



2014 Annual Partnership Forum (APF)

**Life Aviator Hotel Kempton Park
Johannesburg, South Africa**

15th to 16th April 2014

2014 Annual Partnership Forum (APF)

Objective of Meeting

The Annual Partnership Forum (APF) is an opportunity for ARASA partners to meet annually in order to:

- Report to partners on ARASA's progress during the year, in terms of programmatic achievements as well as finances, communication and monitoring and evaluation (M&E).
- Share experiences of ARASA and its partners including achievements, challenges and lessons learned in promoting human rights in response to HIV and TB in Eastern and Southern Africa
- Discuss key issues and advocacy strategies for human rights, HIV and TB in the region
- Discussing sustaining the work of ARASA and partners in the years ahead, both in terms of financing as well as positioning ARASA's work in the post-2015 development agenda, and
- Reflect and agree upon future opportunities, innovative strategies and priorities for action moving forward into 2015 and beyond.

Discussions during Annual Partnership Forum

The meeting took place over 2 days and included presentations and discussions on the following issues:

1. Updates from the ARASA Team
2. Feedback from Country Programmes
3. Innovative Financing Mechanisms for Sustainability
4. Sustainability of rights-based responses to HIV post-2015
5. Key Issues, Strategies and Lessons Learned towards building enabling legal and policy frameworks in the region
6. Recommendations for future priorities.

See Appendix A for a copy of the Agenda

See Appendix B for a list of presentations

See attached files for the detailed content of all presentations.

1. Key Achievements of ARASA & partners 2013 to 2014

The following key achievements were noted during the APF, for the period 2013 to 2014:

Awareness Raising, Training and Capacity Strengthening:

ARASA's training and capacity strengthening programme has received positive feedback on the train-the-trainer training sessions, Zambia training as well as the partner exchange programme in the period, amongst others. Four awards were given to outstanding trainers at the 2013 year-end graduation ceremony.

See ARASA presentation on Training and Capacity Strengthening for more information.

Country-level training awareness-raising, capacity strengthening and advocacy initiatives have also taken place. Some examples were shared:

- The Malawi HIV/AIDS, TB and Human Rights Country Programme shared its achievements in awareness-raising, for example through the media, as well as capacity strengthening with community based organisations and individuals, parliamentarians and the media.
- The APF heard of the work of the Coalition of Women and Girls Living with HIV or AIDS (COWLHA) in Malawi, on receipt of a small grant, to increase awareness and understanding of HIV, TB and human rights issues and strengthen access to prevention and treatment, which reached more than 2000 people through door to door campaigns and more than 6000 people indirectly.
- The Zambia HIV/AIDS, TB and Human Rights Advocacy and Capacity Strengthening Country Programme conducted capacity strengthening, including with partners, on human rights and advocacy with community members and at various national, regional and international fora.
- The Copperbelt Health Education Programme in Zambia trained traditional healers and leaders in TB prevention, resulting in increased awareness of TB, Multi-Drug Resistant TB (MDR-TB) and enhanced access to prevention and treatment services.
- The SWAPOL programme shared its achievements in human rights training and treatment literacy around rights-based HIV testing and access to treatment, to strengthen access to health care amongst communities.

See presentations from Malawi, Zambia and Swaziland for more information.

Advocacy:

At a regional level and national level some of the following achievements of ARASA and its partners were discussed:

Work on HIV and TB in prisons including working with SADC to advocate for the adoption of the *SADC Minimum Standards for HIV and AIDS, TB, Hepatitis B and C, STI prevention, treatment, care and support in prisons in the SADC Region*, planning for a regional consultation to develop advocacy strategies in August 2014 and the development of an on-line training manual.

Criminalisation of HIV transmission continues to be a major focus of regional and international advocacy. The APF heard that a regional consultation on enabling legal and policy environments is planned for May 2014, at which the focus will be on criminalisation of key populations (with a focus on sex workers, LGBTI and people who use drugs) and will discuss how to work with Parliamentarians, law enforcement and health care workers and the judiciary on these issues in East and Southern Africa.

Promoting Patient-centred Approaches by Protecting the Rights of Health Care Workers through evidence-based advocacy on the human rights challenges of health workers in TB service delivery. ARASA, with support from OSF, commissioned qualitative and quantitative research in Botswana and Swaziland in 2012. The research results informed advocacy work towards founding understanding and collaboration between patients and health workers in the region, incorporating health workers' rights into patient rights, to ensure that patients advocate for better compensation and working conditions for health workers. The advocacy also promotes rights-based responses to providing HIV and TB and MDR-TB treatment, care and support for health workers, as a key population who require focused interventions. ARASA is collaborating with in-country partners through a partnership with the International Council of Nurses and their regional partners, working with health worker unions, associations and other bodies to promote the agenda. An online training module is being developed to promote the advocacy.

HIV and TB in the Mines including support for strategic litigation relating to TB on the mines in South Africa, Lesotho, Swaziland and Mozambique and work with SADC governments on a *Framework to promote Harmonization of Treatment, Diagnostic and Referral Systems for Migrant Workers* (focusing on miners / ex-miners) as a follow up to the Southern African Development Community (SADC) *Declaration on TB & Mines and Code of Good Practice* of August 2012. ARASA works with strategic partners regionally and internationally, including RESULTS UK, International Organisation for Migration (focusing on advocacy relating to promoting the rights to compensation and health care services delivery for miners & ex-miners) and Aeras (to promote the agenda of vaccines development, through accountability

by mining houses, who are encouraged to put forth funds for TB vaccines development efforts) to scale up this advocacy.

Use of international and regional spaces to advocate for HIV, TB and human rights issues, including at the 17th International Conference on AIDS and STIs in Africa (December 2013) and through the use of ARASA's Observer Status with the African Commission on Human and Peoples' Rights (ACHPR) to report on the violations suffered by lesbian, gay, bisexual, transgender and intersex (LGBTI) persons in Africa.

In-country work to develop enabling legal and regulatory frameworks such as:

- The work of the Malawi HIV/AIDS, TB and Human Rights Advocacy and Capacity Strengthening Country programme in challenging and advocating for protective HIV and same-sex laws and policies and advocating with decision-makers on HIV, LGBTI and human rights. There has been considerable progress in Malawi in efforts to lobby for human rights for LGBTI, including a recent debate amongst 4 political parties on the issue of reviewing the sodomy laws in the country and the recent High Court review of the penal code provisions criminalising sex between men, which is ongoing.
- The work of the Zambia HIV/AIDS, TB and Human Rights Advocacy and Capacity Strengthening Country Programme including a strong focus on the human rights of LGBTI through, for example, policy dialogues with national-level stakeholders, stigma and discrimination reduction advocacy through work with media, traditional and religious leaders; advocacy to protect the rights of prisoners; advocacy for protection of LGBTI rights; advocacy for strengthened access to prevention and treatment for HIV and TB for people living with HIV, prisoners, people with disabilities, elderly persons and LGBTI persons;
- The work by ARASA partners in Mauritius using evidence-based advocacy to promote drug policy reform which shows the impact of an enabling legal, policy and programmatic environment and strong civil society partnerships, on HIV incidence and prevalence amongst people who use drugs.
- The work by ARASA partners in Swaziland promoting rights-based approaches to access to health care through work and partnerships with communities; capacity strengthening of local communities; enhanced advocacy for access to treatment and working with key populations such as prisoners and LGBTI persons.
- The work of ARASA partners in South Africa to advocate for the rights of community health workers to management systems and support, access to training, appropriate career pathways and access to all benefits of permanent employees, through submissions on policy documents, participation in a task force and consultations with government and community health workers.

See reports from Malawi, Mauritius, Swaziland, South Africa and Zambia for more information.

Promoting SRHR for LGBTI persons: The Dignity, Diversity and Rights (DiDiRi) Programme

The programme reported a number of achievements from 2013 including having convened a regional SRHR LGBTI Advocacy Knowledge-Sharing Stakeholders meeting, conducting 5 skills exchange visits between LGBTI and non-LGBTI partners and the holding of community dialogues on sexual and reproductive health and rights for LGBTI in Botswana, Zambia, South Africa, Zimbabwe and Malawi. The programme supported 5 country partners to promote joint advocacy on the International Day Against Trans and Homophobia (IDAHOT). Work has also begun on the LGBTI Advocacy “Equal Rights for All” Toolkit. The programme has strengthened collaboration between HIV and human rights organisations and LGBTI organisations. This has facilitated strengthened advocacy for all organisations on issues of common concern, and in particular has strengthened the position of LGBTI organisations to enable them to advocate within a broader coalition of diverse organisations.

See ARASA LGBTI, Dignity, Diversity and Rights Programme presentation for more information.

Litigation

SALC reported the successful use of strategic litigation, particularly where it is accompanied by advocacy on the ground including with law and policy-makers and service providers, in a number of cases including:

- Litigating for policy change, such as the Botswana case for the rights to ART for non-citizen, prisoners and the Zambia case regarding the right to food for prisoners living with HIV;
- Litigating to recognise and protect the rights of marginalised populations such as the Malawi judicial review of mandatory HIV testing of sex workers and the Botswana judicial review of refusal to register the civil society organisation LEGABIBO;
- Litigating for individual damages, but with broader objectives in the Zimbabwe Mildred Mapingure case relating to the failure of the State to take steps to prevent pregnancy after rape and the Namibia case relating to the coerced sterilisation of women living with HIV;
- Litigation to defend rights versus State persecution such as the Zambia Paul Kasonkomona case and Kapiri Mposhi case and the Swaziland Maseko and Makhubu case.

See SALC presentation for more information.

Partnerships

Partners gave a report back on the achievements of the use of champions from religious institutions and the use of dialogue and partnerships with faith structures,

political, traditional and religious leaders on the issue of the human rights of LGBTI, during the period. The work highlighted the important role that religious leaders play in shaping opinions in their communities and the extent to which they need information on LGBTI issues.

2. Gaps, Challenges & Lessons Learned

Training and Capacity Strengthening Programme

Some partners experience difficulties attending all of the four training sessions which comprise the Training of Trainers (ToT) Programme and other partners repeatedly send different staff members to the ToT. In order to make more effective use of the ToT in the future, partners need to support trainers within their organisations to complete assignments and responsibilities and to give them opportunities to train other staff members within their organisations. The ARASA training team has modified the ToT programme going forward to support partners.

Advocacy:

Challenges to advocacy work include the following:

- ARASA's limited staff capacity for advocacy remains a barrier but this is being overcome through the use of strategic alliances and partnerships. Working in partnerships for common advocacy goals is critical for success and partners are encouraged to work together to share successful campaigns and make optimal use of available resources.
- A punitive environment for protection of the rights of key populations at higher risk of HIV exposure with more countries passing increasingly repressive laws and implementing administrative and law enforcement crackdowns on LGBTI persons and organisations. This has also resulted in an unwillingness to discuss LGBTI rights at community level and a limited voice for LGBTI rights in civil society
- Cultural, social, political and religious resistance to HIV and human rights issues remains a challenge to advocacy for enabling legal and regulatory frameworks.

Post-2015 Development Agenda

It will be a challenge to include direct reference to issues such as HIV and TB within the post-2015 development agenda. There are many issues being canvassed for inclusion in the post-2015 development agenda and even signs of a backlash against human rights and attempts to 'tone down' human rights language in current documents. ARASA and partners need to ensure they are part of discussions to keep human rights, health and HIV on the agenda. Most partners have not been included in the current process of consultation and negotiations and there is a disconnect between what is happening at continental / African Union (AU) level and being put forward as the African Common Position, to what is happening at country level. Partners need to find ways to engage their governments to ensure that their voices are part of the process.

The UNAIDS Lancet Commission process, set up to investigate and identify how to position HIV and health issues in the post-2015 development agenda, made efforts to engage ARASA and other CSOs at regional level. However, it has not provided sufficient opportunities for ARASA and partners to integrate meaningful responses in terms of responding to draft position papers and a one-day consultation. The current African Position discussion paper does not encompass civil society's or partners recommendations on how governments should protect the human rights gains made and lessons learnt in the response to HIV. Current debates do not focus on rights based responses and threaten to incorporate HIV into other health outcomes, under a broad 'sustainable development goal' agenda.

As a result, partners' work with their individual governments is equally important.

Litigation

Challenges with litigation as an advocacy strategy include the following:

- The use of litigation to address socio-economic rights and relying on 'judicial activism' can be problematic where governments do not accept the decisions and enforcement becomes difficult. HIV-related litigation in the region has taught us that litigation should be supported at national level – e.g. through the use of national laws to support decisions and judicial activism and to be preceded and supported by civil society advocacy, as for example in the advocacy conducted by TAC in support of litigation for treatment access.
- Community mobilisation around litigation, including through support in court is important. However in some countries, communities fear being found 'in contempt of court' or being the subject of media sensationalisation around issues relating to LGBTI.
- Funding for litigation is limited and it is an expensive and protracted process.

Communication:

Communication with partners in French and Portuguese remains a challenge, requiring costly ongoing translation of documents.

Funding for ARASA partners

Partners continue to experience funding challenges due to the current global economic climate, a shift in donor priorities and a reduction in funds to 'middle-income countries'. Specific additional concerns included:

- Some partners expressed difficulties in managing funds, including how to deal with exchange rate losses, and requested technical support and expertise from ARASA.
- Small grants gave limited funding to partners, which sometimes resulted in communities having higher expectations than partners were able to deliver.
- Partners are struggling to secure core funding to keep their operations going. The dwindling funding environment means that partners are often forced to take up agendas that are not their core focus.

Monitoring and Evaluation:

The feedback from partners made it clear that M&E remains a challenge for partners, with many activities being undertaken but not well captured through data; a lack of indicators, data and information for reporting on log frames as well as a focus on reporting on activities rather than impact.

3. Opportunities

Global Fund New Funding Model

The Global Fund New Funding Model has a strong focus on human rights and on addressing the needs of key populations at higher risk; it provides an opportunity for ARASA, partners and countries to develop consultative, rights-based concepts for submission to the GFATM. ARASA's representation, through Michaela Clayton, on the GF Human Rights Reference Group creates further opportunities for ARASA partners to ensure that their countries prioritise human rights issues and affected populations are included in country processes.

Post-2015 Development Agenda

The Post-2015 Development Agenda is looking to forge a new global partnership, with the aim of eradicating poverty and transforming economies through sustainable development. Addressing inequalities through rights-based approaches to development are critical to ensuring that the most marginalised can benefit from development and growth. Human rights need to be central to the development goals, including health goals with an emphasis on increased access for marginalised populations. Civil society organisations need to get involved in the discussions to ensure that rights-based responses to HIV and health are central to discussions.

See presentation on MDGs to SDGs and presentation on the post-2015 Human Rights and HIV Response for more information.

4. Future Priorities

Advocacy:

ARASA and partners need to find ways to better communicate the impact of and successes with advocacy strategies and to develop joint advocacy initiatives for the future. Partners reflected on the increasingly repressive environments (e.g. particularly around the human rights of LGBTI, sex workers, people who use drugs and other key populations) which makes advocacy increasingly difficult and determined that it is important to be strategic and learn from past experiences; consider timing and 'hard' or 'soft' approaches for advocacy. There is a need to consider high priority countries, use existing alliances including through ARASA at a regional level, and broaden in-country, regional and global alliances across civil society platforms, to collaboratively promote common issues and engage with key partners and opponents (e.g. religious and traditional leaders) in responses.

Future advocacy priorities on key issues of regional concern include the following:

Promoting Right to Health (not HIV-specific) as a unifying agenda with a focus on access to treatment / intellectual property rights for priority populations (e.g. adolescents). We need to identify the common spaces, allies and messages, develop a regional framework, based on existing regional and international instruments, on the right to health. There are already existing processes at regional level to work from and the regional work will also supplement ongoing country processes.

Managing HIV and Hepatitis C: Co-infection of HIV and Hepatitis C is highly prevalent especially amongst people who inject drugs. ARASA will continue investigating how best to respond and ensure that this issue is on the agenda for 2014.

Working with mineworkers, mines and extractive industries: This work needs to be expanded from 2014. The SADC Declaration has been signed by many governments; this and the Harmonization document will be critical entry points for advocacy around TB and mines.

Key populations: There have been various setbacks in countries for the rights of LGBTI, sex workers and people who use drugs, including in legislation, law enforcement and through community leaders such as the religious community, which will require ongoing focus in 2014. It is critical for ARASA and partners to reflect on what's taking place across countries (and including in other countries, such as Nigeria and Uganda, and how this is impacting on our region – e.g. Tanzania, DRC and Ethiopia); the impact, if any, of current advocacy initiatives and how to strategise for the future.

The rights of community-based health care workers: The recognition of the work done by community health workers for HIV, TB and malaria is a critical advocacy issue. There is a need to advocate for the rights of community based health care workers to be fully integrated into health systems and to have access to the support and conditions of service they deserve. It is important to learn from best practices in countries to ensure advocacy takes into account the challenges that may arise in calls for recognition and payment of community health workers, such as government setting unrealistically higher educational requirements for workers or drastically reducing the numbers of community health workers.

Disability and HIV: Disability issues are still not adequately integrated into national HIV responses. People with disabilities have specific programmatic needs for interventions that understand sexual and health rights of people with disabilities, which take into account their difficulties in accessing information, their different capacities and impairments and different challenges. Access to legal support services for people with disabilities is a challenge, as is training for health care workers to understand the rights and needs of people with disabilities.

HIV, TB and Human Rights in Prisons: The conditions in prisons continue to place prisoners at increased health risks and the legal, regulatory and policy frameworks are inadequate to cope with the challenges. ARASA and partners need to monitor and advocate for minimum norms and standards applying to HIV and TB in prisons (see for instance UNODC's *Guidelines for HIV and TB Treatment and Prevention in Prison Settings in Southern Africa* and the Zambia report on HIV and TB in prisons) including for improved screening & diagnosis, prevention, improved treatment and care including for children and nutrition. ARASA and partners should develop strategic partnerships at country and regional level and rely on commitments made by countries in their national strategic plans towards prisoners.

Post-2015 Development Agenda:

ARASA and partners will need to ensure that they are familiar with country-level and regional level (e.g. at SADC and the AU) processes and documents to date regarding post-2015 discussions. They will need to get involved in these discussions at all levels, to ensure that ARASA and partners' issues regarding HIV, access and adherence to treatment, health and human rights issues are reflected on the agenda. Ideas for action include the following:

- As a first step, ARASA and partners will familiarise themselves with all existing processes to date and determine current channels and opportunities to engage and influence the ongoing processes.
- Partners will familiarise themselves with all existing documentation (see www.worldwewant2015), including supporting the analysis of existing documentation to determine what's been left out (e.g. key populations in the 3rd

pillar of the African Common Position and the extent to which countries have met commitments in terms of AU Roadmap).

- Partners to identify those already involved in the processes to date as possible avenues for advocating for ARASA positions regarding equal access to health services.
- Partners to develop plain language versions of documentation for wider dissemination and consultation.
- Partners are to work with their government processes, to hold national-level dialogues, reflect on progress towards MDGs, identify key issues and develop their own documents for the post-2015 development agenda.
- Partners need to use their expertise to also consider alternative strategies to getting involved in the discussions. A follow up strategy may include the development of a CSO paper, alongside the African Common Position, to put forward issues and gaps not reflected in that position.

Litigation

Future litigation should:

- Be accompanied by strong community mobilization and civil society advocacy both before, during and after litigation in order to ensure implementation and enforcement of orders, to raise awareness about the human rights issues at stake as well as to encourage others whose rights have been violated to come forward.
- Build broader coalitions and include reliance on broader issues, rather than relying solely on HIV-related or LGBTI-related issues – e.g. include right to health, broadly, right to freedom of expression and create alliances even with religious communities this way.
- Include advocacy with law and policy makers, executive and service providers at national and provincial level.
- Be sensitive to the sometimes-limited impact of ‘judicial activism’, based on international law, where decisions are not supported in national and regional law and not accepted by the state.
- Build relationships with law societies and law firms in order to facilitate pro bono support for litigation when needed.

Partnerships

ARASA will seek to strengthen key partnerships in 2014:

- ARASA will be considering how better to work with Parliamentarians, including through the SADC Parliamentary Forum (SADC PF), as well as with the judiciary, in the years ahead.

- On the TB and mines work, ARASA will seek to strengthen its partnerships with trade unions and Ex- miners associations.
- ARASA and partners recognise the political and religious agenda around the human rights of LGBTI and needs to think about strengthening partnerships, where possible, with religious leaders. In terms of messages to religious leaders, the following points are important:
 - Religious leaders need factual information about LGBTI issues
 - ARASA and partners need to work as individuals, within their own churches, and as organisations to ‘package’ messages for evidence-based advocacy
 - It’s important to give messages around the human rights of LGBTI a human face
 - It’s important to seek common messages that appeal to a range of persons, such as rights to freedom of expression and rights to dignity and other values within religious frameworks such as love and respect for humankind.
 - Partners also need to recognise the diversity within religious groups in their messaging.

Communicating our Results

- ARASA is committed to continuing to share information, including information on joint advocacy initiatives (such as the recent petition signed by partners) on its various media platforms and to consider the development of a consolidated newsletter reflecting partners’ news.
- Equally, partners were encouraged to use ARASA’s communications programme and its various media platforms (e.g. the website, social media, quarterly newsletters) to access as well as to share information on work in the region.
- Partners have volunteered to support the translation of short email messages, updates and requests from ARASA to Francophone and Lusophone countries.
- ARASA will also seek to find ways to integrate partners’ stories into their annual reports.

Monitoring and Evaluation

- Partners appreciated the targeted technical support received and this should be continued
- M&E should highlight not only successes but also challenges
- M&E needs to focus on measuring impact / change and not simply activities. There are various indicators in the work-plans that require to be tracked, some of which relate to impact and will continue to be tracked in 2014 and 2015.
- ARASA and partners discussed the use of partners’ stories as a means of highlighting successes and challenges in the Annual Reports

- ARASA should consider the establishment of a centralised database allowing for access to and input by partners of the work done and information collected.
- ARASA has developed new indicators to encourage better reporting on impact and results and will continue to strengthen M&E tools and systems in 2014 and beyond.

Support from ARASA

ARASA will support the recipients of small grants in 2014 and onwards in various ways including through possibly having a dedicated person looking at support of grantees, providing technical support for financial management, reporting and M&E.

Financing and Financial Reporting:

Innovative financing strategies will be critical to the sustainability of ARASA and partners' work from here forward. This year ARASA will focus efforts on innovative financing strategies in domestic settings, to seek ways to advocate for increased national health budgets. ARASA may need to consider ensuring that financing is a regular topic of discussion, in the changing financial environment, to encourage partners to 'think outside the box'. Partners discussed 3 strategies to sustain their organisations in the future:

- *Extending the organisation's mandate*: ARASA should have HIV and AIDS as an entry point, but needs to think of ways to extend its mandate and to create new partnerships that are critical to regional issues. Countries and partners need to form synergies with existing organisations and think about relooking at their messages – using HIV as an entry point but with a range of focus points – e.g. a focus on Millennium Development Goals (MDGs), broader health goals beyond HIV (e.g. TB, Hepatitis C), the needs of Africa, the needs of women and regional legal issues that align with ARASA's mandate. ARASA can support partners to reduce competition amongst each other and to co-ordinate their messages post-2015 when it may be critical to think about how to position organisations that are specifically HIV organisations.
- *Accessing funding for rights-based / key population work through the Global Fund New Funding Model (NFM)*: The NFM creates various opportunities for ARASA partners. The concept notes required for the NFM require inclusive and consultative processes, which include the voice of key populations. Human rights issues are central to the NFM concept notes. There is also opportunity to raise issues during the dialogue stage between the country and the Technical Review Panel (TRP). ARASA partners will need to form solid partnerships and organise

themselves so that they are able to hold national consultations and focus group discussions around the NFM concept notes, to identify key issues, including those affecting key populations. There will be challenges to ensure that key populations, such as LGBTI populations, are represented and included at the level of the Country Co-ordinating Mechanisms (CCMs) since some countries wish to exclude key populations. The GF has various tools on their website to support human rights integration within concept notes.

- *Thinking outside the box* to generate new financing models including through income-generation e.g. through selling services (e.g. providing HIV services, training services, legal support services) at a cost while still maintaining core business within communities. This could be facilitated through advocacy with government to create an enabling environment that encourages partnerships between the private sector and civil society (e.g. through tax rebates or tax exemptions; it may also require advocacy around CSO registration regulations which limit profit-making etc). It also requires relooking at the way we see and communicate our core business and the impact of our work, repackaging and re-messaging business ideas, impact, fundraising strategies and plans in order to be attractive to the business sector.

Small grant applications for 2014 will need to focus on the sustainability of projects to ensure that there are mechanisms for their continuation and mainstreaming into other work. ARASA will provide enhanced technical support to grantees but will expect them to be looking at the longer-term impact and sustainability of the projects.

ARASA as ‘donor’: As donors move towards a preference for funding larger organisations and as funding for ‘middle-income countries’ diminishes, the question of whether ARASA can be a conduit for funding in the region is an ongoing debate. The challenge is to look at ways in which ARASA may channel funding to organisations (i.e. through a ‘donor wing’ which separates grant-making from advocacy, without changing the fundamental nature of the ARASA secretariat to its partners. It is critical that ARASA consider how this could be done; otherwise we may find that funding is channelled through another, less representative organisation.

Finance Committee: ARASA will set up a finance committee, to share information, views, ideas and strategies between the secretariat and finance staff in partner organisations, to support each other with managing funding and finance challenges.

Financial Reporting: Partners requested that financial report-back be done in US Dollars so that all partners are able to easily understand and relate to the information shared.

Appendix A: Agenda

Tuesday, 15th April 2014	
08:00 – 08:30	Welcome remarks and introductions to the APF <i>Michaela Clayton, Director, ARASA</i>
ARASA TEAM UPDATES	
08:30 – 08:50	Training and Capacity Strengthening Programme Report <i>Jacob Segale & Lawrence Mbalati, ARASA</i>
08:50 – 09:10	Advocacy Programme Report <i>Lynette Mabote, ARASA</i>
09:10 – 09:20	Communications Programme Report <i>Sirka Amaambo, ARASA</i>
09:20 – 09:40	Monitoring and Evaluation Report <i>Maggie Amweelo, ARASA</i>
09:40 – 10:00	Financial Report <i>Fatima Lameck, ARASA</i>
10:00 – 10:20	Regional LGBTI Dignity, Diversity and Rights Programme: <i>Where are we in the promotion of the Sexual & Reproductive Health and Rights of LGBTI persons</i> <i>Boniswa Seti, ARASA</i>
10:20 – 10:40	<i>Questions and Discussions – Team Presentations</i>
10:40 – 11:00	TEA BREAK / MARKET PLACE & NETWORKING
11:00 – 11:30	Country Programme Presentations: Updates on the ARASA Malawi and Zambia HIV, TB and Human Rights Country Programmes <i>Patson Gondwe, Malawi Country Programme, CEDEP/CHRR</i> <i>Eunice Sinyemu & Ndumo Mpumila, Zambian Country Programme Coordinators, TALC</i>
11:30 – 12:00	The Coalition of Women Living with HIV/AIDS in Malawi (COWLHA) was awarded the 2012 ARASA HIV, TB and Human Rights Award. What has the impact been? <i>Annie Banda, COWLHA, Malawi</i> Exploring the Challenges and Opportunities of the ARASA's Small Grants: What was achieved and how will these efforts be sustained? <i>Pimmy Muzyamba, CHEP, Zambia</i>
12:00 – 12:15	<i>Questions & Discussions on the Country Programme and Small Grants Presentations</i>
12:15 – 12:45	Presentation on ARASA's New Strategic Plan and Theory of Change – Results Based Framework: 1. What does this Theory of Change entail in terms of ARASA's Results Based Framework, <i>ARASA's New Strategic Plan</i> 2. Where does this place the partnerships in broader reporting on impact of our work in the region <i>Felicita Hikuam, ARASA</i>
12:45 - 13:00	<i>Questions and Discussions by partners on the Results Based Framework Presentation</i>

13:00 – 14:00	LUNCH / NETWORKING & MARKET PLACE VISIT
14:00 – 15:30	<p><i>INNOVATIVE FINANCING MECHANISMS for SUSTAINABILITY: How can we work better</i> <i>Michaela Clayton, ARASA & Christine Stegling, ITPC</i></p> <ul style="list-style-type: none"> - <i>Turning tide of donor-funding trends</i>: Can civil society organisations leverage new sources of funding for sustainability: Traditional vs. non-traditional donors - <i>Diversification of organisational mandates</i>: Is it feasible for civil society organisations to diversify their work mandates and portfolios in order to promote organisational sustainability? - <i>Does the promotion of human rights in the Global Fund’s New Funding Model (NFM)</i>: What is new in the NFM mean better access to funding for civil society organisations working on human rights issues? - <i>Thinking outside of the box</i>: Promoting better in-country partnership models to sustain health human rights work – An in-country partner experience (<i>Cindy Kelemi, BONELA</i>)
15:30 – 16:00	TEA/COFFEE BREAK & MARKET PLACE VISITS and NETWORKING
16:00 – 17:30	<p>PARTNER DISCUSSION: Sustainability of the rights-based response: How human rights need to Occupy the “Post 2015 Development Agenda” to achieve the future we want!</p> <p>Facilitators: <i>Felicita Hikuam & Lynette Mabote, ARASA</i></p> <ul style="list-style-type: none"> - <i>From MDG To SDGs</i>: What do we need to consider in promoting a rights-based development agenda? <i>Sylvia Chirawu, Women and Law in Southern Africa (WLSA), Zimbabwe</i> - Which spaces are strategic for us to intervene in to ensure that human rights remain at the centre for the HIV response, 'Post-2015'? Connecting human rights with HIV issues facing women/girls <i>Koshuma Mtengeti, Children’s Dignity Forum, Tanzania</i> - Report back from partners who are part of the Post-2015 Development processes at regional and international level. Where is the conversation going and how can we shape these efforts to achieve the future we want?
<i>End of Day 1</i>	

Wednesday, 16th April 2014

08:00 – 10:30	<p>PANEL DISCUSSION: Towards building an enabling policy and legal environment: Why are we missing the mark?</p> <ul style="list-style-type: none"> - Malawi reviewing its punitive laws: What impact will this have in Malawi and how are we preparing streamlining our advocacy strategies as elections approach in the country?, <i>Makhumbo Munthali, CHRR, Malawi</i> - Evidence based advocacy to promote drug policy reform: Strengthening rights-based responses to inform harm reduction policies and laws <i>Steeve Batour, PILS, Mauritius</i> - Is Court the Answer: What happens when we depend on strategic litigation without streamlining advocacy on the ground? <i>Highlighting current cases in the region, Anneke Meerkotter, Southern African Litigation Centre (SALC)</i> > <i>Case studies: Freedom of Expression, Paul Kasonkomona (Zambia) & LEGABIBO's and fighting for their registration? (Botswana)</i> - Engaging faith structures to address the challenge of stigma and discrimination: Can we create leadership within religious fraternities at a community level? <i>Percy Ngwerume, SAfAIDS</i>
10:00 – 10:30	<p>TEA/COFFEE BREAK & MARKET PLACE VISITS and NETWORKING</p>
10:30 – 11:30	<p style="text-align: center;">After all is said and done...is there impact on the ground?</p> <ul style="list-style-type: none"> - Where are we going wrong in our advocacy to promote enabling legal and policy environments? - What strategies are required in country and regionally to move this agenda forward? <p style="text-align: right;">Facilitator: <i>Jacob Segale, ARASA</i></p>
11:30 – 12:30	<p>Human rights in light of contemporary science of HIV treatment and prevention: Where is the voice of the community?</p> <ul style="list-style-type: none"> - The need to promote a rights-based approach to Treatment as Prevention by strengthening community health systems <i>Cebile Bhembe, SWAPOL</i> - Working towards addressing the problem: Building a business case for mining companies to invest in TB vaccine development by introducing effective measures to promote the right to health of migrant workers <i>Lynette Mabote, ARASA</i> - The need to promote a patient-centered response by protecting the rights of health care workers in the region: The plight of community care givers and health care workers in South Africa <i>Violet Kaseke, SECTION 27</i>
12h30 – 13h00	<p><i>Questions and Discussions</i></p>
13h00 – 14h00	<p>LUNCH</p>
14h00– 14h45	<p>Moving from the Rhetoric into Action: Modalities and approaches to moving these agendas forward as a partnership?</p>

	<ul style="list-style-type: none"> - Thematic Working Groups / Regional sub-committees working on specific regional advocacy agendas - What will work in order for us to have a coordinated responses at an in-country and at a regional level <p style="text-align: right;">Facilitator: Lynette Mabote, ARASA</p>
14h45 – 15h30	<ul style="list-style-type: none"> - Setting the Agenda: Partnership selecting the 2014 country programme <p style="text-align: right;">Facilitator: Felicita Hikuam, ARASA</p>
15h30 – 16h00	TEA/COFFEE BREAK & MARKET PLACE VISITS and NETWORKING
16h00 – 16h15	<p style="text-align: center;">Closing comments and remarks on the Annual Partnership Forum</p> <p style="text-align: right;"><i>Michaela Clayton, ARASA</i></p>
18h30: Annual HIV and Human Rights Award Dinner	

Appendix B: List of Presentations

ARASA Team Presentations

1. Training and Capacity Strengthening Programme Report,
Jacob Segale and Lawrence Mbalati, ARASA
2. Advocacy Programme Report
Lynette Mabote, ARASA
3. Communications Programme Report
Sirka Amaambo, ARASA
4. Monitoring and Evaluation Report
Maggie Amweelo, ARASA
5. Financial Report
Fatima Lameck, ARASA
6. Regional LGBTI Dignity, Diversity and Rights Programme
Boniswa Seti, ARASA

Country Programme and Small Grants Presentations

1. Zambia HIV/AIDS, TB and Human Rights Country Programme
Eunice Sinyemu & Ndumo Mpumila, TALC Zambia
2. Malawi HIV/AIDS, TB and Human Rights Advocacy and Capacity Building
Country Programme
Patson Gondwe, CEDEP / CHRR, Malawi
3. The Coalition of Women Living with HIV/AIDS in Malawi (COWLHA) was
awarded the 2012 ARASA HIV, TB and Human Rights Award. What has the
impact been?
Annie Banda, COWLHA, Malawi
4. Exploring Challenges and Opportunitites of ARASA Small Grants: What was
achieved and how will these efforts be sustained?
Pimmy Muzyamba, CHEP, Zambia

Building an Enabling Policy and Legal Environment Presentations

1. Malawi reviewing its punitive laws: What impact will this have in Malawi and how are we preparing and streamlining our our advocacy strategies as elections approach in the country?
Makhumbo Munthali, CHRR, Malawi
2. Evidence based Advocacy to promote drug policy reform: Strengthening rights-based responses to inform harm reduction policies and laws
Steve Batour, PILS, Mauritius
3. Is Court the Answer: What happens when we depend on strategic litigation without streamlining advocacy on the group? *Anneke Meerkotter, SALC*
4. Engaging Faith Structures to address the challenge of stigma and discrimination: Can we create leadership within religious fraternities at a community level?
Percy Ngwerume, SAfAIDS

Post-2015 Development Agenda Presentations

1. From MDGs to SDGs: What do we need to consider in promoting a rights-based development agenda?
Sylvia Chirawu, Women and Law in Southern Africa (WLSA), Zimbabwe
2. Strategic Approaches for Intervention
Koshuman Mtengeti, Children's Dignity Forum, Tanzania

Human Rights in HIV treatment and prevention: Presentations

1. The need to promote a rights-based approach to treatment as prevention by strengthening community health systems
Cebile Bhembe, SWAPOL
2. The need to promote a patient-centred response by protecting the rights of health care workers in the region: The plight of community care givers and community health care workers in South Africa.
Violet Kaseke, Section 27.
3. Disability and HIV
Melba Katindi KELIN