear of repression, and those that do not agree with certain of the issues raised by ARASA because of a clash of values?
- Should partners be more involved in the activities of ARASA and in determining its agenda? What are the ways in which this could be achieved (for example, "clustering" organisations in terms of the primary rights interests and focus)?

Institutional Review

Finally, the evaluation reviewed ARASA's institutional arrangements. The evaluation points to the view that ARASA governance and management structures are in place, and are functioning well.

There were concerns raised about the reality that staff members are based in two countries. This is a complex issue. While on the one hand, it is clearly very difficult to move staff, it does appear to create certain institutional challenges relating to administration, though these are perhaps easier to resolve. The other tension created in this regard relates to ensuring that capacity building and advocacy are more integrated as programmes. It is noted that in this past year, the organisation is consciously trying to put in place joint planning processes and to ensure that staff come together, but this remains an area that will require conscious effort.

The institutional review also highlighted the changes in donor policies - both because of the economic climate worldwide, and that some donors have shifted priorities. During the period of the evaluation, ARASA received positive commitments from one donor in the short-term. Moreover, it is noted that the organisation is attempting to diversify its donors, and is applying for funds to both traditional and non-traditional donors. This is considered an important step. The one issue that may require further consideration - as raised by donors - relates to the extent to which the advocacy strategy begins to hold governments in the region to account for funding HIV/AIDS services, and in an equitable manner.

Of course, related to issues of funding are questions of cost-effectiveness. This is increasingly a question that will be posed to organisations. It is suggested that two issues come up in this context, although it could be argued that both need to be considered through a broader lens. This includes the implications of being based in two countries (though, as indicated, the primary issues related to this are those of communication, joint planning and reflection on work) and the number of countries in which ARASA works and the presence it has - and seeks to have - in each country (though this is related to a broader question about priorities).

In terms of the institutional review, the final area in which there is a challenge is with regards to M&E, and respondents suggest that this is an area that needs to be significantly developed. This is critical as (i) it create a basis for the organisation to understand whether it is doing what it intends, and whether this is enabling the organisation to achieve its outcomes and impact, such that it supports on-going learning and evidence base decision making and will also (ii) enable ARASA to develop an evidence base so as to account to its donors and potentially improve ARASA's opportunities for attracting funding.

Strategic planning

Based on the quality of the external evaluation report submitted by Singizi Consulting, ARASA approached Singizi with a view to retaining their services to facilitate the strategic planning process.

From 4 to 5 June, Singizi facilitated a Strategic Planning meeting with ARASA staff to explore their views on the future direction of the organisation in terms of the programmatic, institutional and partnership areas.

A draft Strategic Plan was shared with the ARASA team in July. Once input from the staff was consolidated, the consultants engaged the trustees as well as various international and regional partners to provide their perspectives on the future direction of ARASA's work. The consultants received substantial input on the draft document and presented the recommendations to Michaela and Felicita during a conference call in October. Several sections of the document need to be revised before the Plan can be presented to the partners towards the end of the year.

Key programmatic achievements

Outcome 1: Strengthened civil society capacity for effective human rights and HIV/AIDS advocacy in SADC

Regional Training of Trainers Programme: The first workshop of the regional ToT programme was held in Johannesburg, South Africa from 5 to 9 March. The workshop was attended by 32 representatives of various networks of people living with HIV and AIDS (PLHIV); key populations at higher risk of HIV such as sex workers and LGBTI people as well as other civil society organisations from across SADC and the Indian Ocean Islands. Two ARASA staff (Loide Iipinge, Office Administrator and Maggie Amweelo, Monitoring and Evaluation Officer) also attended the workshop to enhance their understanding of HIV and AIDS, human rights, advocacy, lobbying and treatment literacy issues. The training workshop was facilitated by 4 facilitators from the Advocacy and Capacity Strengthening teams (Jacob Segale, Boniswa Seti, Lynette Mabote and Lawrence Mbalati). 40 CD's containing the ARASA HIV and Human Rights Training and Advocacy manual where distributed along with 40 booklets on the *'10 Reasons to Oppose the Criminalisation of HIV Exposure or Transmission'*; 40 *'Mines and TB'* reports; and 40 *'Know Your Status Campaign'* reports. Two films on topics covered during the training were also screened.

During a staff meeting held at the beginning of June, staff discussed the on-going challenges with the online component of the ToT, including the limited participation of trainees due to low levels of access to the internet, limited bandwidth and lack of technical skills to navigate the portal. The following is a quote from one of the participant, documented in a workshop evaluation form: "It was difficult when we have online session without all participants and sometimes I found myself lost during chat session meaning can't follow or understand the objective of the online session/topics"

As a result, staff agreed to revert back to conducting all sessions of the ToT as face-to-face sessions, and to use the online portal for short courses and to provide advanced trainings on selected topics.

Subsequently, a face-to-face training workshop, covering the modules on monitoring and evaluation and treatment literacy, was held in Johannesburg, from 13 to 17 August. The training was attended by 35 trainees and moderated for the first time by 5 ToT alumni moderators, who were invited to refresh their knowledge and facilitation skills in addition to supporting the ARASA staff (Boniswa Seti, Jacob Segale, Lawrence Mbalati, Lynette Mabote, Maggie Amweelo and Rudolf Gawaseb). Thirty five CD's containing monitoring and evaluation, treatment literacy, intellectual property, finance and advocacy materials were distributed.

The advanced ToT training workshop was held from 15 to 19 October at the Life Hotel in Johannesburg. Thirty two trainees attended the training, which concluded with a graduation ceremony on 19 October. Certificates of participation were presented to those who did not complete all the assignments, while those who submitted all assignments received certificates of competency.

Three external resource people were invited to facilitate the sessions on *'The use of Media as a tool for advocacy'*; *'Intellectual property rights and its impact on access to medicines'* and *'Sex and Sexuality'*. Following an initial meeting during the International AIDS Conference, ARASA staff participated in conference calls with representatives of Medicines Patent Pool (MPP) to discuss how they could support ARASA's capacity strengthening on intellectual property (IP) during the Training of Trainers programme. As a result, Ethan Guillen from the MPP co-facilitated a session on IP during the Advanced ToT held in October. The MPP has also expressed an interest in working with ARASA to conduct regional IP workshops in 2013.

An educational video was screened during the training and flash drives containing information on intellectual property as well as other materials presented during the training were distributed.

Online training: During the first ToT workshop, the facilitators introduced the online portal to the participants to ensure that the participants were well equipped to participate in the modules which were to be presented through the online training platform. In March, Joomla, the platform on which the online training portal is hosted was upgraded. This addressed many of the challenges faced with the portal in 2011. Between April and May, the revision of module 1 on human rights and HIV as well as the module on monitoring and evaluation were conducted through the online portal. However, some challenges (mentioned above) were experienced during the use of the online portal. Jacob and Boniswa worked with Electric Empire, contracted to support the management of the portal, to address the challenges on an ad hoc basis.

The first short course on HIV and human rights commenced on 1 October for 20 participants from across Africa. The 6-month short course is modelled on the ARASA HIV and Human Rights Training and Advocacy Manual and co-facilitated by the 5 ToT Alumni moderators.

Linkages and networking amongst trainees: An email list and Facebook page were created for ToT alumni in March. The email list has 112 members who were trained between 2008 and 2011. Through the email list, linkages were created between the alumni members and the current trainees, with the aim of facilitating the provision of technical support by the alumni to the current trainees during the completion of their assignments. Various discussions have already been facilitated on the Facebook page, including a discussion on the visit of the UN High Commissioner for Human Rights to Zimbabwe. This resulted in various ToT trainees attending the meeting with the UN High Commissioner. The ARASA team continues to mobilise other trainees to sign up to the Facebook page and to be active on the email list.

Additional trainings:

- On 22 March, Boniswa facilitated a session on advocacy and lobbying during a training organised by Médecins Sans Frontieres (MSF) in Cape Town. The training was attended by 35 MSF heads of missions from Africa, Europe, Asia, Australia, North and South America. 60 '*Dollar bills'* from the *'Funding for Health'* campaign were distributed and both versions of the *'Lords of the Bling'* videos were screened.
- On 16 March, Michaela participated in a seminar for judges of the High Court in Tanzania and delivered a presentation entitled: *'Administering justice for people living with HIV: Some Perspectives'*.
- Maggie and Jacob facilitated a training workshop on M&E for African Men for Sexual Health & Rights (AMSHeR) from 20 to 21 June in Johannesburg. The workshop aimed to capacitate AMSHeR programme staff on M&E and to assist them in consolidating their departmental work plans into a results framework. The training was attended by 7 staff members including the AMSHeR director.
- On 28 August, Lynette facilitated a skills-building session on *'advocacy strategies promoted by evidence–based research methodologies'* during a two-week intensive training convened by Sonke Gender Justice's MenEngage Africa Network Project in collaboration with University of Cape Town. The training brought together 24 advocates from various African countries with a view to scaling up work on engaging men and boys in addressing gender equality, and to build a network of leaders and gender justice advocates.

ARASA partner exchange internships: In 2011, ARASA identified 3 interns from partner organisations and negotiated their being hosted by partners in Zambia (ZARAN), South Africa (CMT) and Swaziland (SWAPOL). The 2011 internship placements were however postponed to 2012 due to the inability of host organisations to accommodate the interns during the last quarter of 2011.

Between January and March, the interns were hosted by the abovementioned organisations with the aim of exploring good practice lessons they can replicate in their own organisations. Annie Malumo, M&E Officer at TALC (Zambia), spent 5 weeks at CMT to explore various M&E systems, including uploading data using mobile phone technology; data verification; data cleaning and data analysis. Erastus Ndilenga from Tonata (Namibia) spent 8 weeks at SWAPOL, working in various departments and strengthening his writing and financial planning skills. During this period, Erastus also worked with

SWAPOL to develop their website and produced a mini-documentary on the SWAPOL mobile clinic. Between 17 February and 19 April, Frank Makolo from CHESO (Tanzania) explored the provision of HIV-related legal services, which included writing case closure reports and providing recommendations on new cases.

While all 3 of the interns found their experiences beneficial, they recommended that activity plans for future interns should be developed in advance to ensure the internships are focused and time is not wasted during the placement to develop the activity plans.

A call for interns for 2012 was issued on 8 February and two interns (one from Ladder for Rural Development, Malawi and another from SISAL, Madagascar) were selected in May. Khumbo Jacqueline Gondwe from Malawi was placed with SWAPOL in Swaziland for a period of 8 weeks, from 5 August to 16 September. During this period, Khumbo was exposed to SWAPOL's Home Based Care, Capacity Building as well as Agriculture and Nutrition Programmes and participated in several field visits to the project sites. Upon conclusion of the internship, Khumbo expressed her gratitude for the opportunity, explaining that the internship placement provided a very conducive learning environment for her.

Rindra Ranaivoson from SISAL in Madagascar was to be hosted by Zimbabwe Lawyers for Human Rights from 6 August to 28 September. Unfortunately, he was deported from Zimbabwe upon his arrival at the airport, as he could not secure a visa upon arrival in Bulawayo. Several attempts were made unsuccessfully to contact the immigration officials in Zimbabwe to explain that Madagascans do not require a visa for Zimbabwe. Subsequently, Rindra has begun his internship with the AIDS Legal Network in Cape Town, South Africa from 27 October to 7 December.

In September, ARASA hosted two staff from SCARJOV and the Angolan Network of People Living with HIV and AIDS for a 10-day internship at the office in Cape Town, South Africa. The main objectives of this internship were to facilitate the sharing of lessons and experiences on advocacy for social justice and access to HIV and TB-related services, in order to guide the development of an advocacy project aimed at improving the lives of PLHIV by SACRJOV and the Angolan Network of People Living with HIV and AIDS. Amongst others, field visits were organised to meet with TAC, MSF, Equal Gender, the Community TB Centre, the Rape Crisis Centre as well as the Sex Worker Education and Advocacy Taskforce (SWEAT) to learn about good practices in increasing access to treatment; functional models related to TB/HIV integration; and campaigns to address gender based violence. Furthermore, the interns learned about mobilising, organising, advocating and lobbying for sex workers and LGBTI. A key outcome of this internship was a commitment from SWEAT to work with SCARJOV to establish a chapter of the African Sex Work Alliance (ASWA) in Angola. SCARJOVs role would include hosting an ASWA coordinator at their office.

Materials development and review: In order to inform the review of the current ARASA HIV and Human Rights Training and Advocacy Manual, a survey was designed and circulated via a Survey Monkey link to former ToT participants and ARASA partners.

Twenty one responses were received, analysed and compiled into a report. This report will be shared with the consultants who have been commissioned to update the manual. Delays were experienced in analysing the data due to the limited capacity of Survey Monkey to analyse both quantitative and qualitative data simultaneously.

The manual will be revised to consider the findings of this survey as well as the *'Right to health'* material created by the Advocacy team in 2011. The revised manual will be printed on CD and distributed in 2013.

Outcome 2: Increased mobilisation of civil society advocacy on human rights issues in the context of HIV/AIDS and TB in SADC

Equal Rights 4 All: Following in-depth discussions during the 2010 and 2011 APF meetings on the need for ARASA to be more active in advocacy for LGBTI rights, ARASA hosted a regional LGBTI and Human Rights Consultation in the second week of January. The meeting was attended by 31 participants from ARASA partner organisations as well as LGBTI organisations. The participants also included regional partners such as AMSHeR and the Coalition of Africa Lesbians (CAL), who provide technical support and other resources to LGBTI organisations at national and community levels. In addition, donors and international partners such as International Gay and Lesbian Human Rights Commission (IGLHRC), HIVOS and Schorer also participated in the discussions.

During the meeting, participants shared their understanding of the regional and national context for LGBTI people and how partnerships between LGBTI and mainstream human rights organisations can be forged and strengthened. The *'Equal Rights 4 All'* manifesto was shared with the participants and, along with other resource materials, has been incorporated into the workplans of some of the participating organisations.

A key outcome of this meeting was the strengthening of relationships between regional organisations working on the various aspects of LGBTI rights. In addition, relationships between ARASA partners, working predominantly on HIV-related human rights issues, and LGBTI organisations were strengthened, with the aim of catalysing and strengthening joined national level advocacy for LGBTI rights. Participants also explored creative approaches to the coordination of efforts to advocate for LGBTI rights by facilitating peer support between newer LGBTI organisations and their more established and better resourced peers.

A joint action plan for 2012 was developed and has already opened avenues for more coordinated approaches to LGBTI rights activism in the region, through the more focused use of technical and financial resources and skills transfer to those organisations who require it the most.

As a result of this work, measurable outcomes can already be reported. ARASA has managed to draw 5 candidates from this pool of participants for the 2012 ToT programme. In addition, stronger partnerships are being forged between human rights and LGBTI organisations. For example, in Malawi, the ARASA supported country programme is based on collaboration between an LGBTI organisation

(Centre for the Development of People (CEDEP) and a human rights organisation (Centre for Human Rights and Rehabilitation (CHRR). This consortium of partners intends to use the *'Equal Rights 4 All'* manifesto for joint advocacy on LGBTI rights in 2012 and 2013. In addition, LENEPWHA has been working closely with MATRIX in Lesotho and in Mozambique, LAMDA will take the lead in LGBTI work of the coalition, coordinated by the ARASA supported Country Programme hosted by MULEIDE.

Advocacy for the rights of LGBTI has been a sensitive topic amongst ARASA partners over the past few years. In light of this, ARASA provided technical support to partner organisations to better understand the issue through the development of the *'Equal Rights for All'* manifesto in 2010. ARASA also supported the exploration of how, given their context, partners could incorporate advocacy for LGBTI rights in their HIV and TB-related human rights advocacy and training work.

Although a slow and long-term process, this approach has been paying off, as more and more ARASA partners are incorporating a focus on this issue into their work and becoming vocal about LGBTI rights and related rights violations in their countries. An example of this is the number of partners who issued statements or implemented activities on 17 May, International Day against Homophobia and Transphobia (IDAHO). Amongst others, Children Education Society (CHESO), based in Tanzania, shared a press release from the UNAIDS Executive Director with the ARASA partners and reminded them of this important opportunity to raise awareness and to show solidarity with people who are discriminated against based on their sexual orientation or gender identity. In a statement issued on IDAHO, CEDEP and CHRR appealed to Malawians to exercise tolerance, acceptance and respect sexual minorities. Furthermore, the Executive Director of the Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) also issued a statement reminding partners that as African communities come together to address development challenges towards a better life for all which guarantees human rights to all, they need to respect the diversity of society. In Botswana, LEGABIBO led a march of LGBTI people and their supporters through the streets of Gaborone. The group of about 80 participants held up placards advocating for equality for LGBTI people. The march was followed by a public forum where drama and debate were used to raise awareness among the general public and LEGABIBO members on sexual diversity, the effects of homophobia and trans-phobia and the importance of commemorating the day. The other ARASA partners in Botswana (BONELA and Rainbow Identity) also attended the event.

From 7 to 12 May, the Lynette and Lawrence discussed the development and aim of the *'Equal Rights 4 All'* manifesto in an e-forum discussion on the ability of LGBTI people to access SRH and HIV services in eastern and southern Africa; as well as the role of traditional leaders in the LGBTI agenda organised by SAfAIDS. The Equal Rights Manifesto remains a strong advocacy tool for ARASA and its partners and is still up on the discussion forum of the ARASA website.

As mentioned under the Finance and Sustainability section, ARASA, HIVOS, Positive Vibes and CoC secured funding from RNE, Pretoria to implement a regional programme on Sexual and Reproductive Health and Rights for LGBTI people in Southern Africa from September 2012 to September 2015. In

October, a strategic planning meeting was convened to agree on ways of working and draft a work plan for the first year. A vacancy announcement for the Programmes Manager position was also circulated in October. The Programmes Manager, to be employed by the end of the year, will be based at the ARASA office in Windhoek, and will assume responsibility for the overall management and co-ordination of the Regional Programme.

Funding for health: Advocating for adequate financial resources for an effective response to HIV and TB in the region has been a priority for ARASA since 2010.

From 8 to 10 February, Lynette attended a global civil society meeting on the replenishment of the Global Fund, in Amsterdam, the Netherlands. The meeting, hosted by the International Civil Society Support (ICSS), brought together Global Fund allies and activists to forge a way forward to advocate for innovative resource mobilisation strategies to raise funds for the Global Fund. The meeting also aimed to strategise on ways that civil society in various regions could advocate for additional resources to be pledged to the Global Fund, as well as for government accountability and national ownership through additional domestic resources for national HIV and TB responses. Participants from Africa decided to continue with a two pronged approach in their advocacy efforts: (1) more focus on increasing national health budgets and accountability; and (2) for a fully funded Global Fund.

Following this meeting, the Global Fund supported an African civil society meeting, which was co-hosted by ARASA in Cape Town, South Africa from 20 to 22 March. The meeting provided a platform for African civil society groups to strategise on opportunities to advocate for innovative financing, resulting in the development of a roadmap to guide the advocacy efforts. ARASA will play a critical role during the implementation of the roadmap by supporting its partners at the national level to advocate for domestic financing and demand the replenishment of the Global Fund.

The African civil society meeting culminated in a press conference in Cape Town on 22 March and a mass mobilisation event in Johannesburg on the same day. The march was organised by ARASA and other partners including the Congress of South African Trade Unions (COSATU), TAC, Section 27 and MSF. Jacob participated in the march in Johannesburg and delivered a statement on behalf of ARASA. The march concluded with the delivery of a memorandum to the Embassy of the United States of America, demanding that the US government increase its contribution to the Global Fund and calling for an emergency donors meeting to raise the additional U$D 2 billion required for Global Fund round 11, which was cancelled in November 2011 due to a shortage of funds. The march was attended by about 1000 people from various TAC branches as well as ARASA partners and other organisations from Botswana, Swaziland and Lesotho.

During the International AIDS Conference in July, Lynette attended various consultations with the Global Fund Secretariat, where the strategic thinking around a new funding model was presented to civil society. During these discussions, it became apparent that civil society needed in-depth consultation on the various proposals for this new funding mechanism (NFM) and its impact on programming. Together with the World AIDS Campaign and AfriCASO, ARASA conducted a 14-day rapid consultation in

September, to allow civil society across the continent to raise their concerns with the process of developing the NFM and provide recommendations on how this situation could be salvaged. The recommendations from this consultation were tabled at the Global Fund Board meeting, which took place from 13 to 14 September in Geneva. ARASA co-authored 2 press statements on the NFM and liaised with the media to increase coverage on this issue. As a result of this media outreach, Lynette was interviewed by IRIN news about civil society's views on the NFM.

The team has been engaged in monthly Global Fund Advocates Network calls and strategic teleconferences organised through the African Resource Mobilisation group to keep regional partners updated on the Global Fund's NFM and to encourage them to participate in discussions on the developments at the Global Fund.

ARASA partners in various countries joined forces to mark the 10th anniversary of the Global Fund in January and used the opportunity to put pressure on governments to increase domestic financing for health. In Zambia, ZARAN, TALC and other Zambian civil society organisations engaged in activities to support the *'Here I am Campaign'* - a global resource mobilisation campaign for the Global Fund that included PLHIV from TALC Zambia touring around the globe to campaign for the replenishment of the Global Fund. A 'Call for Action' was also issued to lobby the Zambian government through the Minister of Health to make a statement calling for an emergency replenishment meeting before the International AIDS Conference in July, during the period marking the 10th anniversary of the Global Fund. These advocacy efforts have also resulted in an increasing number of civil society groups in Zambia demanding innovative financing mechanisms for the national HIV and TB responses. As a result of the increased pressure applied by civil society as well as the new political dispensation, the Zambian government has increased the country's domestic health budget by 45% (from K1, 772.9 billion to K2579.9 billion) from 2011 to 2012. This has resulted in a removal of all 'user fees' for primary health care, both in rural and urban settings. There is also a commitment from the government to increase domestic financing for the AIDS response. ARASA partners in Zambia have also been advocating for ways in which Zambia can increase its efficiency in the use of the national health budget and balancing this with the country's drug procurement frameworks.

In Zimbabwe, the impact of the *'Funding for Health'* campaign has been illustrated by the increase in stakeholder and community involvement in the campaign. Through the concerted efforts of a multi-stakeholder partnership, stronger alliances have been forged to ensure a louder voice around funding for health issues. Over the past two years, the campaign has been expanded from raising awareness about the need for increased resources to health, to tackling issues around appropriate allocation of existing funds. This has been done through sustained community discussions and capacity building on national budget processes to contextualise 'complex' budget issues into 'community-friendly' language. During this period, Zimbabwean partners adapted ARASA's regional *'Funding for Health'* campaign materials, including the *'Dollar Bills',* to the local context. The adapted tools ranged from an informational booklet called *'Local Level Advocacy in Health and Rights: The case of Masvingo Province in Zimbabwe'* to other innovative advocacy materials such as banners in the form of *'health cheques'*,

used to demonstrate the need for additional resources to sustain health outcomes, instead of more political declarations.

From 21 to 23 February, Lawrence attended an Investment Framework Community Mobilization Meeting in Dar es Salaam, Tanzania. The Strategic Investment Framework was introduced by UNAIDS in 2011 as a model for better HIV investments and more evidence-based HIV programming for the next decade. Important for the work of the ARASA partnership, is the consideration of the importance of social enablers such as stigma reduction, laws, legal policies and practices in the Investment Framework. The meeting was attended by more than 75 representatives from civil society, government and UNAIDS and explored civil society perspectives on the Investment Framework as well as what their role is in the implementation of the Investment Framework. While the Investment Framework has already gained some traction, civil society representatives raised several concerns including the meaningful involvement of civil society during the development of the model; the decline in funding for HIV; the lack of political will and commitment to an effective AIDS response in Africa; and AIDS fatigue.

On 3 and 4 July, Lawrence and Boniswa participated in the 9th Budget and Expenditure Monitoring Forum (BEMF), convened by Section 27, TAC and MSF in Khayelitsha. The forum aimed to look at what has been happening in the provinces of South Africa as far as budgeting and expenditure is concerned. Representatives of the various organisations shared updates on the conditions in their respective provinces, highlighting service delivery and drug stock-outs as key challenges. As a result, Health-e news has embarked on a project to train community journalists to monitor and report on specific issues related to access to treatment and service delivery at the provincial level in an effort to raise public awareness on the issue. Lawrence gave an update on the Global Fund and civil society advocacy in this regard. Key recommendations emanating from the meeting included a call for SADC to explore alternative funding mechanisms, such as taxes from the Southern African Customs Union (SACU) revenue and Financial Transactional Tax (FTT), to finance HIV and TB responses in the region. A follow-up meeting is scheduled for early 2013, at which partners will agree on concrete actions to take the health budget agenda forward.

From 23 August to 1 September, Lawrence attended a workshop on health and budgeting hosted by the International Budget Partnership (IBP) in Cape Town. ARASA was invited to attend this workshop as a result of discussions with The Centre for Economic Governance and AIDS in Africa (CEGAA). The workshop convened 25 health budget activists from Africa, America and Asia to share knowledge and experiences on health budget advocacy work at the national level. The workshop also created a platform for future collaboration and networking with civil society organisations doing health budget monitoring work. The experience strengthened ARASA's capacity to support partners who are currently, or will in future do health budget monitoring work in the Southern Africa region.

TB and the mines: ARASA continued to create links between the lawyers working on the two class action suits on compensation for mineworkers in South Africa, ex-miners and civil society partners working in Lesotho, Mozambique and Swaziland. In particular, ARASA worked with the Southern Africa ex-Mineworkers Association (SAMA) to ensure that their activities are profiled in order to mobilise public

support for the court cases as well as compensation for ex-miners and widows in labour sending countries in the region. In August, Lynette met with the Swaziland Migrant Mineworkers Association to get an update on their work with SAMA. During this meeting she learned of a convening of ex-miners and widows held in Swaziland on 4 August, which resulted in consensus on the priority issues for the organisation for the next year. In addition, the participants identified strategies for engaging partners such as ARASA and SWAPOL to increase awareness around TB and the mines, including the lack of an adequate compensation and referral systems. Key challenges identified by the Swaziland Mineworkers Association include a lack of financial resources and technical expertise to coordinate and implement activities targeting ex-miners, widows and their orphans in Swaziland. In an effort to source technical support from already established NGOs, the Swaziland Mineworkers Association has been exploring strategies for skills transfer such as internships or skills exchange programmes with SWAPOL, to help strengthen the capacity of the Association.

The team also worked with other civil society partners in the key labour sending countries of Lesotho, Swaziland and Mozambique to engage SADC, the STOP TB Partnership and other development partners during the development of a SADC TB and Mines Declaration and Code of Good Practice. ARASA was part of a Technical Working Group (TWG) convened by the SADC Secretariat to develop the SADC Declaration and Code of Good Practice. Lynette attended a TWG meeting in March, to discuss the Declaration with the SADC Secretariat and other partners, including ex-miner Associations and government representatives from the 15 SADC countries. ARASA's interest in this discussion was to ensure a transparent process for civil society participation to shape the final document. The final documents were further discussed at a SADC Ministers of Health meeting in Luanda in April and endorsed by the SADC Heads of State (except South Africa, Madagascar and Namibia) on 16 August. Unfortunately, the accompanying Code of Good Practice, which operationalises the Declaration, was not endorsed at this summit. As part of the TWG, ARASA continues to engage in discussions regarding the refining of the Code. The importance of the Code, as an instrument which would enable the time bound implementation of the SADC Declaration and activities as articulated by the Code of Conduct, was impressed upon the National TB Programme Managers during a SADC Partnership convening in Johannesburg in September. In addition, ARASA has been working with civil society partners to encourage South Africa, the epi-centre of the TB and mines epidemic, to endorse the Declaration.

In April, ARASA attended a regional TB, Silicosis and Mines Justice Working Group meeting, convened by Yale University's Public Health Department. This loose network of TB experts, lawyers, representatives of civil society and UNAIDS was convened to forge strategies aimed at addressing human rights and justice in the context of the TB response in SADC. The working group met again in Johannesburg from the 28 to 29 June 2012 to develop a workplan, which would include the piloting of an ex-miners clinic in the Eastern Cape. The meeting also aimed to investigate possibilities of improving the compensation system or relaxing the regulatory environment to ensure that ex-miners can access compensation. The Project is currently engaging the STOP TB Partnership to explore avenues for support and has developed a funding proposal to support the establishment of a model ex-mineworkers clinic in the Eastern Cape. ARASA's role in this process will most likely include taking part in community mobilisation as well

providing training on the basics of Treatment Literacy (TB and HIV) and silicosis as well as conducting information sessions on the compensation process, together with the National Institute on Occupational Health.

In September, Jacob attended a TB and the Mines Think Tank Meeting organised by the Aurum Institute and the Department of Health. The meeting brought together various stakeholders who work on issues related to TB and the mines to discuss key developments, challenges as well as recommendations to address the situation. Various challenges were identified, including the limited financial support from mining companies for the purchase and maintenance of TB diagnostics equipment and services as well as the legal environment, which does not provide for compensation of miners for occupational injuries. Key recommendations resulting from this meeting included a suggestion that the national Department of Health and the mining companies work together to implement the recommendations developed by the Chamber of Mines and National Union of Mine workers (NUM) as well as those emanating from the TB and the Mines Stakeholders Indaba held earlier in the year. It was also agreed that the mining industry should make sure that health care services are provided not only to employees and their immediate families, but also to communities living around the mining fields who are affected by silica dust. It was also recommended that proper compensation mechanisms be put in place and that they be well funded. NUM also suggested that the Mining Act should be reviewed to ensure that mining companies are held accountable for the increased numbers of TB cases amongst miners and in the communities around the mines and that mining licenses only be offered to mining companies who have comprehensive health and treatment plans, which have an accompanying budget. The Chamber of Mines suggested that similar stakeholder meetings be held annually to facilitate meaningful stakeholder participation.

TB and human rights documentation project: This project, which commenced in 2011, aimed to document human rights challenges in the management of TB in Swaziland and Botswana; assess the readiness of policy-makers, health care workers and communities to move towards a community-based approach to TB management; and address specific human rights challenges identified in the course of the research.

During this period, Khairunisa, a consultant commissioned to coordinate the project, concluded data collection in Swaziland and Botswana. In Botswana, 116 interviews were conducted with TB patients, non-TB patients and health care workers, including nurses and nursing assistants at two main sites in February. The Botswana National TB Programme (BNTP) was engaged to facilitate access to the District Health Management Team (DHMT), who assisted with the scheduling of meetings and advised on the number of TB patients making use of each facility. In Swaziland, 128 interviews were conducted in three main sites. Due to the health care and economic crises experienced in Swaziland in 2012, as well as the decentralised TB control and management approach, difficulty was experienced in reaching the desired sample size of TB patients from the health facilities, which were initially selected. Subsequently, the data collection team had to conduct door-to-door interviews instead of interviewing respondents at a centralised venue as in Botswana. The National TB and Control Programme (NTCP) guided the data collection in the Manzini, Siteki and Bhalekane regions. Once data collection was completed Khairunisa

worked with the Project Officers in both countries to analyse the final set of data and compile the Policy and Programmatic Gaps Reports for both countries.

In February, ARASA established an Advisory Committee consisting of various TB experts, based in the SADC region and internationally. Khairunisa submitted draft Policy and Programmatic Gaps Reports, which documented the findings of the research and made recommendations, to the Advisory Committee in July. In September and October, the feedback from the Advisory Committee was incorporated into the reports. In August, the preliminary results were also shared with the Swaziland and Botswana NTCP and verified with the participants of the focus group discussions and other stakeholders such as healthcare workers who had been interviewed, WHO, the Global Fund and various traditional 'kgotla' structures. Recommendations coming out of this process were integrated into the reports by the Consultant.

Subsequently, collaborative projects such as the SWAPOL/NTCP Taxi and Cabs TB Awareness Campaign, which is focused on TB infection control in public transport, are being implemented by the partners and the National TB Control Programmes in both countries. The final draft will be finalised and printed during the last quarter of the year.

Small grants programme: The small grants project offers an opportunity for participants of ARASA's regional training of trainers (ToT) programme to replicate their learning through the implementation of HIV, TB and human rights-related training and advocacy activities in their own countries.

The small grants are awarded on a competitive basis. On completion of the one-year HIV and human rights training of trainers course with ARASA, the trainees are invited to apply for a small grant by submitting proposals, which are approved, based on the merits and strengths of each submission, by a panel consisting of ARASA staff.

The 2011 Small Grants Projects concluded the implementation of their activities in June. Final reports were received in July and submitted to ITPC and Tides Foundation at the end of August.

All projects, except the adaptation of the 3Is toolkit to the national context in Botswana by BONELA, were successfully completed. BONELA encountered challenges during the implementation of their activities as some activities were linked to funding from another donor, which did not materialise in time. A no-cost extension has been requested from ITPC to enable the conclusion of this project by the end of the year.

Amongst the key achievements documented by organisations implementing 2011 Small Grants projects were stronger networks and linkages between the implementing partners, resulting in capacity strengthening through peer-to-peer support efforts. For example, Disability HIV and AIDS Trust (DHAT) in Zimbabwe experienced challenges related to implementing their project and meeting reporting deadlines due to limited internal programme management capacity. To address this, the ARASA team facilitated a closer working relationship between DHAT and the Zimbabwe National Network of PLHIV (ZNNP+) for peer support as well the sharing of resources such as infrastructure. Subsequently, DHAT

was able to utilise the ZNNP+ office facilities to submit reports during power cuts. This resulted in an enhanced ability by DHAT to meet its targets and report in a timely manner. In addition, the ARASA team also conducted weekly calls with grantees to address problem areas and provide closer supervision where required.

The partnerships forged with other stakeholders, such as governments, have also enhanced the ability of partners to ensure successful project implementation and future sustainability of the work. For example, in Zambia TALC used their small grant to adapt the ARASA/WHO Three I's TB/HIV Toolkit to the Zambian context. The toolkit has been endorsed by the Ministry of Health, which has also expressed an interest in collaborating with TALC to print and distribute the toolkit.

Infrastructural challenges such as electricity shortages in Zimbabwe and elections in the Seychelles also delayed the implementation of small grant projects in these countries.

In February, the ARASA team vetted the 2012 Small Grants proposals and selected 6 recipients from the 2011 ToT participants. In addition, a 7th grantee, SWAPOL, was supported to finalise their proposal for the funds awarded to them for winning the 2011 ARASA HIV, TB and Human Rights Award.

Grant letters were distributed to all grantees and signed during the first quarter. Subsequently, the disbursement of the first tranche of funds was completed in March. ARASA organised a pre-implementation workshop from 7 to 9 March 2012 in Johannesburg, South Africa to strengthen the capacity of small grants recipients in the areas of financial reporting as well as project design, management and evaluation. Furthermore, the workshop allowed for the re-alignment of M&E frameworks based on updated information on the science and politics of TB and HIV, which was discussed during the workshop.

In June, the 2012 grantees submitted their mid-term reports, which capture the progress of their projects as illustrated below:

Organisation	Country	Title of project	Progress update
1. Zambia Association for Prevention of HIV and Tuberculosis (ZAPHIT SUPPORT PROGRAM)	Zambia	'Anti counterfeit Legislation and access to medicines in Zambia'	In April, the project engaged the Community-based TB Action Group (COBTAG) to develop a position paper on the counterfeit legislation. 50 T-shirts and posters as well as 100 briefing cards were printed. The briefing cards and T-shirts were distributed to participants during a meeting attended by 20 participants on 20 March. A press briefing was held on 9 April during which 25 briefing

			cards and 5 t-shirts were distributed. A meeting was held with policy makers on 2 May and was attended by the Deputy Permanent Secretary who agreed to support ZAPHIT's cause and pledged to facilitate meetings with cabinet and the Parliamentary Committee on HIV and AIDS. In May, a sensitisation workshop was hosted for 25 community members, during which posters, briefing cards and T shirts were distributed. A Facebook page and Twitter account were also launched to raise awareness of the issue.
2. Youth Outreach on Rights and Development (YORD)	Namibia	'Know your Rights'	Three training workshops have been conducted on Sexual and Reproductive Health Rights in the Eenhana constituency of the Ohangwena region. 110 youth (55 females and 55 males) participated. 150 brochures and pamphlets on HIV prevention methods, TB and SRHR, which were sourced from various NGOs, various ministries and other institutions, were distributed.
3. Disabilities, HIV and AIDS Trust (DHAT)	Zambia	'Rights and Needs of Persons with Disabilities in Zambia'	In March, 6 clinics were visited to raise the awareness of healthcare workers on the project and various health issues affecting women with disabilities. The healthcare workers welcomed the project and agreed to avail 2 health care workers to attend the workshop. The project team also met with 10 Disability People's Organisations and 5 Health NGOs to introduce the project and raise awareness of health issues affecting women

			living with disabilities. In April, an awareness raising workshop was conducted for 33 participants, which included 2 doctors, 10 nurses, 12 women with disabilities, 4 participants from Health NGOs and 5 DHAT Zambia staff members. The workshop was successful in facilitating information sharing between health care workers and women with disabilities.
4. HIV AIDS Support Organisation (HASO)	Seychelles	'Knowledge Creates Impact'	Various articles on HIV and human rights were compiled into a newsletter. 500 copies of the first 4-page newsletter was printed and distributed to the CEOs and employees of various companies. A distribution list has been created to distribute 500 newsletters in electronic and hard copy format, per quarter. Messages have been developed for press releases, statements and briefings, planned for circulation during the second half of the year. A forum of CEOs has been formed to create a platform for networking and distributing the newsletters.
5. The Coalition of Women and Girls Living with HIV and AIDS (COLWHA)	Malawi	'Social Mobilisation on TB/HIV Awareness to COWLHA women of Likoma Island'	In March, the project team conducted 5 consultative meetings with stakeholders working on TB/HIV in Blantyre, Ntcheu Hospital, Chisu Hospital, Kamuzu hospital and St Gabriel hospital in Lilongwe to introduce the project. In April, a meeting was held with the District Executive members of Ntcheu District to get their buy-in and support. 54 DEC members (17 female

			and 37 male) attended the meeting. Also in April, a 6-day training on TB/HIV prevention, treatment, care and support was conducted for 10 members of COWLHA from the 9 Traditional Authorities in Ntcheu district. The training aimed to increase the women's knowledge of TB/HIV in order for them to raise awareness within their communities. Awareness campaigns are currently underway.
6. Rainbow Identity Association	Botswana	'The Universal Right to Access to Adequate Health for All'	A pre-project initiation meeting was held in March with 5 intersex/transgender people. 5 personal stories were documented on experiences at government based health care institutions. The project also conducted 2 awareness raising meetings with 120 health service providers and policy makers from District AIDS Coordinating Agencies (DMSAC) from Serowe sub-district and Gaborone district on issues of concern to transgender and intersex people. The project team has also met with the Ministry of Health to brief them on the project and is currently awaiting permission to conduct workshops for health care workers at various clinics.
7. Swaziland Positive Living (SWAPOL)	Swaziland	'Stop TB Campaign' / 'Taxi and Cabs TB Awareness Campaign'	SWAPOL convened 3 meetings with various partners to plan the Stop TB Campaign. A steering committee was convened to spearhead the preparations for the campaign, which was

			conducted at 5 bus stops around the country between June and October. The NTCP has also joined the campaign and has agreed to provide IEC materials. Thus, the project funds will only be used to print t-shirts.

As noted in the table above, some 2012 grantees are already documenting successes. A notable example of this is that the Open Society Foundation has expressed an interest in providing financial support to the ZAPHIT project, through a partnership facilitated by ARASA. This is largely due to their innovative and holistic approach, which includes the use of social media and the development of comprehensive and easy to use materials such as a position paper, posters and pamphlets on intellectual property and anti-counterfeit legislation.

Other advocacy activities:

- From 25 to 26 April, Boniswa attended a 2-day meeting in Johannesburg organised by the Southern African Litigation Centre (SALC) to share the findings from a study on cervical cancer and access to services in southern Africa (focusing on Namibia and Zambia). The issues discussed during this meeting will be incorporated into the treatment literacy components of the ARASA Training and Advocacy Resource Manual and discussed during the ToT.
- Khairunisa met with the WHO Country Office, the NTCP and the Country Coordinating Mechanism (CCM) in Swaziland to determine the impact of the cancellation of Global Fund Round 11 on access to services in the country and the TB treatment gaps. The meeting with the WHO centred on incentives, which could be given to HIV positive health care workers (HCW) to present for TB treatment. Currently, very few health care workers present for TB treatment due to a fear of losing their jobs, as a result of the weak occupational risk policies currently existing in Swaziland.
- ARASA also continued its advocacy work on GeneXpert, a rapid TB diagnostic tool, which is being rolled-out across southern Africa. While in Swaziland, Khairunisa engaged in discussions with the Monitoring and Evaluation Officer of the NTCP regarding assessment of GeneXpert in certain health care facilities, which currently use the machines. In other countries such as South Africa, who have already ordered more than 1000 GeneXpert machines, ARASA and other civil society groups have been working to find out about pricing of the machines in order to advocate for a reduction in the price of the machines. The reduction in pricing of cartridges after the 'buy down' by multinational partners such as the Global Fund and UNITAID in June, increased momentum on the uptake of GeneXpert in the region.
- During her consultancy, Khairunisa was an active member of the Global Tuberculosis Community Advisory Board (TBCAB), a 'global' group of TB researchers and community activists who advocate for improved, reasonably priced treatment and diagnostics and for advancing TB

diagnosis and prevention as well as access to TB treatment. As a result, Khairunisa kept the ARASA team abreast of the latest developments in the field of TB and supported the team in addressing TB related advocacy challenges. In February, Khairunisa drafted a letter to the Food and Drug Administration (FDA) to advocate for measurement of Sputum Culture Conversion (SCC) at two months as clinical endpoint. In April, she co-signed 2 letters to Cepheid, the producers of the GeneXpert machines, as a member of the TBCAB, to urge the company to reduce the price of the cartridges for the GeneXpert machines. Khairunisa has also reviewed and contributed to an abstract entitled: '*Activist Priorities for Product Development to Fight TB',* presented at the SA TB Conference on behalf of GTCAB in June.

- ARASA also endorsed a letter to the Medicines Control Council (MCC) of South Africa, requesting that the Deputy Minister of Health, who is the head of the MCC, authorise the compassionate use of bedaquiline (TMC207) for extremely drug-resistant TB in South Africa.
- During this period, ARASA learned about the registration and distribution of substandard / counterfeit medicines in Zambia, Tanzania and Mauritius as well as the smuggling of ARVs from Malawi to South Africa for selling. ARASA continues to investigate this issue in collaboration with partners in these countries.
- ARASA has engaged in discussions with the African Decade of Persons with Disabilities (ADPA) to investigate areas for collaboration to strengthen the focus on HIV and the human rights of people with disabilities. Through the 2011 Small Grants work, ARASA has linked DHAT, Zimbabwe with the African Decade of Persons with Disabilities to raise awareness on the situation of Africans with disabilities through public education initiatives, capacity building and communications strategies. ADPD will support DHAT with further training materials catered to the needs of people with disabilities. ARASA also linked the African Decade with the SALC's Disabilities project, which focuses on litigation around violation of rights of disabled persons.
- ARASA has been engaging in discussions with BENETECH, a US based organisation, which is promoting the documentation and strategic use of case studies on human rights violations for advocacy in Zimbabwe, Malawi and Zambia. ARASA and BENETECH have been exploring collaboration, which would enable them to share skills and capacity to support partners in these countries. ARASA has been invited to co-facilitate some sessions during human rights documentation trainings in Zambia, Zimbabwe and Malawi between October and December. In return, ARASA will acquire skills on using the Martus training and digital security software to document human rights violations for advocacy.
- On 19 September, Jacob attended a meeting convened by the International Organisation of Migration (IOM) in Pretoria, aimed at forming a regional forum for organisations working on issues related to migrant workers. The meeting concluded that IOM will take the lead in ensuring that the forum meets three times a year. Each organisation will identify a representative as focal person for the forum, who will also ensure that the information shared and discussed at the forum is disseminated to their network.
- In preparation for the 52nd session of the African Commission for Human and People's Rights', Lynette attended a meeting hosted by SALC to discuss updates on regional human rights

mechanisms. Lynette presented on a panel about the use of regional mechanisms to advance human rights, alluding to the difficulties experienced by ARASA in attaining observer status at the Commission. The meeting also interrogated the refusal of observer status for the Coalition of African Lesbians due to their mandate and the organisation's name, and crafted strategies to raise awareness about this.

- ARASA has been working with The Suits Communications, a Public Relations and Advertising company, in order to rejuvenate its advocacy campaigns in 2013. Three meetings have been held thus far and a concept note is being prepared for integration into the 2013 Advocacy and Lobbying Programme Work plan in November.

Country programmes

During the first half of 2012, ARASA provided financial and technical support to HIV, TB and Human Rights Training and Advocacy Programmes in Swaziland and Mozambique, and supported the initiation of a country programme in Malawi.

Swaziland: The Swaziland Treatment Literacy and Advocacy Programme, which ran from October 2009 to September 2011, was granted a no cost extension until September 2012, to conclude the activities of the Treatment Literacy Practitioners (TLPs).

SWAPOL submitted their final report for the no-cost extension at the end of September 2012. Over the period of the no-cost extension, the TLPs reached 2,236 people (1064 females and 1,172 males). Critical lessons drawn from the implementation of this two-year project reaffirmed the importance of treatment literacy, as the work enabled PLHIV to make informed decisions about their treatment regimen, care and the general management of their conditions. Efforts to increase treatment literacy also contributed to increased community mobilisation of PLHIV and affected communities on issues of treatment access and stock outs.

During this period, SWAPOL recruited 9 additional TLPs, for a period of three years with support from MSF to work adherence counsellors in Matsapha and Mankayane hospitals. This will also help ensure the continued engagement of the TLPs once ARASA's financial support ceases. The TLPS will continue to link clients with support groups of PLHIV and carry out preparation for HAART counselling, adherence counselling for HIV and DR TB and support counselling for clients and their families. They are also equipped to use adherence measurement tools such as pill count, educating the clients on their diagnosis and treatment; providing counselling and keeping systematic records. They are already conducting treatment literacy training and will distribute IEC materials to reinforce specific HIV and TB messages.

Below is an excerpt from one of the case studies, which documents the impact of the work done by the TLPs:

"TB is the major challenge in the communities, especially in households that are headed by men. For example, in Nyakatfo, in the Hhohho region, the head of a homestead tested HIV positive 4 years ago. He was initiated onto ART, from which he was defaulting, as he strongly believed that his illness was caused by witchcraft. Although he had been visiting traditional healers, his condition continued to deteriorate. The man did not want to return to hospital because he would be re-initiated onto ART, and he believed that ARVs were meant to kill all black people in the world. The man was suspected to be co-infected with TB as well, which was putting his children, who cared for him, at risk of contracting the disease. During this period, a TLP paid the man frequent visits, aimed at convincing him to return to the hospital to be screened of TB. Eventually, the man conceded and returned to hospital, where he was diagnosed with MDR-TB, while two of his children were diagnosed with TB."

Another achievement of the Country Programme has been the launch of the Standardized Treatment Guidelines and an Essential Medical Conditions publication by the Ministry of Health and WHO, on 21 September. These documents were developed as a result of advocacy by the Treatment Access Coalition, convened by SWAPOL and strategic partners such as MSF, in 2011. Since the inception of this coalition, submissions were made to the Ministry of Health on treatment gaps, the lack of standardisation of treatment protocols in the country and the outdated Procurement Act, which poses additional challenges to the timely procurement of medicines. The guidelines, which will be disseminated through collaboration with civil society, will provide an enabling policy framework and environment for increased treatment access in the country.

On 12 January, SWAPOL met with the National TB Programme to discuss the government's response to the stock out of TB drugs such as INH prophylaxis. Concrete recommendations around supply chain management were tabled by SWAPOL in an effort to circumvent the continuous stock outs in the country.

SWAPOL has also been involved in the regional *'TB and Mines'* consultations convened by SADC, and represented civil society at a consultation on the issue in Swaziland in January. The recommendations coming out of this meeting were incorporated into the SADC TB and Mines Declaration and Code of Good Practice.

To further work on '*Funding for Health'*, SWAPOL, in collaboration with the Swaziland Treatment Coalition, convened a breakfast meeting in February to analyse the budget allocation for health as per the Budget Speech of the Minster of Finance. The participants also discussed the issues of government accountability and transparency. Due to a prevailing lack of transparency at a national level on government expenditure, the coalition will continue to lobby government through demonstrations as well as the empowerment of rural communities on the importance of the national health budgets and its implications on their lives. In light of this, a campaign on the skewed priorities of the Swaziland government is being developed. SWAPOL also participated in the civil society demonstrations for the full replenishment of the Global Fund, which took place on 22 March in Johannesburg.

During this period, SWAPOL's advocacy targeted a new project entitled: 'Maximizing ART for Better Health and Zero New HIV Infections' (also known as "MaxART") introduced by the Ministry of Health, STOP AIDS NOW and Clinton Health Access Initiative (CHAI). SWAPOL, a strategic partner during the development phase of the project, learned that there was a lot of confusion at community and facility level about the project. Through the Treatment Literacy and Advocacy Programme, the organisation has engaged strategic partners such as MSF, to raise human rights concerns related to the project. These include, but are not limited to: testing of pregnant women; ethical issues relating to testing and treating people in a country plagued by persistent drug stock outs; as well as the capacity and readiness of the health system to meet the demand and provide quality and equitable health services. Amongst others, the partners are concerned that there should be better integration of TB/HIV services and adequate support systems and enablers such as food and transport in place, if the project were to succeed. Additional issues which need to be addressed in the roll-out of the project include shortages of lab reagents and challenges within the health service delivery system because of human resource constraints. In order to raise the awareness of the TLPs and strengthen their ability to monitor the human rights impact of the project, two meetings were convened with the TLPs during the second quarter of the year.

Mozambique: The Mozambique HIV, TB and Human Rights Training and Advocacy Programme is in its second (and last) year of implementation. Basic and advanced human rights advocacy trainings were conducted at the national and regional levels in 2011 and advocacy interventions, targeting treatment access and funding for health commenced in the first half of 2012.

MULEIDE and other civil society organisations attended a meeting with the Minister of Health and national directors on 26 March. The meeting raised a number of issues including sluggish supply chain management processes, lack of accountability and a need to increase the national health budget and make use of drugs such as Tenofovir, which have more promising results than the ARV drugs currently being used. As a result of the advocacy work by the Mozambique Country Programme coalition, the government has ordered the drugs and signed an MOU with the World Bank for emergency stock from South Africa.

In order to strengthen the advocacy and lobbying efforts of the coalition, MULEIDE conducted workshops on (health) budget monitoring for members of the coalition, strategic partners and the community health advocates (CHAs). In addition, the CHAs received refresher training on advocacy and data collection to monitor stock-outs.

Following the release of the audit report by the Global Fund, in which mismanagement of funds by the Mozambique government was reported, MULEIDE and other representatives of civil society met with the Global Fund Portfolio Manager for Mozambique in May. The civil society representatives demanded more information on the audit report and highlighted the situation related to the stock-out of TB drugs, which are primarily funded through the Global Fund. Although the government has tried to defuse the situation and assure the public that the stock out of seven TB and DR-TB drugs was temporary, MULEIDE

and partner organisations such as MSF remain concerned as the existing drugs will only last until October.

In addition to raising awareness on the drug stock-outs, the Country Programme has continued to mobilise civil society around the *'Funding for Health'* agenda. Several meetings were convened with officials from the Ministry of Health to discuss the impact of limited funds on the HIV and TB responses, highlighting the challenges related to drug stock outs. In addition, the civil society coalition submitted a call to action, addressed to both the Ministry of Health and the Global Fund, calling on the government of Mozambique to address the TB drug stock outs before October 2012. The call was based on evidence collected by the CHAs on the various drugs, diagnostic tools and other commodities currently not accessible in the various public health care facilities across Mozambique.

The Coalition also met with the Mozambique chapter of the International Training and Education Centre for Health (ITECH), to discuss the results of an integrated bio-behavioural survey conducted by ITECH, Institute of Health, Lambda and Centre for Disease Control (CDC) to identity the population size of MSM and female sex workers in Maputo, Beira and Nampula. The meeting was attended by representatives from ITECH, Lambda, Ministry of Health, MULEIDE, Pathfinder, USAID, Foundation for Community Development, Centre for Disease Control, the National AIDS Council of Mozambique, African Sex Workers Alliance Mozambique, Family Planning Association of Mozambique and the Institute of Health Sciences. MULEIDE will share the results of this survey with the CHAs during the next treatment literacy refresher course in the last quarter of the year.

Malawi: To bolster the efforts of ARASA partners responding to human rights challenges in the context of HIV and TB in Malawi, the partnership made a decision during the 2011 APF that Malawi should be the focus country for the roll-out of the ARASA supported HIV, TB and Human Rights Country Programme in 2012.

During the first half of the year, ARASA supported the setting up of this country programme, which consisted of an initial stakeholders meeting, mapping of HIV and human rights advocacy initiatives and stakeholders, selection of a host organisation and appointment of Country Programme co-ordinators.

A stakeholder's consultation meeting was convened from 12 to 14 March in Salima, Malawi. The meeting aimed to introduce the ARASA HIV, TB and Human Rights Training and Advocacy Programme to the stakeholders and discuss key human rights challenges prevalent in Malawi. The meeting was attended by 18 participants representing various civil society organisations in Malawi. In addition, the Coalition of African Lesbians (CAL) participated in the meeting as a regional partner. The 6 priority issues identified during this meeting include: sex workers rights, prisoners' rights, LGBTI rights, access to health care services, governance and stigma and discrimination.

The initiation of the country programme included a mapping of key stakeholders and existing advocacy initiatives. Due to the challenging economic and socio-political climate in the country, accentuated by the shortages of foreign exchange and fuel, ARASA and its Malawi partners agreed to invite most of the stakeholders, who were to be interviewed as part of the mapping, to the stakeholders meeting in

March. These organisations were interviewed during the week of the consultation meeting to explore their experiences and opinions on elements that should shape the Malawian country programme's advocacy objectives.

Similar to the implementation of ARASA supported country programmes in Mozambique, Swaziland and other countries, a host organisation was identified to ensure successful coalition building as well as programme implementation and financial management. In March, ARASA issued a call for expressions of interest to all ARASA partners in Malawi. Two joint expressions of interest were received and a joint proposal from CEDEP/CHRR was selected to host the programme. In May, an agreement was signed between ARASA and CEDEP.

The recruitment of the Programme Coordinators (advertisements, short listing and interviews) was conducted in May. Two ARASA staff members participated in the interview panel, which interviewed 6 applicants. Two coordinators were selected (one for Advocacy and Sustainability and another for Training and Capacity Building). One coordinator is based at the CHRR offices and another at the CEDEP offices. Following the interviews, the coordinators met with the ARASA team and key staff from CHRR and CEDEP to begin developing their July to December 2012 workplan and budget. The coalition building component of the Country Programme's focus has been strengthened by including all ARASA partners in Malawi in the design, development and implementation of the Country Programme.

A five-day basic HIV, TB and human rights training was hosted for 25 CHAs from ARASA partners CHRR, CEDEP, Grassroots Movement for Health, and Ladder for Community Development at Beach Villa in Salima District in August. The goal of this training was to build a cadre of well informed and motivated CHAs that will work in their communities to advance the health rights of PLHIV, LGBTI and those infected with tuberculosis. In September, a 5-day advanced training workshop was conducted for 20 CHAs chosen through a competitive process during the basic training. The objective of this advanced workshop was to strengthen the capacity of the CHAs to carry out monitoring of treatment access and access to health care services by LGBTI people, PLHIV and people with TB. The CHAs were also given teach-back tasks and received feedback on their facilitation skills as a way of enhancing their facilitation skills.

The activities of the country programme will be implemented by one CHA in each of the 20 districts of Malawi. The workplan and budget were finalised and approved in October.

Partnerships, networking and representation

In 2012, ARASA continued to engage in networking opportunities with regional civil society organisations through the Regional Alliance of African AIDS NGOs (RAANGO). On 28 February, Michaela attended a RAANGO Regional Strategic Dialogue meeting with international cooperating partners and UN agencies in Johannesburg to discuss the 2011 High level Meeting commitments and targets, as well as the UNAIDS Strategic Investment Framework and related action areas for civil society. In the lead up to the 5th African SRHR Conference, held in Windhoek, Namibia from 19 to 22 September, ARASA issued a

joined statement with RAANGO partners, presenting a civil society perspective on the status of Sexual and Reproductive Health Rights (SRHR) in the region.

Also in September, ARASA was nominated by RAANGO to serve on the SADC Technical Advisory Committee (TAC), as one of 4 civil society organisations representing NGOs working on gender, PLHIV, human rights and youth. The TAC members will serve until 2015 to provide policy and programmatic advice, recommendations and information to the SADC Secretariat in the implementation of the SADC HIV and AIDS Business Plan 2010-2015.

Michaela continued to serve as the co-chair of the UNAIDS Human Rights Reference Group (HRRG) and participated in a HRRG teleconference on 24 September. In addition, ARASA continues to have a close relationship with the NGO Delegation to the UNAIDS Programme Coordinating Board. During the second half of the year, Michaela represented the reference group on the PCB thematic working group on non-discrimination in preparation for the thematic session during the PCB meeting in December. In light of this, Michaela participated in a series of conference calls to provide input into the preparations for this thematic session.

During this period, Michaela also represented ARASA at the following fora:

- 13-17 February: High level policy consultation on the science and law of criminalisation of HIV non-disclosure, exposure and transmission
- 5-6 March: Section 27 Right to Health meeting in Johannesburg
- 16 March: Access to Justice seminar in Dar es Salaam
- 26-29 March: WHO Treatment access and retention meeting in Harare
- 2-4 April: Panel discussion on punitive laws during the Inter-Parliamentary Union Assembly meeting in Uganda
- 2 May: Centre for Global Education meeting in Windhoek
- 10 May: Presentation on barriers to prevention at the National HIV Combination Prevention workshop organised by the Ministry of Health and UNAIDS in Windhoek
- 15 May: Namibian Global Fund sub-recipients meeting in Windhoek
- 18-19 June: International HIV/ AIDS Alliance Africa Regional Programme advisory board meeting
- 29 June: OSISA teleconference on funding for national and regional civil society organisation promoting a rights-based response to HIV and TB.
- 19 September: Presentation on '*HIV Policies in Southern Africa*' in the context of redressing exclusion and inequalities, at OSISA and University of London, Centre of African Studies course in Lusaka, Zambia

In May, Sirka and Maggie attended a **meeting on Combination Prevention** in Namibia, organised by the Namibian Government and UNAIDS Namibia office.

From 11 to 15 June, Boniswa, Khairunisa and Lynette attended the **3rd South African TB Conference** in Durban. Lynette participated in a panel discussion on the operationalisation of the SADC Declaration on

TB and Mines, convened by UNAIDS. The panel included representatives from the South African Ministry of Health, the National Union of Mine Workers and AngloGold Ashanti. Lynette also presented an abstract on the Three I's for TB/HIV toolkit on the 12 June. Although ARASA did not have a booth during the conference, the team distributed 75 copies of the 3 I's Toolkit and 25 best practices booklets through the booths of other partners. The three I's TB/HIV Toolkit received overwhelming interest from various government departments, including the South African Department of Education and Social Welfare. The team established contact with over 50 delegates from across the region, to which the toolkit was forwarded electronically. There were also requests for the translated versions of the Toolkit (Setswana and Portuguese), which will be made available once the 2011 Small Grants recipients (BONELA and MATRAM) finalise the translation of the toolkit. Boniswa, Lynette and Khairunisa attended various civil society meetings and mobilisation efforts related to the GeneXpert machines.

From 22 to 27 July, Michaela, Felicita, Sirka, Jacob, Boniswa and Lynette attended the **International AIDS Conference** in Washington DC. The conference was held under the theme "Turning the tide together", and brought together close to 20,000 PLHIV, scientists, political leaders, civil society representatives and other experts from nearly 200 countries to take stock of the progress made in the global AIDS response.

Together with the AIDS Legal Network, a satellite session entitled: *'Human Rights and Treatment as Prevention: An African Perspective*' was hosted on the first day of the conference, followed by a press conference on the same topic. The satellite session was chaired by Johanna Kehler, Executive Director of ALN, while Esnart Mwila of TALC and Jennifer Gatsi – Mallet of the Namibia Women's Health Network shared their perspectives on challenges related to treatment access as well as the implications of treatment as prevention for African women living with HIV.

Boniswa participated as a panellist and co-facilitated a break-away group on '*using the media as a tool for advocacy'*, during a skills-building session organised by The Wellness Project to look at ways in which the media can be used to spread positive messages about HIV.

ARASA and ALN also hosted an exhibition booth where 500 ARASA booklets, 500 posters, 1000 dollar bills, 150 t-shirts and 200 eyeball stickers were distributed. ALN materials, including 1000 t-shirts, 500 stickers and posters and '*Mujeres*', a daily newsletter focused on sexual reproductive health and rights were also distributed. Sirka and Lynette contributed articles to the '*Mujeres*' newsletter, published by ALN during the conference. The booth also served as a networking space for ARASA, its partners and other delegates.

Michaela represented the organisation at various meetings convened during the week, such as a World Health Organisation (WHO) Civil Society Reference Group meeting. In addition, she co-chaired an Oral Abstract session entitled '*Legal Action. Legal Support*' and spoke at various sessions on topics including '*HIV Criminalisation'*, '*Country Ownership and Sustainability of National HIV responses'* and '*Human Rights Aspects of Treatment as Prevention'.*

Felicita was a member of the official conference Rapporteur Team for Track D: Social Science, Human Rights and Political Science. Along with other rapporteurs, she attended various sessions with the aim of objectively recording the proceedings of the conference.

Lynette Mabote, TB, HIV and Human Rights Advocacy Team Leader, participated in various mobilisation activities related to IP, including delivering a statement during the demonstration against pharmaceutical companies.

Following several applications, ARASA was granted observer status at the **African Commission on Human and People's Rights** during the Special 52nd Ordinary Session in Commemoration of the 25th Anniversary of the African Commission on Human and People's Rights in Yamoussoukro, Ivory Coast. Being granted observer status will enable the organisation to participate directly in the Commission's activities, including public sessions of the Commission and its subsidiary bodies. Apart from participating in the sessions, all documents such as final communiqués of the session and other relevant documents will be shared with the organisation, and will be further disseminated to the ARASA partners and networks. Moreover, as an NGO with observer status, ARASA and its partners can prepare "shadow" reports on the human rights situation in their countries for submission to the Commission. These "shadow" reports will enable the Commission to have a comprehensive overview of the human rights situation in that specific country, which will in turn support a holistic dialogue with state representatives when that country's Periodic Report is being considered.

Reflections: key challenges, achievements and lessons learned

In 2012, the ARASA partnership continued to grow from strength to strength, having increased from 53 partners at the end of 2011 to 61 partners at the end of October 2012. Not only has the partnership increased in size but it has also diversified in terms of the mandates represented by partners. In particular the number of organisations led by and representing PLHIV has increased to 11, along with the number of groups representing the interests of key populations at higher risk of HIV such as lesbian, gay, bi-sexual, transgender and intersex people, which has increased to 6 partners. In 2012, the organisation welcomed its first partner representing the interests of sex workers. The increasing diversity of partners joining the partnership will ensure that the organisation remains relevant in keeping abreast of emerging human rights challenges in the context of HIV and TB. Furthermore, the organisation will more readily achieve its mandate of creating a cadre of human rights activists promoting a rights-based response to HIV and TB in southern Africa.

The external evaluation of ARASA made significant recommendations for the partnership, institution and programmatic areas of ARASA's work. In anticipation of the new Strategic Plan, which will commence in 2013, ARASA staff have reflected on ways in which the recommendations could already be integrated into the 2012 work plan, to enhance the impact of the organisations work for the remainder of the year. For example, efforts have been made to enhance the benefits to be derived from being an ARASA partner. Thus a decision was made to make the small grants available only to ARASA partners. This has significantly increased the interest of non-partner organisations represented in the ToT to join the partnership.

The small grants programme has emerged as one of the key achievements of the organisation as the grants act as a vehicle for organisations to pilot innovative approaches to HIV, TB and human rights advocacy, and leverage additional funds to scale up or continue these activities. The appointment of a Grants Officer in2011 as well as the introduction of a pre-implementation workshop for grantees has enabled ARASA to provide improved technical guidance and support to grantees, thereby addressing a challenge that we had previously identified in the implementation of the small grants programme. As a result, several organisations supported in 2011 and 2012 have successfully integrated the activities into the work plan and budget of their organisation, while others have been able to attract additional funding to continue the activities.

Over the past year, the momentum around mass mobilisation and materials development in support of regional campaigns has slowed, as technical support to in-country partners was amplified to ensure that partners took the campaigns forward at the national level. During this process, ARASA gained an appreciation for the impact of the socio-political context in every country on the ability of partners to take advocacy campaigns forward. In addition, efforts to intensify campaigns, such as the *'Funding for health'* campaign, focused on collaborating with other regional partners such as AFRICASO, EANASO and WAC. This partnership has now successfully taken the health financing agenda forward. A key outcome of the heightened awareness of the funding for health issue across the continent was the unprecedented level of mobilisation under the theme 'Where is the money for AIDS' led by ARASA, World AIDS Campaign and other partners in the lead up to as well as during the ICASA conference in Ethiopia in 2011. Furthermore, partners in Zimbabwe, Botswana, Swaziland, Mozambique and Malawi have significantly scaled up *'Funding for Health'* advocacy campaigns in their countries in 2012.

However, towards the end of 2012, attention has again been turned to revamping and revitalising ARASA's regional advocacy campaigns, materials development and mobilisation. To this end, ARASA has engaged a marketing firm, The Suits Communication, to support the conceptualisation of innovative approaches to the regional campaigns. The proposals will be presented to staff during the planning meeting in November, with the view to including them in the work plan for 2013.

An emerging and increasing challenge is access to funding for NGOs working on HIV and human rights in the region as the sustainability of organizations is threatened. Several ARASA partners have had to scale down activities and let staff go over the past 10 months. ARASA has been engaging with them to explore ways in which ARASA can support their continued existence. The issue of sustainability has been tabled for discussion during the APF to explore ways to increase advocacy for financing of community systems and sustainability of NGOs.

In terms of the Training and Capacity Building Programme, the most significant lesson learned is related to the integration of the online training into the regional ToT programme. As mentioned previously, several challenges have been experienced with the use of the online training portal since its inception in 2010/2011. The most significant of these was the limited participation of trainees in the online training sessions due to low levels of access to the internet, limited bandwidth and lack of technical skills to

navigate the portal. During the 2011 work plan review meeting in June, ARASA staff expressed an appreciation for the value of face-to-face training sessions to ensure that all trainees have an equal opportunity to gain knowledge and learn new skills related to HIV, TB and human rights advocacy. As a result, staff agreed to revert back to conducting all sessions of the ToT as face-to-face sessions, and to use the online portal for short courses and to provide advanced trainings on selected topics.

The external evaluation process in 2012 afforded the organisation an opportunity to reflect on good practises and lessons learned during the implementation of advocacy and training activities and the outcomes of these activities. The Strategic Planning process, which is currently underway presents a crucial opportunity to turn these lessons into concrete actions, which will shape the future of the organisation.

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