

2011

ANNUAL REPORT

[This report covers the period 1 January to 31 December, 2011 and is divided into 2 parts: (a) a narrative section highlighting 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; output indicators; timeframe and implementation status.]



Contact: Michaela Clayton

53 Mont Blanc Street
Eros
Windhoek
Namibia

Email: michaela@arasa.org.na
Tel: +264 61 300381
Fax: +264 61 227675

Table of Contents

Introduction.....	4
Overview of Activities.....	5
Partnership.....	6
Governance	8
Financial Management / Sustainability	9
Human Resources.....	10
Key Programmatic Achievements	11
OUTCOME 1: Strengthened civil society capacity for effective Human Rights and HIV/AIDS advocacy in SADC	11
Regional Training of Trainers.....	11
Online Training	13
ARASA Partner Exchange Internships.....	14
Accreditation	14
Additional Trainings.....	14
Materials Development / Publications.....	15
Human Rights Programming Good Practice Guide	15
HIV and Human Rights in SADC Report	15
OUTCOME 2: Increased mobilisation of civil society advocacy on human rights issues in the context of HIV/AIDS and TB in SADC.....	15
Funding for Health Campaign.....	15
Treatment Access	16
The Three I's TB/HIV Communication and Advocacy Toolkit.....	18
TB and mines campaign.....	18
TB and Human Rights Documentation project.....	19
Equal Rights 4 All	21
Emerging issues	22
Small Grants.....	23

Country Programmes.....	24
Partnerships, Networking and Representation	28
Universal Access Review and UN High Level Meeting on HIV and AIDS	28
UNAIDS Human Rights Reference Group	30
UNAIDS Programme Coordinating Board	30
Regional African AIDS NGO's Forum (RAANGO).....	31
South African AIDS Conference	31
Southern Africa Development Community Parliamentary Forum	31
Global Commission on HIV and the Law	32
New / Emerging Partnerships.....	34
Reflections	34

Introduction

The AIDS and Rights Alliance for Southern Africa (ARASA) is a partnership of 53 non-governmental organisations (NGOs), promoting a rights-based response to HIV and tuberculosis (TB) through capacity strengthening and advocacy initiatives in Southern Africa. During 2011, the partnership was supported by a team of 10 staff and 2 consultants working out of the head office in Windhoek, Namibia, an office in Cape Town, South Africa and a staff member based in Johannesburg, South Africa.

ARASA partners comprise a diverse mix of more and less well-established organisations including networks of people living with HIV (PLHIV), legal services organisations, women's organisations, lesbian, gay, bisexual, transgender and intersex (LGBTI) organisations, youth organisations and other AIDS service organisations. The basis of the partnership is solidarity and shared responsibility for advancing social justice in the region, with a focus on the realisation of the right to health. At the end of 2011, this partnership remained the only alliance of its size and geographical coverage of organisations that work together as partners to address human rights issues in the response to HIV and TB in Southern Africa.

2011 was a critical year for the AIDS response. On the one hand, there were significant strides in scientific evidence of how to stop the spread of HIV, and on the other hand, the sustainability of the global AIDS response faced a significant threat due to the global economic crisis and a decline in political commitment, illustrated through a significant decrease in financial resources, amplified by the decision of the Global Fund Board in November, to suspend round 11 due to a shortfall of funds. As donor commitment to AIDS decreased, there was an increased focus on accountability and national ownership of responses by African governments and shared responsibility with development partners. This shifting development paradigm to respond to the AIDS epidemic was the cornerstone of the Political Declaration emanating from the United Nations High Level Meeting on AIDS, held in June 2011.

As a result, funding for health and the sustainability of the AIDS response, shared responsibility and national ownership to ensure the right to health for all continued to be a major theme in the work of ARASA and its partners in 2011.

In addition to threats to the sustainability of the AIDS response in the region, 2011 witnessed a wave of civil unrest across the region, from Swaziland to Botswana, South Africa, Angola and Malawi, due to a prevailing crisis in governance faced by the countries of the region. As civil unrest escalated, essential public services, including the provision of health care services, came to a halt for extended periods during 2011 in various countries in the region. In several cases, governments responded to the mass mobilisation by using repressive measures including firing live ammunition at and arresting and detaining demonstrators. In addition, international development partners' insistence on LGBTI rights being a precondition for development aid has led to backlashes in some countries, such as Malawi, against civil society organisations perceived as being troublemakers in advocating for LGBTI rights. This political context has had an effect on the focus and impact of the work of ARASA and its partner organisations as well as on their ability to continue implementing some activities in several countries in the region, including the TB and Human Rights Documentation Project, the 'Funding for Health' Campaign and activities to popularise the 'Equal Rights 4 All' Manifesto. A positive spin off of these events is that civil society partnerships in the region became more politically aware in 2011 and were implementing more focused and targeted interventions to mobilise grassroots communities to claim their right to health.

These events have underlined the need for strong civil society partnerships to catalyse and foster HIV related interventions that have real impact on the lives of individuals across the region and are based on sound human rights principles

Overview of Activities

During 2011, ARASA continued to implement its activities under 2 outcomes: (a) strengthened civil society capacity for effective human rights and HIV/AIDS and TB advocacy in Southern Africa Development Community (SADC); and (b) increased mobilisation of civil society advocacy on human rights issues in the context of HIV/AIDS and TB in SADC.

Activities implemented under Outcome 1 centred around regional and national training and capacity strengthening initiatives aimed at enhancing the practical knowledge and capacity of civil society organisations and activists to effectively advocate for a human rights based response to HIV and TB in the SADC region, with a focus on improved access to HIV and TB prevention, treatment and care services. During the period under review, ARASA provided technical support to country partners for effective advocacy on human rights, HIV and TB, and improved the regional training programme through the development and revision of training material and the piloting of a new online training facility. The training programme continued to act as a launch pad for ARASA's advocacy work by developing and supporting a cadre of human rights activists who promote a rights-based response to HIV and TB in the SADC region.

The activities under Outcome 2 were centred on mobilising civil society to advocate for funding for health in the SADC region; implementing advocacy campaigning initiatives on TB in the context of HIV and human rights; and advocating for the human rights of most at risk populations in the context of HIV and TB in SADC. In addition, the work focused on strengthening civil society networking for human rights, TB and HIV advocacy in SADC; raising awareness of human rights abuses in the context of HIV/AIDS in SADC through information dissemination; and strengthening advocacy representation of the ARASA partnership at regional and international fora.

ARASA's primary method of operation continued to be the utilisation of the relative strengths and comparative advantages of the ARASA partners to facilitate intra-regional sharing of expertise in order to build capacity around HIV, TB and human rights; to replicate good practices around HIV, TB and human rights in the region; to identify and facilitate regional advocacy initiatives on issues that are common to all countries in the field of HIV, TB and human rights; and to utilise the broader partnership to lend a regional voice to concerns about rights violations in specific countries.

Financial and programme management systems were continuously monitored and adjusted to support programme implementation. Activities under outcome 3, on the operations of the organisation included the provision of monitoring and evaluation (M&E) related technical support to ARASA staff, small grant recipients, in-country programmes and partners as well as the development of a Terms of Reference (ToR) and outreach to commission a consultant(s) for an external review of the implementation of the ARASA Strategic Plan (2008 to 2012). During December 2011, Singize Consulting was appointed to conduct an external evaluation to prepare a comprehensive evaluation report reviewing progress of the implementation of the current ARASA strategic plan in order to draw lessons for effective and efficient

implementation during the remaining phase of the current strategic plan and to inform the development of the new strategic plan for the period 2013 to 2017. This evaluation will be carried out in the first quarter of 2012.

During 2011, ARASA focused intensely on improving internal communication and strengthening team efforts to plan and design activities as well as to review and modify the activities as necessary throughout the year. A planning meeting was held in November 2010 to draft a preliminary 2011 work plan. In August, 2011, a face-to-face staff meeting was convened to review progress thus far in the implementation of activities and to agree on a way forward.

To enhance internal communication and provide a platform for staff to update each other and seek support, ARASA instituted weekly programme management calls, which were well received by staff and have greatly enhanced internal communication.

Partnership

During 2010, many partners expressed discomfort about working on topics related to these key populations at higher risk of HIV infection, often out of fear of retribution from national governments, who are increasingly repressing the voices of human rights activists, but also in some cases due to the religious and moral convictions of the staff or leadership of partner organisations. The latter was identified as the greatest cause for concern as it raised the more fundamental issue of what it means to be an ARASA partner organisation and the degree of commitment of some partner organisations to a truly human rights-based response to HIV and TB. Whilst it was recognised that not all partner organisations were able to speak out on 'controversial' human rights issues due to repressive political environments in their own countries, ARASA recognised a need to engage all its partners on the values of a rights-based HIV response and the shared principles of the partnership.

During the Annual Partnership Forum (APF) in November 2010 the partners agreed on, and committed themselves to a set of principles, entitled the '*ARASA Declaration of Principles*', which outline common values shared by all members of the partnership and form the basis upon which the ARASA partnership operates. Through their endorsement of '*ARASA Declaration of Principles*', ARASA and its partners commit to working in a collaborative spirit of support and mutual accountability to advocate for social justice, with a particular focus on the realisation of the right to health.

In 2011, the partnership application process was revised to consider the outcomes of the 2010 APF discussions as well as the '*ARASA Declaration of Principles*'. The process for all new partnership applications now includes the completion of a revised application form and endorsement of the '*ARASA Declaration of Principles*'. During the revision of the application process, the admission of new partners to the partnership was put on hold. During this time, several applications were received from organisations wanting to join the partnership. The revised application forms and '*ARASA Declaration of Principles*', were forwarded to these organisations for completion and endorsement. Subsequently, the Tanzania Network of Women Living with HIV and WEZESHA, a LGBTI organisation from Tanzania, joined the partnership. Unfortunately, the other organisations did not follow through with the application process.

The new partners were officially welcomed into the partnership during the 2011 APF, hosted in Johannesburg, South Africa from 23 to 24 November. All 53 of ARASA's partners were represented, along with current and potential donors such as OSISA and the Royal Netherlands Embassy.

ARASA staff reported on progress in the training and advocacy activities as well as on the Small Grants Project, Swaziland and Mozambique Country Programmes; implementation of the Three I's TB/HIV Communication and Advocacy Toolkit in Zambia; and the TB and Human Rights documentation project. Partners were also provided with information on ARASA's monitoring and evaluation and financial management systems.

The major part of the APF was dedicated to thematic discussions on HIV and TB-related human rights issues facing the region. To inform this part of the agenda, ARASA requested in advance that its partners identify three priority issues they would like to discuss during the APF. A list of varied issues was received but those common to most partners and selected for discussion: 'Treatment as prevention'; 'Impact of intellectual property (IP) laws on access to essential medicines'; 'Impact of emerging legislative trends on HIV/TB outcomes'; and 'The donor agenda: funding threats to countries and the impact this has on access to services by most at risk populations'. Compared to the disparity of views expressed during discussions of sensitive issues such as cultural beliefs and LGBTI rights during the 2010 APF, there was greater cohesion in the policy positions and advocacy messages of the partners during the 2011 APF. This may be partly because the issues were thoroughly debated during the 2010 APF. In addition, sensitive issues such as LGBTI rights were elevated on the agenda of ARASA and human rights organisations in the region during the past year, affording partners an opportunity to explore the issues, build consensus and align themselves along a similar policy position.

During a discussion on how the partnership can be strengthened, the partners agreed that ARASA partners based in the same country should capitalise on this relationship and work more closely together on advocacy issues. Although partners in some countries admitted that they only meet to strategise and discuss emerging issues when planning for the APF, others, such as partners from Mozambique, Malawi and Zambia explained that they were already working very closely as a coalition at the national level. In addition, partners from Tanzania explained that they were forming a consortium of ARASA partners that can fundraise and work in collaboration, with the hope that this would be a good practice model for the partners in other countries.

On the last day of the meeting, the partners divided into break-away groups to discuss and develop advocacy agenda's around critical issues such as health systems strengthening; sustainability of civil society organisations in the region; and national ownership in funding national HIV and TB programmes.

Following the small group discussions, the partners identified 4 themes for the partnership to prioritise for advocacy in 2012. These include: (i) working with the Working Group on the Rights of People Living with and Vulnerable to HIV and AIDS that has been established by the African Commission for Human and People's Rights; (ii) expanded access to prevention services including pre-exposure prophylaxis and treatment as prevention (iii) Criminalisation of HIV transmission and exposure; promoting the SADC model law and ensuring that a more countries adopt the good provisions in the model law; and (iv) funding for health as the overarching issue.

Although ARASA staff members have already been working on all of these issues, a greater emphasis will be placed in 2012 on supporting the partners to implement advocacy interventions on these issues in their respective countries.

Prior to the APF partners were invited to work in country-based groups to submit updated information on the legal and policy environment in their countries and to highlight the advocacy interventions they are engaging in to address human rights challenges at the national level. This information was collated into a booklet and shared during the APF. The booklet will be available on the ARASA website in early 2012.

On 24 November, Swaziland Positive Living (SWAPOL) was awarded the 2011 ARASA HIV, TB and Human Rights Award at an awards dinner hosted in Johannesburg, South Africa for their ongoing commitment to and work on access to treatment and their consistent engagement with communities in the work that they undertake.

Speaking at the award ceremony, Mr Justice Edwin Cameron, judge of the South African Constitutional Court, reflected on lessons learnt 30 years into the epidemic and noted that the level of HIV-related stigma and discrimination is still unacceptably high. *“As communities, we are connected by the epidemic, but the most important battle we have in the HIV and AIDS response is the battle against stigma and discrimination.”* Reflecting on the AIDS denialism that gripped the South African government at the beginning of the past decade, he added that: *“We must be able to challenge authority when it is wrongly informed. Therefore I salute the ARASA partners for their bravery in doing the work they do.”*

Children Education Society (CHESO), Tanzania also received special recognition for their consistent engagement and strong communication with the members of the ARASA partnership.

Governance

During 2011, the ARASA board of trustees continued to provide oversight to the organisation and fulfil a governance function. Similar to previous years, the board of trustees consisted of representatives of the founding partners: Kaumbu Mwendela (Chair) representing the Zambia AIDS Law Research and Advocacy Network (ZARAN); Toni Hancox from the Namibian Legal Assistance Centre (LAC); Nonkosi Khumalo from Section27 (incorporating AIDS Law Project), South Africa; Lois Chingandu from the Southern Africa Information Dissemination Service (SAfAIDS), Regional; Christine Stegling representing the Botswana Network on Ethics, Law and HIV/AIDS (BONELA), Botswana and Michaela Clayton, Director of ARASA as an ex officio member. All of the trustees continue to occupy their positions in their capacity as representatives of their respective organisations.

A quorum of the trustees participated in a telephonic meeting on 12 May, during which they discussed and approved the audited financial statements of the organisation as well as the priorities for the rest of the year and anticipated challenges, including funding gaps with the goal of assessing how the trustees can be of assistance.

A face-to-face meeting of the trustees was held on 22 November in Johannesburg, South Africa, preceding the APF. A quorum of trustees met to discuss the progress of the ARASA activities, finances, the upcoming external evaluation of the organisation and an update on the funding situation and resource mobilisation efforts. The amendment of trust deed which seeks to broaden representation of

ARASA partners on the board of trustees has been completed, making provision for the election of 2 new members to the board of trustees as representatives of partner organisations not currently represented on the board. The election of these two trustees will be held during the 2012 APF. The trustees also resolved to appoint an additional trustee in 2012 with appropriate financial expertise in order to strengthen the financial advisory and supervisory function of the board. The meeting was concluded with the selection of the 2011 ARASA HIV, TB and Human Rights Award winner by the trustees.

Financial Management / Sustainability

The annual budget and work plan for 2011 were prepared and approved in February 2011. The annual audit for the 2010 financial year was conducted with an unqualified audit report and distributed to donors, partners and other stakeholders.

During the reporting period, ARASA's finance department continued to provide technical support for the financial reporting of partner organisations that are implementing small grants and programme activities at the national level to enable them to report accurately and in a timely manner on funds provided to them. During this period, ARASA noted a significant improvement in the financial reports from partners, partly because ARASA has encouraged partners to use Pastel accounting software to record financial transactions and to send backup files of their monthly capturing to ARASA's Finance Manager for regular monitoring and provision of technical assistance as appropriate.

In 2011, the Swedish International Development Cooperation Agency (SIDA) was the only remaining donor in the Joint Financing Arrangement (JFA) donor group. Although this donor group originally included SIDA, United Kingdom Department for International Development (DfID) and Irish Aid, the support from DFID was for a two year period only and concluded at the end of 2010. Also at the end of 2010, Irish Aid announced that they would not be able to renew their support to ARASA past the end of 2010 due to the economic crisis in Ireland.

The annual donors meeting for the JFA donor group was held on 24 May in Windhoek, Namibia. Davies Chitundu representing SIDA and Anne Anamela representing Irish Aid, met with Michaela Clayton (Director) and Felicita Hikuam (Programmes Manager), while apologies were received from Steve Burton representing DFID. The agenda included a presentation of the 2010 Annual Report and Audited Financial Statements as well as discussions on the work plan, budget and funding for 2011 and updates from SIDA and Irish Aid.

The meeting agreed that the ARASA narrative and financial reports have improved significantly over the past few years. Both donors stressed the need for a mid-term external evaluation to be undertaken before the end of 2011 as the results of this evaluation will be essential to any decision taken on the part of donors to extend funding to ARASA past the end of the current funding period in December 2012. They also expressed satisfaction with the audit report, noting that it was important that the audit report was not qualified in any way. The shortfall in ARASA funding for 2011 and beyond was mentioned as the primary concern of the donors.

In addition to SIDA, ARASA received funding from the following donors in 2011: Ford Foundation; John Lloyd Foundation; Open Society Initiative for Southern Africa (OSISA); Open Society Foundation (OSF), New York, WHO, UNAIDS and the International Treatment Preparedness Coalition (ITPC) through the Tides Centre.

Resource mobilisation was a key area of work for ARASA management during the first half of the year. On 7 and 8 March, Michaela Clayton met with various current and potential donors, including the Open Society Foundation, Ford Foundation, Wellspring Foundation and Arcus Foundation in New York, United States of America (USA). Felicita Hikuam attended the 2011 Annual Retreat of the African Grantmakers Affinity Group (AGAG) in Lafayette Hill, Pennsylvania from 28 to 30 March on the invitation of OSI. Although soliciting was prohibited during the retreat, it was an opportunity to network and establish contacts with key US philanthropies that fund in Africa. During the retreat, Felicita also participated in a session hosted by OSI to discuss the value of core support to NGO's in a session entitled 'Using Core Support to Strengthen HIV and Rights Organisations in Southern Africa'.

As a result of this outreach, an additional USD 100 000 was secured from OSF for support for the 2011 budget, enabling ARASA to cover some of its shortfall and continue critical activities such as the external evaluation and updating of the HIV, TB and Human Rights report. In addition, SIDA signed a third amendment to the contract between SIDA and ARASA in October, pledging SEK 14 000,000 for the 2011 and 2012 financial years. The 2011 tranche was released in November 2011. As a result, the budget for 2011 was ultimately fully covered but several activities have been postponed until 2012 due to the fact that additional funds were received too late in 2011 for the activities to be undertaken before the end of 2011.

Human Resources

At the end of 2011, the ARASA team consisted of 10 staff and 2 consultants based in Windhoek, Cape Town and Johannesburg.

The 2 year contract of the M&E Coordinator, Alan Msosa expired on 30 April and he chose not to renew the contract in order to move on to other ventures, including furthering his studies in South Africa. As of 1 May, 2011, Maggie Amweelo, the former Administrative Coordinator, took over the responsibilities of the M&E Officer, while Loide lipinge, erstwhile Administrative Assistant was promoted to the position of Office Administrator.

The contract of the Communications Coordinator, Gillian Parenzee was not renewed for performance related reasons and concluded on 31 March. A consultant, Juliet Nanfuka was commissioned, commencing on 1 May, 2011 until 31 January, 2012 to develop and implement a strategy for intensified regional advocacy on increased funding for health, and in particular for universal access to HIV and TB prevention, treatment and care. While this work focuses on furthering the objectives of the 'Funding for Health' campaign, Juliet fulfilled broader communications-related functions as well, including updating the website and supporting outreach to the media. A Communications Officer, to be based at the Windhoek Office, will be recruited early in 2012.

Lawrence Mbalati joined the team on 1 July as Grants Officer to coordinate the small grants grant-making process and provide technical support to grantees.

On 15 March 2011, Khairunisa Suleiman commenced as a consultant for a period of 11 months, to coordinate the TB and Human Rights Documentation Project, which will conduct a situational analysis of the policy and programmatic status quo with regards to the management of TB in Botswana and Swaziland; and document specific human rights concerns that have arisen with respect to the management of TB in these countries.

Paula Akugizibwe, Advocacy and Lobbying Coordinator resigned in September and concluded her time with ARASA on 31 December. A smooth handover of the advocacy work was secured during the last quarter of 2011 as Lynette Mabote, the Advocacy Officer, was promoted to the role of Advocacy Team Leader as of 1 October, 2011. An Advocacy Officer will be recruited early in 2012.

The staffing of ARASA at 31 December was thus as follows:

1. Michaela Clayton: Director, Windhoek, Namibia
2. Felicita Hikvam: Programmes Manager, Windhoek, Namibia
3. Rudolf Gaweseb: Finance Manager, Windhoek, Namibia
4. Loide Ipinge: 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 Coordinator, Windhoek, Namibia
9. Lisias Mashuna: Office Assistant, Windhoek, Namibia
10. Lawrence Mbalati: Grants Officer, Cape Town, South Africa
11. Khairunisa Suleiman, Consultant: TB Documentation Project, Cape Town, South Africa
12. Juliet Nanfuka, Consultant: Funding for Health Campaign, Cape Town, South Africa

Key Programmatic Achievements

ARASA aims to meet its objectives through activities implemented under 2 outcomes:

1. Strengthened civil society capacity for effective human rights, HIV and TB 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

OUTCOME 1: Strengthened civil society capacity for effective Human Rights and HIV/AIDS advocacy in SADC

Regional Training of Trainers: The first face-to-face session of the annual Training of Trainers (ToT) Programme was in Johannesburg, between 21 and 25 March 2011. The training was attended by 27 participants from all SADC countries and facilitated by Jacob Segale and Boniswa Seti, from ARASA's Training and Capacity Strengthening Team. The 5-day training covered various modules including an introduction to human rights; HIV and AIDS as a human rights issue; key human rights instruments; advocating and enforcement of human rights; basic M&E principles; basic treatment literacy and an introduction to the online training facility.

The overall objective of the ToT is to increase the cadre of human rights activists advocating for human rights in SADC by training representatives of civil society organisations in SADC to effectively advocate for the protection and promotion of human rights in the context of HIV and TB.

During the training, 27 English, French and Portuguese ARASA Advocacy Resource and Training Manuals were distributed along with English copies of other ARASA materials.

Due to the challenges experienced with the online training facility (see below), ARASA combined the second and third modules of the ToT, which were originally planned to be conducted on line, into one

face-to-face training session at the end of September. This training covered monitoring and evaluation and treatment literacy, as well as a discussion on the call for small grants applications.

The advanced ToT session (face-to-face) was hosted from 14 to 18 November in Johannesburg and included a focus on emerging advocacy issues such as lesbian, gay, trans-gender and intersex rights. At the end of the session a ceremony was conducted to hand over certificates of attendance and completion to the trainees.

Similarly to the previous year, the commitment and discipline of some trainees presented an obstacle to the successful implementation of the training as, for example, some of the participants changed their air tickets to depart earlier than agreed, without informing the ARASA team and others failed to attend all of the training without notifying the team. In addition, a number of trainees did not complete the ToT as they were unable to attend all four modules of the training. Subsequently, this affected the ability of several trainees, who submitted strong small grants proposals, to qualify for small grants as only trainees who have completed the entire course are eligible to apply. In order to address this challenge a Trainee Code of Conduct will be developed in 2012 and both trainees and their organisations will be requested to sign the code before the first training, in order to reduce the number of trainees who do not complete the course by soliciting support from the organisation in ensuring commitment and adherence to the code by the trainees.

Post-training evaluation forms were distributed to the participants after the training, to assess whether the materials used and the mode of delivery were sufficient and if not, how they can be improved.

In the evaluation forms, most of the participants responded that the materials were relevant to the content of the course and their work; time allocated to sessions was manageable and facilitation methods were good. The majority of participants recommended that challenges with the online training facility be addressed to ensure a fully functional online training component that is well integrated into the ToT. Some quotes from the evaluation forms are below:

“The ARASA Training Manual was relevant as it contained everything from the basics to advanced topics in a clear and logical way. It is easy to use with difference audiences.” (Participant from Zimbabwe).

“The facilitation method of the course was good – but they were too fast for me and were bringing too many new things at once – which made me loose track on the way. Otherwise good.” (Participant from Malawi).

“The facilitation method was interactive and good. Concepts were laid out in an informal way, which made better understanding also created discussions about topical issues in our region.” (Participant from Zimbabwe).

“ I found the facilitation method very friendly and easy to understand in a sense that it is well defined, the language used can be understood by all people, even by those who have poor educational background, making it easier for everyone to contribute.” (Participant from Namibia).

“I have already integrated skills shared through the training. Through preparation and production of a training manual on sexual and reproductive health and HIV, I have used the materials

presented by ARASA. Also some of the facilitation skills have been applied during our child-marriage training sessions.” (Participant from Tanzania).

“Inspiring, as a stick [the opportunity] was sometimes given to the participants to figure issues themselves. In fact it was participatory training where everyone’s views, opinions and contributions were important and have value.” (Participant from Lesotho).

“The days were too long (shorter and not bulky). And more therapeutic games in the afternoon.” (Participant from Mauritius).

“I would say that this course should not be for people who sit in the office, but should recommend that people who are in the field should be considered, for they are the best people who can implement this at the community level, and the messages will get to the people.” (Participant from Lesotho).

“A session needs to be set aside for people to go through the introduction to the online session as a face-to-face session.” (Participant from Malawi).

Online Training: During the period under review, ARASA continued to adapt its training programme to an online format to expand access to the training in the region, beyond the limited number of participants accepted in the regional ToT programme. During 2011, this work focused on finalising content, piloting the site and ironing out teething problems in the system.

At the beginning of 2011 it was planned that two of the four modules of the annual ToT programme would be conducted by way of the online training facility, in place of face-to-face training. This presented ARASA with an opportunity to reduce the costs of the ToT programme and also to further test the functioning of the online training facility before opening up online courses to a broader audience.

The piloting of Module 2 (monitoring and evaluation) via the online training facility, presented a number of challenges. Initial problems with software made the adaptation and uploading of exiting and newly developed ARASA training materials onto the online training site difficult and time consuming. This problem was remedied by the purchasing of additional software which made the adaptation and uploading of materials much easier.

In addition, there were challenges of a technical nature, which included the inability on the part of some participants to log in to the system, the tendency of the system to ‘drop’ participants once they had logged in or to ‘lock’ registered participants out of the site. Additional challenges were posed by bandwidth issues in the region, which limit the ability of participants to participate due to slow internet connections. This has presented a particular problem when trying to utilise the interactive tools such as the video conferencing facility on the online training system.

Whilst certain of these problems can be attributed to bandwidth issues in the region, over which we have no control, the majority can be attributed to teething problems and inexperience on the part of implementing staff with the use of the system. ARASA is in the process of addressing these specific problems that we have experienced with the website developers in order to resolve them. In 2012, ARASA will also investigate the use of tools such as CDs with the materials for those who experience bandwidth challenges, discussion fora and podcasts of pre-videoed lectures with a view to overcoming problems with bandwidth.

Lessons learnt during the implementation of this project include the fact that online training systems are much more difficult to set up and implement than we originally anticipated. A further lesson learnt was that those ARASA staff members responsible for training need additional capacity strengthening on the use of the online training software in order to make the most of what it offers. This will be addressed through our in house staff development programme in 2012.

ARASA Partner Exchange Internships: A call for applications for partner exchange internships was sent out on 5 July for internship placements for a period of 4 to 8 weeks each. Six applications were received, of which 3 interns from Tonata PLHIV Network (Namibia); Treatment Advocacy and Literacy Campaign (TALC), Zambia and Children Education Society (CHESO), Tanzania, were selected to be hosted by Swaziland Positive Living (SWAPOL) Swaziland; Community Health Media Trust (CMT), South Africa and Zambia AIDS Law Research and Advocacy Network (ZARAN), Zambia, respectively.

The purpose of these internships is to facilitate the exchange of information and ideas between partners to make use of the comparative strength of some partners to strengthen the capacity of other partners. The internships will take place during the first quarter of 2012. The delay in the placement of the interns has been caused by the inability of hosting partner organisations to accommodate interns during the remainder of 2011 due to key staff being on long leave and also due to a heavy workload at the end of the year. In 2012, the call for applications will be sent out at the beginning of the year in order to afford sufficient opportunity to avoid these challenges.

Accreditation: During 2011, ARASA continued discussions with the University of South Africa (UNISA) to accredit its regional ToT programme. On 31 May, Michaela Clayton and Jacob Segale met with Leon Roets, UNISA Programme Manager of the Programme of Social and Behavioural Studies in HIV/AIDS, Tirisano Centre to discuss the finalisation of the memorandum of understanding (MoU) between the two institutions for the accreditation of the training programme. However, ARASA was not satisfied with the new direction of the agreement as it revealed minimal benefits to be gained by ARASA through the accreditation of the course by UNISA. Thus, at the end of 2012, ARASA decided to not pursue the accreditation agenda further with UNISA. Alternatives to accreditation or the prospects of accreditation with other institutions will be explored in 2012.

Additional Trainings: During the first quarter, Boniswa facilitated a 3-day workshop for 20 students from Youth with a Mission (YWAM) in Worcester, South Africa, as part of their humanities training. YWAM does not have in-house capacity to facilitate trainings on HIV and human rights and requested that ARASA assist them in this regard. Following the training, they expressed an interest in making the treatment literacy, HIV and human rights training a standard part of their trainings.

In March, Michaela Clayton and Lynette Mabote co-facilitated a **training workshop on HIV and Human Rights** for lawyers, magistrates and prosecutors from the Indian Ocean Islands in Madagascar. The meeting was hosted by the Indian Ocean Commission and aimed to increase the capacity of legal service providers to provide services to PLHIV and key populations; to identify and better understand the legal issues faced by PLHIV and key populations, the challenges in the provision of legal services and ways to overcome them in the Indian Ocean region; and to recommend the next steps for supporting legal services providers to address the needs of PLHIV and key populations in the region. For many of the participants it was the first time that they had ever had an opportunity to learn about and discuss the linkages between HIV and human rights and the importance of a rights based response to HIV. ARASA continues to maintain contact with the participants and to share relevant materials on HIV, law and human rights with them.

Materials Development / Publications: In 2011, the ARASA Advocacy Resource and Training Manual was reviewed to update statistics and other information on the HIV epidemic as well as on the World Health Organisation (WHO) treatment and other guidelines. The updated sections of the manual will be translated, reprinted and distributed for insertion into existing manuals in 2012.

In 2011, a module on monitoring and evaluation (M&E) was developed to be added to the training manual in 2012. In the mean time, ARASA received permission from the International HIV/AIDS Alliance to use their resource material on M&E as part of the online training, provided that ARASA acknowledges the source.

During the first quarter of the year, 100 copies of Portuguese manuals were printed and 25 of these manuals were shipped to Angola for use by SCARJOV, ARASA's only partner in that country.

Human Rights Programming Good Practice Guide: Also during 2011, ARASA collaborated with the International HIV and AIDS Alliance to develop a Human Rights Programming Good Practice Guide. Consultants were commissioned to draft the document and ARASA and the Alliance directed the conceptualisation and refinement of the document. The guide is targeted at people working at programme officer level in community settings, with limited experience of human rights programming and aims to define what human rights based HIV programming is, why it is important and how it contributes to effective HIV programmes. The guide will provide practical examples and case studies of challenges, solutions and good practice relating to design, development, implementation, M&E of community level human rights programmes at all levels of the project cycle. In addition, the guide, which will incorporate tools, examples, case studies, checklists, quotes, graphics, charts, links and key points / summaries to increase accessibility, will explore emerging debates in HIV and human rights programming. The document will be completed and distributed early in 2012 as a joint publication of ARASA and the International HIV/AIDS Alliance.

HIV and Human Rights in SADC Report: During 2011, ARASA commissioned consultants and commenced the collection of data to update its HIV and Human Rights in SADC Report. In March 2011, participants of the ToT programme were tasked with an assignment to collect data on the legal and policy environment with regards to HIV and TB in their countries. In November, their reports were collected and forwarded to the consultants. The report will be completed, launched and distributed in 2012.

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

Building on efforts to support the work of partners at the national level and the strong networks established over the past few years, ARASA focused its advocacy and lobbying interventions on the following themes in 2011:

Funding for Health Campaign: In May, Juliet Nanfuka joined the team as a consultant, responsible for coordinating the '*Funding for Health Campaign*'. Her mandate was to drive the conceptualisation of a sustainable communication and mobilisation strategy, while revitalising the existing '*Funding and Right to Health*' campaign materials and communications strategies, building on the stakeholder mapping undertaken at the end of 2010.

Advocacy around Global Funding replenishment in 2010 taught us that if regional advocacy campaigns are to be more successful, advocacy interventions undertaken at country level need to be strengthened.

In 2011, economic and political turbulence in several countries where partners were implementing 'Funding for Health' campaign activities resulted in a reconsideration of initial ideas for mobilisation and action at the country level, requiring an adaptation of the thinking to the changing socio-political context. This resulted in a consultative process with partners in Zambia, Tanzania, Democratic Republic of the Congo, Swaziland, Botswana and South Africa to understand why the materials produced in 2009 during the inception of the 'Funding for Health' campaign did not work well in some of the focus countries in 2010. In addition, the focus of this review was on analysing the impact and viability of the campaign's focus and direction, including its materials, and to expand this work to encompass a broader 'right to health' focus.

The consultation resulted in the development of a comprehensive set of materials focused on 'the right to health', which takes into consideration the political and contextual factors affecting access to equitable healthcare and focuses on community-based approaches to promoting human rights. In 2012, these materials will be used to further update sections of our training materials; as well as in advocacy at regional and country levels ARASA, together with other regional and international partners such as the World AIDS Campaign, Health Gap and others supporting the *Funding for Health* campaign, continued to put pressure on governments to explore barriers and opportunities for domestic and regional innovation and accountability to address the current funding crisis.

To this end, Lynette Mabote (Advocacy Team Leader) along with colleagues from the Treatment Action Campaign and Doctors without Borders, met with South African Deputy President, Kgalema Motlanthe in May, ahead of the 37th G8 summit held 26–27 May 2011 to brief him on the issue of Financial Transaction Tax (FTT), an agenda item for Summit. The meeting was fruitful, as it was later confirmed by the Deputy President's office that President Jacob Zuma agreed that this was an important matter for South Africa to engage with.

This process has contributed to South Africa becoming one of the countries in Africa which is now considering the mechanisms of how such an FTT might work and where the funds will be collected from. At the 17th Conference of the Parties (COP17) to the United Nations Framework Convention on Climate Change conference held from the 28 November to the 9 December 2011, there were strong indications from the South African government that they consider an FTT to be feasible..

In addition, countries such as Zambia and Tanzania held national level discussions around the development of AIDS Trust Funds to increase domestic resource contribution through the use of taxation mechanisms, to supplement health financing and Namibia is considering the introduction of an airline levy.

During 2011, ARASA also participated in discussions with civil society and UNAIDS on the Investment Framework, with an emphasis on considering the human rights implications of this model for better HIV investments and more evidence-based HIV programming for the next decade. In July, Michaela attended a meeting, which convened international and regional civil society groups in Amsterdam, the Netherlands to discuss the Investment Framework, which is a model for resource allocation and planning at national level to meet the High Level Meeting on AIDS targets.

Treatment Access: ARASA has continued its work to increase access to HIV and TB treatment, with a focus on issues concerning Intellectual Property Rights, which threaten access to life saving medicines. Current negotiations in the region and around the world, such as the EU Anti-Counterfeiting Trade Agreement (ACTA) negotiations, the Southern African Customs Union (SACU) and EU Economic

Partnership Agreement; as well as free trade agreements being negotiated between countries such as the United States and developing countries, are threatening to further impede access to medicines. To better understand the issues and guide ARASA's advocacy on the matter, Lynette Mabote attended an intensive two week intensive course at the University of KwaZulu Natal on Intellectual Property Rights and their impact on access to medicines. The training also linked ARASA to a regional movement fighting for generic medicines consisting of partners such as the recently established Southern Africa Regional Programme on Access to Medicines (SARPAM). ARASA has incorporated information acquired during the course into its training materials and will continue to raise the awareness of its partners on this issue in 2012.

Khairunisa Suleiman attended an Antiretroviral Therapy (ART) for Prevention Workshop, hosted by the World Health Organisation (WHO) in Vancouver, Canada from 4 to 6 May. The workshop aimed to bring together various researchers and stakeholders to explore research related to the impact of ART use among PLHIV on the transmission of HIV. The workshop provided an opportunity to share data, protocols and findings, and to foster an open collaborative environment regarding this emerging area of research. Participants were urged to share the supporting documentation of their research with the participants as well as WHO, which is currently collecting all the protocols from the various research groups so as to submit them for publication in a special journal that will feature articles on current research on ART for prevention. Khairunisa is currently assessing these research protocols for their human rights implications, in order to provide feedback to WHO.

Over the past year, ARASA has managed to maximise impact of the treatment access campaigns, by keeping abreast of new developments in evidence into the benefits of antiretroviral therapy such as 'Treatment as Prevention' and faster diagnostic tools such as Gene Xpert, for TB diagnosis. Through regional and international level lobbying and in consultation with partners, human rights elements within the 'Treatment as Prevention' model continue to be raised by ARASA, as countries consider the Investment Framework for more cost effective programmes. This has been coupled with work that the team has done in the past year on the scale up of Gene Xpert in countries such as South Africa, Mozambique and Swaziland. The work has included negotiations into the transparency of price reductions of the diagnostic tool with CEPHEID, CHAI and the Gates Foundation.

In response to the recurring stock outs in Zambia, ARASA and its partners in that country have been conceptualising an 'early alert system' to monitor stock-outs and raise alarm at an early stage to ensure that drug shortages are dealt with early to minimise the impact of prolonged shortages at a district, provincial and national levels. ARASA continues to provide technical assistance to partners in Zambia as they forge strategies for implementation of the tool in 2012.

ARASA has also worked with a the Mozambican Network of AIDS Service Organisations (MONASO) to develop a concept note for the formation of a coordinated civil society and community stakeholder based project dealing with community monitoring of drug stock outs in some of the regions in Mozambique. ARASA continues to provide technical assistance to these partners in order to ensure that human rights based approaches are entrenched into the project, while taking into consideration the lessons learned from models on the inclusion of community stakeholder from other environments, as the project is implemented.

In 2011, ARASA has been part of the **WHO TB/HIV Collaborative Working Committee**, convened in 2010 to update WHO TB/HIV integration Guidelines, and has been instrumental in submitting feedback on the updated WHO TB/HIV integration Guidelines. ARASA's input was mainly based on consultations with

partners on the progress of national HIV/TB integration efforts in the region. ARASA's involvement in WHO TB/HIV guidelines and policy developmental processes led to the adaptation of the WHO Three I's for HIV/TB materials into a more accessible toolkit that can be used by partners in their advocacy and communication work.

The Three I's TB/HIV Communication and Advocacy Toolkit was finalised in 2011 with support from WHO and in collaboration with partner organizations from across the Southern African region. The toolkit contains accessible and scientifically accurate training and advocacy materials for activists, patients, health workers and people working at the grassroots level to promote the accelerated implementation of the Three I's for HIV/TB (Isoniazid Preventive Therapy, Intensified Case Finding and, Infection Control). Towards the end of March, ARASA co-convened a workshop with WHO for 30 TB/HIV programme managers from 8 countries in the SADC region, to introduce the toolkit and solicit additional information on the status of national TB/HIV programmes in the region. During the second half of the year, ARASA focused on the translation, adaptation and implementation of the toolkit at the national level, as the HIV/TB Three I's Community and Advocacy Toolkit work and documentation has created a basis for advocacy at in country and regional levels on response to TB/ HIV co-infection. WHO has been undertaking a legal verification process, in order to endorse the toolkit, but the toolkit has already gained traction at Ministries of Health levels in SADC and East Africa. Through our Zambia Small Grants project with the Treatment, Advocacy and Literacy Campaign (TALC) the Zambia Ministry of Health has committed to adopt the toolkit in collaboration with TALC, to ensure wide spread dissemination and adoption in the country's TB management programmes. Other small grants partners currently working on the proliferation and adaption of the Toolkit in 2011 have been the Mozambique Treatment Access Movement (MATRAM) and the Botswana Network on Ethics, Law and HIV/AIDS (BONELA). This work will continue in 2012.

Also in 2011, Khairunisa Suleiman and Lynette Mabote contributed to the review of the '**Community-based care model of DR-TB: A guide for implementers**', developed during a USAID workshop in Lesotho in September 2011, which Khairunisa attended. Unfortunately, the final document did not incorporate most of the critical human rights and regionally relevant comments raised by Khairunisa and Lynette.

TB and mines campaign: ARASA's documentation of challenges in the cross-border TB management of migrant workers has supported litigation leading to legislative reform of the compensation parameters governing TB and the Mines in South Africa. In 2011, the TB and mines campaign gained significant momentum after the precedent setting judgment in the compensation case of former miner, Thembekile Mankayi, in the South African Constitutional Court early in 2011, which ruled that ex-miners can seek legal redress and compensation from mining companies for contracting occupational lung disease, including silicosis and TB.

Since 2010, ARASA has been supporting a group of human rights lawyers from Leigh Day and Co. from the United Kingdom (UK) and Legal Aid South Africa, on a similar test cases of the 18 ex-miners (which increased to 450 by the end of 2011) who are suing Anglo America South Africa for compensation in the London High Court in 2011. The claim by the ex-miners is premised on the fact that they contracted silicosis, during years of employment under Anglo American's employment – thus claims are for compensation and the vicarious liability of employers. The case, which is still in preparation stage, has gained a lot of momentum in South Africa, Lesotho and Swaziland. ARASA has connected the lawyers with experts who are now part of the expert witness panel as well as with other partners in these countries, including ex-mineworker associations.

This class action suit was accompanied by a regional media strategy initiated by ARASA and its partners, which is increasing public awareness and interest from ex-mineworkers associations from Swaziland, Lesotho and Mozambique. The media campaign included a press conference held on 20 April in Johannesburg, ahead of the Anglo American Annual General Meeting (AGM) in the UK, and co-authoring a letter delivered to the shareholders of Anglo American during the AGM. A response letter has been received from the office of Anglo American's Chief Executive Officer, acknowledging the existing individual claims by ex-miner workers against Anglo American's subsidiary in South Africa. In the letter, Anglo American denied allegations of liability against them and refused to discuss matters which are the subject of pending litigation. However they expressed commitment -based on humanitarian grounds- to provide the required medical treatment to individual claimants insofar as they suffer from silicosis and silico-tuberculosis until their claims are resolved by the court. They also agreed to discuss ways to streamline the progress of the claims, while also exploring an alternative method of resolving the disputes outside of the formal court process.

This work, which will continue in 2012, has been further supported by organised labour in South Africa and surrounding countries. This case is scheduled to be heard in the first quarter of 2012. Through the media, policy, legal and strategic community level advocacy on issues of compensation for ex mineworkers in the region, the South African government, in 2011, called for an entire overhaul of TB and mines policy with stakeholders within the mining industry – this to ensure a cross-border management of TB in Southern Africa. ARASA has assisted the process by undertaking evidence based research into the inequitable compensation process ex-mineworkers have to undergo before receiving compensation.

At a regional level, in order to support the harmonisation of the management of TB in the SADC region, ARASA has been following up with the SADC Parliamentary Forum on the implementation of a TB cross-border management programme that is supported by the Global Fund. This programme is designed to assist SADC countries with the implementation of the Policy Framework for Population Mobility and Communicable Diseases in SADC. The programme aims to establish a pilot project to test the efficiency of the roll out of the cross-border management of TB programmes between labour-sending and labour-receiving countries, such as South Africa. These efforts have been twinned with the 2010 creation of the Southern African Regional Programme on Access to Medicines and Diagnostics (SARPAM), which is currently being implemented within SADC, through collaboration between SADC Parliamentary Forum and other partners, to advocate for better harmonisation of policies regulating access to medicines in the region. ARASA will continue to follow up on these efforts up in order to ensure that civil society engagement is prioritised within the above efforts led by SADC PF.

TB and Human Rights Documentation project: ARASA commissioned Khairunisa Suleiman on 15 March 2011, as a consultant to coordinate the project, to be implemented in Swaziland and Botswana in 2011. The project aims to document human rights challenges in the management of TB in southern Africa, 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 the first half of 2011, work focused on recruiting the project officers in Botswana and Swaziland, preparing and submitting applications for the research permits in both countries, as well as finalising the research tool and the programme and policy analysis that accompany the tool for each country.

The project experienced some delays in its implementation as the host partners in both countries (SWAPOL in Swaziland and BONELA in Botswana) underwent staff changes and/or organisational restructuring. In addition, both these countries faced socio-political instability, including a strike by healthcare workers in both countries, during the first half of the year. As a result, ARASA had to adapt the research focus as well as the tools of the project to these changing contexts. At its inception, the purpose of this project was to document human rights challenges in the management of TB in southern Africa, to assess the readiness of policy-makers, health care workers and communities to move towards a community-based approach to TB management and to address specific human rights challenges identified in the course of the research. In response to the health care worker strikes and with a view to making the research more responsive to immediate challenges in the region in the management of TB posed by these ongoing strikes, it was agreed with OSI (Erin Howe) in June 2011 that the title of the project be altered to *“Perceptions of Nurses, TB patients and community members on Infection Control and nurse-patient relationships”*.

The revised purpose of this project is to conduct an analysis on the perceptions of TB patients, communities and nurses on TB infection control and the perceptions of nurses, TB patients and community members on nurse-patient relationships. The amended project focus includes strengthening partnerships between health care workers, patient groups and organised labour with the aim of investigating rights challenges in order to build sustainable partnerships between patients and healthcare worker groups based on areas of common concern with regards to patient and worker rights. This in turn, should generate a lasting sense of solidarity for advocacy on government accountability.

The nurse-patient relationships will be analysed to determine strategies for creating and/or strengthening nurse-patient alliances so as to improve and maintain a minimum quality of health care services in the event of a healthcare worker strikes. The analysis will feed into advocacy strategies around Minimum Service Level Agreements (MSLA), which are agreements that ensure that a certain standard of healthcare services are maintained during strikes. MSLA would allow some staff to legally participate in industrial action, while the rest of their colleagues continue to provide healthcare services¹.

A workshop aimed at providing training on TB and human rights as well as formal documentation skills was conducted in July for representatives of the host partners, project coordinators and other stakeholders in the project. The workshop also presented an opportunity to develop work plans and agree on the way forward for the implementation of the project.

By the end of the year, research permits had been secured in both countries to allow for data collection and the tool had been piloted in Swaziland. Data collection in both countries is scheduled to begin in the first quarter of 2012, and the project is scheduled to be completed by the end of June 2012.

A key lesson learned during the implementation of the project, is that clear MoUs with the country partner and the consultants should be in place at the inception of the project, clearly explaining the various roles and responsibilities. In addition, it became very clear that transparent and consistent communication between ARASA, partner organisations and implementers is critical.

¹ <http://www.businessday.co.za/articles/Content.aspx?id=146860>

Equal Rights 4 All: During the period under review, ARASA continued to implement activities to promote equal rights for lesbian, gay, bi-sexual, transgender and intersex (LGBTI) people. This work included promoting the '*Equal Rights for all*' manifesto on the ARASA website.

In March, Paula Akugizibwe participated as a panellist in a debate entitled: 'Is Homosexuality UnAfrican?'², which aired on BBC World News Television and BBC World Service Radio on 12 March. Other panellists included H.E. Festus Mogae, former President of Botswana; Honourable David Bahati MP, Parliament of Uganda and chief drafter of the Ugandan Anti Homosexuality Bill; Eusebius Mackaiser, Gay rights activist and lecturer from South Africa; and Sideeqah Tunde-Lawal, a leader of the Ansar'U-Deen Youth Association of Nigeria. Following the debate, several homophobic comments were posted on the discussion forum of the '*Equal Rights 4 All*' campaign web page by members of the general public who watched or listened to the debate. These comments opened up an avenue for discussion around the manifesto, between ARASA staff and those individuals. This worked well, as it allowed ARASA to engage with individuals on their understanding of the issues and to address negative preconceptions about 'homophobia'.

During this period, concerns around the protection and promotion of rights for LGBTI people were underscored by socio-political unrest in some countries in the region, including Malawi and South Africa. South Africa has been in the spotlight for the government's lack of response to the increasing cases of victimisation and corrective rape of lesbians. In Malawi the economic and political situation in Malawi has continued to deteriorate. Through regular contact and discussion with partners in Malawi, ARASA continues to monitor the situation, particularly in light of statements by government officials blaming sexual minorities for the declining donor support in the country. ARASA's partners have explained that advocacy for the promotion and protection of LGBTI rights is being blamed as the direct cause of Malawi's current socio-political instability - elaborating that governments officials have claimed that the civil unrests were aimed at forcing the government to legalise same-sex marriages and that donors have cut aid to Malawi because of the LGBTI advocates.

During April and May, Paula worked with the Centre for Human Rights and Rehabilitation (CHRR) and the Centre for the Development of People (CEDEP) in Malawi on a position paper, highlighting various human rights challenges in Malawi, which expand beyond the rights of sexual minorities. The position paper also calls for greater collaboration between various partners in Malawi to ensure that there is greater public support when human rights violations occur.

To support their coalition building efforts, Paula worked with the CEDEP and CHRR on a letter to the various potential partners in Malawi, including organised labour, who expressed an interest in supporting this cause. The purpose of this initiative was to ensure that there is a unified and supportive structure to ensure confidentiality and safety within a trustworthy network as well as offer support to the civil society demands for the government to address, amongst others, the economic, political and human rights challenges faced in the country; as well as. ARASA will continue to monitor the situation in Malawi and offer technical and other forms of support as appropriate to its partners.

In April, Felicita Hikuam attended a workshop convened in Luanda, Angola by PANOS Southern Africa and the Associacao de Reintegracao dos Jovens/ Crianças na Vida Social (SCARJOV), an ARASA partner based in Angola. The aim of the workshop was to share the findings of research conducted in Angola on

² http://www.bbc.co.uk/iplayer/console/p00fjqpz/The_BBC_Debate_Is_Homosexuality_UnAfrican
<http://www.bbc.co.uk/programmes/p00fjqpz>

the response to the HIV and sexual and reproductive health needs of men who have sex with men (MSM). The findings will be used for policy and advocacy in Angola on LGBTI rights and more broadly in the region.

ARASA has also approached the SADC Parliamentary Forum to discuss concerns raised by ARASA partners regarding the harassment and persecution of sexual minorities in the region and to gauge whether SADC PF would be interested in co-hosting a workshop on sexuality for parliamentarians. The workshop would bring together parliamentarians from conservative African countries with those from countries with a more liberal stance on sexuality, such as Rwanda. Following an encouraging response from SADC PF, ARASA is drafting a concept note and will follow up with SADC PF during 2012 on the feasibility of this workshop.

Towards the end of 2011, ARASA began discussions with various partners, including Schorer Foundation, HIVOS and the Namibian NGO, Positive Vibes to develop a concept for a regional programme on sexual and reproductive health and rights for LGBTI people in Southern Africa. The programme will focus on a comprehensive and integrated approach to working with LGBTI people, ranging from the provision of health care services to ensuring the existence of an enabling legal and policy environment for LGBTI to advocate for and claim their rights. The concept will be submitted to the Royal Netherlands Embassy in 2012 and once approved, a full funding proposal will be developed.

Emerging issues: During the first quarter, ARASA learned of the **prohibited immigrant status** and deportation of two human rights activists upon arrival at Julius Nyerere Airport in Tanzania this year, following their arrest and deportation along with Paula Akugizibwe and Lynette Mabote from Tanzania in May 2011. The nine activists, from across the continent, were rounded up by police and detained for questioning by Tanzanian authorities after they handed over a memorandum entitled “Health is Wealth”, which emphasised the need for increased investment in health and particularly HIV, TB and Malaria in Africa, to two prominent speakers (Yvonne Chaka Chaka, a popular South African musician and UN Goodwill Ambassador for the region, and Christoph Benn, the Director of External Relations for the Global Fund to fight AIDS, TB and Malaria) during the World Economic Forum on Africa in May 2011. The handing over of the memorandum followed a meeting of activists in Dar es Salaam on Health Resource Mobilisation convened by ARASA and World AIDS Campaign (WAC). Over the past few months, ARASA has worked on a legal analysis of the prohibited immigrant status with a Tanzanian partner, CHESO, and has drafted an appeal letter to the Minister of Home Affairs of Tanzania, requesting revocation of this status. A decision is still awaited.

During the period under review, Paula Akugizibwe represented ARASA on a working committee for a new Gates Foundation project that is looking into **new ideas and innovations around diagnostic tools**. This is an on-going project that will see her working closely with other members of this committee for the remainder of the year.

Paula Akugizibwe and Lynette Mabote met with Mr. Bheki Jele, from the Secretariat of the **African Decade of Persons with Disabilities (ADPD)** on 21 June, at the ARASA offices in Cape Town, South Africa. This meeting was requested by the ADPD in order to introduce the organisation to ARASA and to update ARASA on what the organisation has been doing over the past decade in terms of research and efforts within the ambit of the African Union. The meeting also focused on identifying areas of potential collaboration between the two organisations; either programmatically or through fostering of partnerships. Previously, ARASA has worked with the ADPD Secretariat in the context of the African Commission for Human and People’s Rights Committee on the Protection of People Living with HIV and

those most at risk. Subsequently, ARASA has connected ADPD with ARASA partners who are working on disability and HIV issues in the region. As a result, ADPD has started exploring areas of collaboration with Disability HIV and AIDS Trust (DHAT) in Zimbabwe, one of the 2011 ARASA small grants recipients.

Small Grants

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. With additional funding from the ITPC HIV Collaborative Fund through the Tides Centre, ARASA was able to increase the number and size of the small grants in 2011 from seven grants of USD 10 000 to eight grants of USD 20 000.

During the first quarter, ARASA staff worked with the ToT participants of 2010 to revise their proposals according to the new increased amount. It was agreed that three of the eight grants for 2011 would be awarded to participants of the Three I's workshop hosted in December, 2010, to implement HIV/TB integration work.

During the second quarter, ARASA staff and Dr. Bactrin Killingo from ITPC shortlisted the proposals and selected the final grantees. One of the grants was split into three grants of U\$10 000; U\$ 5,000 and U\$ 5,000 each as the selected partner only requested U\$10,000 and did not have the capacity to absorb the total amount, while the two smaller grants were awarded to organisations who submitted fairly strong proposals, but did not make it into the top eight. This brought the total number of grants awarded for implementation in 2011 to ten. The grant recipients are: BONELA (Botswana), MATRAM (Mozambique) and Treatment Advocacy and Literacy Campaign (TALC) (Zambia) for Three I's related projects; Children's Dignity Forum (Tanzania); Development for Peace Education (Lesotho); Zimbabwe National Network of PLHIV (Zimbabwe); Disabilities, HIV and AIDS Trust (Zimbabwe); HIV/AIDS Organisation of Seychelles (Seychelles); Associação de Reintegração dos Jovens/Crianças na Vida Social (Angola); Rainbow Identity (Botswana) and Centre for the Development of People (Malawi).

On 1 July, Lawrence Mbalati commenced duties as Grants Officer to coordinate the ITPC HIV Collaborative Fund / Tides Centre-supported small grants project and to provide technical support and oversight to partners during the implementation of their small grants.

The Small Grants Pre-implementation Workshop (PIW) was held on 25 to 28 July 2011 in Johannesburg, South Africa with 11 participants in attendance. The workshop was convened to set the scene for the implementation of the small grants projects and to assist grantees with the finalisation of their grant proposals and monitoring and evaluation frameworks, to ensure that each project was structured to address barriers to HIV and TB prevention and treatment in southern Africa. The workshop looked at the social, political, economic, cultural and legal environments that present barriers to accessing HIV and TB prevention and treatment services in the Southern Africa region. In addition, the training focused on updating the participants on new TB & HIV and AIDS policy as per WHO guidelines.

The appointment of a Grants Officer as well as the holding 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. However, one of the key challenges experienced during the implementation of the small grants in 2011 was a delay in the printing of the final TB/ HIV toolkit caused by the fact that some of the statistics provided by the WHO during the development of the toolkit needed updating. This affected the three projects implementing the TB/HIV toolkit in Zambia (TALC), Mozambique (MATRAM) and Botswana (BONELA). Frequent electricity outages in Zimbabwe also caused delays in the submission of progress reports by ZNNP and DHAT. In addition, the political climate and civil unrest in Malawi periodically made it difficult for CEDEP to implement their small grant project. Another challenge identified during the pre-implementation workshop and through progress reporting by the grantees, was that some grantees do not have strong project management skills, which has impacted on the quality of their progress reporting. During this period, Lawrence Mbalati worked closely with the relevant organisations to address this situation. The project will continue into the new year, and final narrative and financial reports are due on 31 January, 2012.

The small grants project has created another platform for sharing and learning at an in country and regional work on TB, HIV and human rights. This was illustrated by the linking that has been facilitated between two of the grantees based in Zimbabwe. During the initial phases of the project, DHAT experienced some challenges with reporting on their activities. Through a dialogue facilitated by Lawrence Mbalati, DHAT received technical support from ZNNP+ in Zimbabwe, which has contributed to a significant improvement in the DHAT reporting.

Some of the key successes of the 2011 small grants project include that the Zambian Ministry of Health has committed to adopt the TB/HIV toolkit for national use, which will be integral to the sustainability of the outcomes of the TALC small grant and other TB/HIV programmes in future.

The improvements in the implementation of this project from 2010 to 2011 can be attributed mainly to the additional staff capacity, as the Small Grants Officer has assisted grantees in troubleshooting solutions to barriers that would have hindered their progress in the past. While challenges such as delays in the implementation of some projects, either due to systemic issues in countries like electricity outages in Zimbabwe or national political events clashing with project work in the Seychelles have presented challenges, the support given to and closer monitoring of the projects by the Small Grants officer has ensured that proactive approaches are adopted by grantees to ensure the success of their projects.

A call for proposals for 2012 Small Grants was issued during the face-to-face ToT session in September. During this session, the Grants Officer facilitated a training session on the development of small grants proposals, budgets and M&E frameworks. Eleven small grants proposals were subsequently submitted. Of these, six proposals will be selected for support in 2012, in addition to the grant awarded to SWAPOL when they won the 2011 ARASA HIV and Human Rights Award.

Country Programmes

Swaziland: In 2012, ARASA entered the last year of a two-year cycle of providing financial and technical support to Swaziland Positive Living (SWAPOL) to implement a TB/HIV Treatment Literacy and Advocacy Programme in Swaziland (1 October, 2009 to 30 September, 2011). Although the direct financial support to SWAPOL was due to conclude at the end of September 2011, they applied for, and received, a no-cost

extension until 31 December, 2011. They received an additional no-cost extension for the payment of allowances to the treatment literacy practitioners (who were recruited later than anticipated and will only conclude their 2-year term in 2013). During its 2-year term, SWAPOL has forged and strengthened partnerships with other civil society groups, which will help maintain a focus on the advocacy issues SWAPOL has worked on, beyond the life-cycle of the project.

The TB/HIV Treatment Literacy and Advocacy Programme has fostered stronger voices emanating from the community level, including traditional and community leaders, speaking out on access to treatment issues. During 2011, SWAPOL conducted 60 community dialogues in the four regions of the country, reaching 1109 people (827 women and 282 men). These participatory dialogues raised awareness on issues related to TB and antiretroviral (ARV) treatment, as well the critical role of communities in supporting adherence to TB and ARV treatment.

During the period under review, SWAPOL's advocacy activities were interrupted by civil unrest due to the country's economic and political crisis, which included public demonstrations by the workers unions and the banned political parties. The broader political and economic context of the country had a significant impact on the ability of the organisation to carry out its work. For this reason the organisation interrupted their advocacy activities to assess if and how this work should be linked with the planned protest actions.

However, the organisation continued to facilitate treatment literacy and advocacy trainings, and reached 78 people, including representatives from various civil society organisations including House of Our Pride, an emerging LGBTI group. SWAPOL also partnered with the Swazi Spa Hotels to facilitate treatment literacy trainings for 560 staff.

In May, refresher training was conducted for the treatment literacy practitioners (TLPs), during which they shared information on their daily activities; the challenges they face on the ground as they implement their activities and updated their knowledge on TB and HIV issues.

During this period, the Treatment Literacy Practitioners (TLPs) continued to mobilise their communities for treatment access through visits to schools, clinics, community gatherings and other community meetings, reaching 8,567 people (5,652 women and 2,854 men) across the country. Treatment literacy practitioners are still working in the communities.

On 28 February, SWAPOL hosted a piloting workshop for the Three I's TB toolkit. The aim of the exercise was to test the suitability of the toolkit, developed by ARASA and WHO, in the Swazi context. The response to the toolkit was very positive and the few suggested changes were shared with ARASA to shape the finalisation of the toolkit.

Funding for health remained a particularly important issue for SWAPOL and other civil society organisations in Swaziland, amplified by the economic crisis facing the country. In January, SWAPOL co-hosted a stakeholder meeting to discuss the funding crisis faced by the HIV response and many NGOs in the country, and to identify advocacy opportunities to advocate for additional funds for the national HIV and TB response. During the discussions, various civil society organisations expressed concern regarding the economic crisis facing the country, coinciding with the reduction in funding for HIV in the country and internationally, which was already having an impact on the lives of PLHIV and others at risk of and affected by HIV. They also expressed concern over the threat to the community response as many organisations faced closure due to an inability to sustain core and staff costs. Following this meeting, the

partners met with National Emergency Response Council on HIV/AIDS (NERCHA), who confirmed their fears, stating that amongst others, the procurement of ARVs was threatened by the unavailability of funds.

In the second half of the year, SWAPOL in collaboration with the treatment coalition conducted a fact finding study to assess the impact of the economic crisis on treatment access in public health facilities in Swaziland and to document evidence in order to further the '*funding for health*' advocacy agenda. The survey aimed at exposing the challenges faced by thousands of people who visit public health facilities to receive their ARVs. The survey was conducted with 143 patients and 27 health care workers in 31 health care facilities across the country over a two week period between September and October. The key findings included that many patients were not receiving the usual 3 months refill of ARVs but instead received either one or two months of stock, compelling them to return to the health care facilities more often. In addition, a significant number of patients could not have their CD4 test done at the facilities due to the absence of reagents. A significant number of patients also reported that they were being given prescriptions, to treat opportunistic infections, to fill at private pharmacies at their own expense due to stock outs at public facilities. A large proportion of health care workers reported that there were frequent stock-outs of reagents and test kits at the health care facilities, which lasted for up to 2 months.

On 15 December, SWAPOL and partners convened a dialogue to engage those who are directly affected by the services; to popularize the findings and to forge a way forward with the treatment agenda. The dialogue was attended by 40 participants, including PLHIV who resolved that there was a need for a dialogue between nurses, senior government officials and PLHIV to openly discuss how the challenges related to treatment access could be resolved. In addition, the participants committed to forge a strong partnership between PLHIV and service providers to catalyse a strong, nation-wide campaign that will catch the attention of all Swazis to ensure that government commits itself to provide uninterrupted access to ARVs and other essential drugs.

On 26 November, SWAPOL and the other partners in the treatment coalition (Doctors Without Borders; Swaziland AIDS Support Organisation (SASO), and the Swaziland Network of People living with HIV and AIDS) commemorated World AIDS Day as a build up to the National World AIDS Day event, which was held on the 1st December 2011. Held under the theme: "Zero New Infections, Zero AIDS- related deaths, Zero Stigma and Discrimination," the event aimed to raise awareness on the importance of adhering to treatment, screening for TB and accessing treatment at an early phase so that treatment will be effective in the long term. The event was preceded by a march and attended by the Minister of Health, Mr. Bennedict Xaba, Dr Derrick Von Wisell , NERCHA Director, various representatives from UN Agencies (UNAIDS, UNFPA), senior government officials from the Ministry of Health, NGO Directors and community members. Most of the speeches during the event focused on the Global Fund's postponement of round 11 and the importance of sustaining ART programmes.

In November, SWAPOL was awarded the ARASA HIV, TB and Human Rights Award for exemplary work, including their advocacy for uninterrupted treatment for PLHIV at a time when the country faced extreme shortages of ARV's in 2011. SWAPOL celebrated their award during the last quarterly meeting of TLPs. In the presence of the TLPs, the Director expressed her sincere appreciation for the work they have done to contribute to SWAPOLs winning of the ARASA Human Rights Award.

In 2011, SWAPOLs work contributed to ensuring that there were no interruptions in TB treatment throughout the country this year. In addition, their advocacy work contributed to the scale up of

diagnostic sites across the country, from 15 to 60. Finally, due to the quality of work they have been doing, SWAPOL was nominated to join the Stop TB Partnership in 2012.

Mozambique: Building on the consultations conducted with partners in Mozambique during 2010, including the selection of MULEIDE as host organisation, ARASA continued to support the roll-out of the HIV, TB and Human Rights Training and Advocacy Programme in Mozambique during the period under review.

On 15 February, interviews were conducted for the Training and Advocacy Coordinator at the MULEIDE offices in Maputo, Mozambique by representatives of ARASA (Jacob), MULEIDE, MATRAM and Kindlimuka. Out of the top 3 candidates that were interviewed, Clotilde Berta Malate Noa was selected and commenced work as Coordinator of the country programme on 1 March.

Following the interviews, partners discussed the constitution of the programme's advisory committee, the recruitment of the treatment literacy practitioners and the development of a budget and work plan, which were finalised during the period under review. The advisory committee is chaired by MATRAM and will include all the Mozambique-based ARASA partners.

Clotilde was included as a participant in the regional ToT programme to enhance her technical capacity on HIV, TB and human rights and also to have an opportunity to witness firsthand how the regional training is conducted, in order to be able to replicate the training at the national level. On 25 March, during the basic ToT session, ARASA worked with Clotilde to support her in finalising the country work plan and budget.

The country programme coordinator has been reaching out to partners to build the coalition of organisations working together to implement training and advocacy activities, and assess how the programme activities should be tailored to the socio-political context in Mozambique in order to ensure the programme's maximum impact and sustainability. Through this training and advocacy programme 25 people have already received basic and advanced human rights as well as treatment literacy training.

A key challenge experienced by the country programme in Mozambique was the slow pace at which advocacy activities, which were identified at the initial programme planning meeting, were being addressed. To address this, a meeting was held with partner organisations in Mozambique during the APF to identify ways in which to address these challenges in 2012.

In addition, the needs assessment conducted during 2010 and the first two quarters of 2011 indicated a resistance amongst ARASA partners in Mozambique to collaborate with each other. As a result, ARASA has been encouraging stronger networking and coalition building; both on the advocacy agendas selected as well as on country level training work.

With ARASA's support, the treatment literacy practitioners have started to document case studies of HIV and TB related advocacy issues at the community-level. They have also started to explore innovative collaborations with and messaging to the media; while appreciating what is realistic given the country's political context.

To address advocacy issues identified by the Mozambican partners, ARASA has also been providing technical support for the development of a concept note for activities to monitor public policy and finances to the health sector in Mozambique and the dissemination of information on HIV-related legal services provision in 15 districts.

Partnerships, Networking and Representation

Universal Access Review and UN High Level Meeting on HIV and AIDS: ARASA was extensively involved in the regional and continental universal access review processes leading up to the United Nations High Level Meeting (HLM) in New York in June, 2011.

Michaela Clayton participated in a preparatory meeting convened by the UNAIDS Eastern and Southern Africa Regional Support Team (RST) in February to conceptualise a civil society consultation, aimed at consolidating a civil society position on universal access in the region, which would feed into the wider regional universal access review process.

Felicita Hikuam participated in the civil society steering committee established to work with the UNAIDS RST to plan the southern and East African (?) civil society consultation meeting on universal access. Subsequently, she represented ARASA at the consultation convened on 10 and 11 March 2011. The deliberations resulted in a position paper, which was circulated widely to governments, other civil society organisations and development partners across southern and eastern Africa.

Michaela Clayton was invited to serve as a member of the International Advisory Group (IAG) on universal access, established to guide a global vision to the country and regional findings from the 2010/2011 universal access review process. The terms of reference of the IAG included commenting on the process of country and regional universal access consultations as well as gaining consensus on the global priorities to be considered in light of the commitments made at the regional UA consultations. In light of this, Michaela participated in several virtual meetings and a face-to-face convening in Johannesburg on 27 and 28 April. The IAG drafted a “Leadership Statement” reflecting the recognised global priorities and envisioning the way forward which formed part of the report of the Secretary General to the HLM.

From 14 to 15 April, Felicita represented ARASA as part of a group of about 20 African civil society representatives from North Africa, West and Central Africa, East and Southern Africa and the Indian Ocean Region, which met in Windhoek, Namibia to develop a common African civil society position on the progress towards Universal Access in Africa. The position paper, titled ‘African Civil Society Declaration on the Review of Progress towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa’ outlined key demands under the themes of gender and human rights; service delivery; HIV prevention; treatment; care and support; country ownership; accountability and funding; as well as commitments from African civil society organisations responding to HIV and AIDS to contribute to the continental AIDS response.

This document outlined the key recommendations presented to African Union (AU) technical experts on 17 April for discussion in relation to the AU, UNAIDS and WHO regional progress reports, with the aim of influencing the recommendations crafted by these experts and presented during the agenda item: ‘Review on scaling up towards universal access to HIV/AIDS prevention, treatment, care and support in Africa by 2010’ of the Fifth Conference of African Union Ministers of Health between 20 and 21 April. The aim of the Ministers of Health discussion on universal access was to develop an African Common Position on Universal Access to be presented to the High-level Meeting. The Africa common position included several of the points raised by the civil society groups in our position paper. Unfortunately, some key elements (e.g. identification of the key populations at higher risk of HIV; language related to revising or setting new targets for 2015; increased domestic resources and mechanisms to monitor how funds are spent and impact on the lives of individuals and communities etc.) were omitted.

On 16 March, Felicita facilitated an informal meeting between Namibian civil society and the African civil society representatives, who participated in the African civil society review meeting on universal access and AU meetings. The meeting aimed to provide a platform for Namibian civil society groups to share lessons learned; discuss issues of common concern; and present their challenges and achievements to their counter-parts from across Africa.

On Tuesday, 19 April, ARASA co-hosted a press conference together with Namibian civil society groups on the civil society and AU meetings. The press conference was covered in 3 local newspapers. Felicita was also interviewed on 2 local radio stations regarding the African civil society position paper and reactions to the AU Ministers of Health meeting.

Also on 19 April, Felicita chaired a meeting of Namibian civil society with UNAIDS Executive Director, Mr. Michel Sidibé, convened by the Namibian Network of AIDS Service Organisations (NANASO) and UNAIDS country office in Namibia. This meeting presented an opportunity for Mr. Sidibé to gain a first-hand understanding of the involvement and participation (achievements, challenges and opportunities) of civil society, PLHIV and private sector in the national response in Namibia. Later that afternoon, Michaela facilitated a meeting between Michel Sidibé and Namibian NGO's working on HIV and human rights issues, which aimed to brief Michel on the human rights concerns and priorities for Namibian NGO's. Michel was able to raise these issues in his deliberations with government officials and UN representatives during his time in Namibia.

Following the meetings, civil society groups across Africa used the Africa common position, along with the African civil society position paper (and the AU regional position papers) to lobby their governments in-country, as well as the missions in New York during the negotiations of the Outcomes Document of the High Level Meeting.

Subsequently, ARASA was instrumental in securing funding and providing support to Nonkosi Khumalo, an ARASA trustee representing Section 27, to travel to New York for two weeks to do extensive lobbying of the African missions during the negotiations of the HLM Outcomes Document. These efforts were instrumental in influencing the contributions of the African governments, particularly South Africa and Kenya, during the negotiations.

Michaela and Felicita (supported by the UNAIDS PCB) participated in the HLM in New York from 8 to 10 June as members of the Namibian country delegation. During the meeting, they supported lobbying efforts during the negotiations; co-facilitated daily civil society briefings, supported civil society representatives speaking on various panels and chaired side meetings. They also used this as a networking opportunity to meet government and civil society representatives and to brief donors on the work of ARASA.

On 9 June, Michaela chaired a dialogue on 'HIV and Human Rights: Universal Access for Key Populations', which was co-hosted by the governments of the United Kingdom and South Africa, together with the International HIV/AIDS Alliance and the International Federation of the Red Cross and Red Crescent Societies. The dialogue looked at the HIV response from a human rights perspective, and considered the impact of human rights violations against key affected populations at higher risk of HIV, including in particular, men who have sex with men (MSM), sex workers, people who inject drugs, and transgender people. The event aimed to raise awareness about the link between human rights and the HIV response in order to better inform decision makers; to look at the impact of human rights and evidence-informed approaches to addressing HIV; and to foster ongoing partnerships between donor and recipient

governments with key affected population communities and broader civil society. The dialogue found that human rights create barriers to the ability of key populations to access essential prevention, treatment, care and support services. Speakers on the panel included Mr Stephen O'Brien, Minister for International Development of the UK; Minister Babathile Dlamini, Minister for Social Development of South Africa; Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria; Othman Mellouk, Co-Chair of the Global Forum on MSM and HIV; Alexei Kurmanayevsky, Russian Harm Reduction Network; Penninah Mwangi, Director of Bar Hostess Association and Marcela Romero, Vice President of Federación Argentina de Lesbianas Gays.

Following the High Level Meeting, Felicita participated in a civil society briefing on 11 July, convened by NANASO, to brief the Namibian civil society on the outcomes of the High Level Meeting. On 13 July, Felicita also participated in a national press conference convened by the Ministry of Health to brief the Namibian public on the outcomes of the High Level Meeting. ARASA is currently adapting the HLM Outcomes Document to create an accessible, user-friendly and popularised version of the Declaration as part of its work with the Regional African AIDS NGO's forum (RAANGO).

UNAIDS Human Rights Reference Group: In January, Michaela was invited by Michel Sidibé, Executive Director of UNAIDS, to co-chair the UNAIDS Human Rights Reference Group with Jonathan Cohen of Open Societies Foundations (OSF). She attended a planning meeting for the co-chairs, with Susan Timberlake and Jason Sigurdson from UNAIDS and the reference group Secretariat, in Geneva from 27 to 31 January. In addition, the co-chairs met with UNAIDS Directors Luiz Loures, Bernard Swartlander and Mariangela Simao to introduce themselves as new co-chairs of reference group. The wider reference group met in Geneva from 14 to 18 March.

On 10 March, Michaela attended the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) consultation meeting in Geneva. Michaela was invited as part of civil society and as UNAIDS Human Rights Reference Group co-chair to provide input on the new UBRAF document, which outlines the UNAIDS budget for 2012-2014 and for the first time, describes outcomes, outputs and deliverables that the Joint Programme will focus on, the allocation of resources against these, and how progress will be monitored. The UBRAF was endorsed by the Programme Co-ordination Board during its meeting in June.

Michaela attended another Reference group meeting from 13 to 16 December in Geneva. During this time, she also participated in the UNAIDS PCB Thematic Day on HIV and Enabling Legal Environments as a technical advisor tasked with concluding the discussion on law enforcement with reflections based on inputs from the participants.

Michaela also continues to serve on the **advisory board of the International HIV/AIDS Alliance Africa Regional Programme** and attended an advisory group meeting on 23 February in Johannesburg.

UNAIDS Programme Coordinating Board: During the period under review, Felicita concluded her two year term representing ARASA as the African NGO representative on the NGO delegation of the UNAIDS Programme Coordination Board UNAIDS Programme Coordinating Board (PCB). As part of the delegation, Felicita attended a meeting of the PCB Bureau, which, amongst others, has the responsibility for coordinating the PCB's programme of work for the year including preparing the PCB agenda, on 3 February. The agenda for this meeting included a discussion on the Bureau work plan and the agenda for the upcoming PCB meeting.

Felicita also represented the delegation in discussions on the UNAIDS Guidance Document for Civil Society Partnerships. This included attending a consultation meeting in Geneva on 3 and 4 February along with other civil society representatives from across the world, UNAIDS Secretariat staff and UNAIDS co-sponsor staff from the regional and national levels. The meeting responded to 'Getting to Zero': UNAIDS Strategy 2011-15 and the changing and complex environment for the response to HIV to commence a discussion on the development of a guidance document for the UNAIDS family on partnerships with civil society.

From 18 to 25 June, Felicita attended various preparatory and/or side meetings as well the 28th PCB meeting in Geneva. The main focus of this board meeting was the Unified Budget, Results and Accountability Framework (UBRAF), which was passed by the board. In addition, the board discussed the follow up to the thematic session of the previous PCB (Food Security); gender-sensitivity of the AIDS response and support mechanisms for African Member States.

In preparation for the 29th PCB meeting, held from 13 to 15 December in Geneva, Felicita participated in the NGO Report and PCB Thematic working groups to support the participation of the NGO Delegation in the PCB meeting. In particular, she conducted a focus group discussion with 14 participants on 4 August, 2011 in Pretoria during the HIV and the Law Commission Dialogue for Africa, to feed into the NGO Delegation Report to the board, focusing on community perspectives of HIV and enabling legal environments.

Regional African AIDS NGO's Forum (RAANGO): Felicita participated in a RAANGO meeting on 9 March, which focused on updates from partners organisations on the activities they are implementing across the region in 2011; the 2011 RAANGO work plan for collective activities and preparing for the Eastern and Southern Africa civil society universal access consultation, which commenced the following day. Michaela attended another RAANGO meeting from 18 to 19 August, where the partners agreed to collaborate on knowledge management with regards to sharing research they have conducted that may benefit the work of other members. They also agreed to convene a donor meeting in collaboration with UNAIDS to discuss the respective donor aid agendas as well as the general decrease in funding for HIV interventions and how that affects civil society and community responses in the region. UNAIDS has responded positively to collaborating on this and the meeting is scheduled for the first quarter of 2012.

South African AIDS Conference: Boniswa was invited to chair the Community Exchange Track of the 5th SA AIDS Conference and attended the conference from 7 to 19 June in Durban, South Africa. The Conference, held under the theme "Leadership, Delivery and Accountability", marked the 10th anniversary of the SA AIDS Conference.

Southern Africa Development Community Parliamentary Forum: On 3 February, Michaela delivered a presentation on 'Barriers to Prevention' with a focus on key populations most at risk during a Parliamentarians Round Table in Windhoek, Namibia, organised by the SADC Parliamentarians Forum.

From 8- to 11 February, Michaela attended a **WHO HIV testing and counselling for couples meeting** in Harare, Zimbabwe. The meeting convened experts to develop technical guidelines for couples testing and counselling. From 12 to 13 July, Michaela also attended a **meeting on HIV testing and counselling (HTC)** convened by WHO in Geneva, Switzerland for programme implementers, researchers and participants from partner agencies. The meeting focused on reviewing current HTC approaches and collating evidence of their impact and outcomes and to discuss evidence from the Multi-country African Testing and Counselling for HIV project as well as defining new effective and acceptable ways of

increasing access to HTC. In addition, the meeting assessed the feasibility and acceptability of scale up of service delivery in different settings, and discussed various approaches to quality assurance. The meeting will produce a report comparing different models and approaches to HTC and will help synthesise evidence to inform new WHO guidelines for HTC.

Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund) and Human Rights Meeting:

From 2 to 4 March, Michaela attended the Global Fund and Human Rights meeting, convened by the Open Society Foundations and UNDP and jointly sponsored by the Ford Foundation and the UNAIDS Secretariat, in New York, USA. The meeting brought together 42 key stakeholders to discuss how the Global Fund might best operationalise the promotion of human rights and equitable access as one of the five strategic objectives of the 2012-2016 Global Fund strategy. Jonathan Cohen (OSF) and Michaela co-authored and presented a paper entitled 'Integrating human rights into the Global Fund's programming' during the meeting.

Michaela and Paula attended the **SECTION27 Southern African Regional Dialogue on Strategies for Accelerating and Unifying Campaigns for the Right to Health** from 25-26 March in Johannesburg, South Africa. The meeting discussed current challenges and opportunities facing campaigns for the right to health, and to link this to a discussion about whether an international campaign for a UN Framework Convention on the Right to Health would inspire and unify local and national struggles for health rights with a common global vision.

Michaela attended a Global Network of People living with HIV (**GNP+**) **partners meeting** with GNP+ board members and other partners from 1 to 2 April in Cape Town, South Africa with the aim of identifying areas for future collaboration.

From 1 to 3 May, Michaela co-facilitated the **Africa Regional Consultation on Treatment 2.0**, which was hosted by ARASA in partnership with ITPC. The meeting brought together activists and experts from east, west, central and southern Africa. The Treatment 2.0 Initiative, launched in June 2010 by UNAIDS, seeks to improve access to ARV treatment, and has as a key component increasing reliance on community-based services, including those provided by people directly affected by HIV. The meeting sought to recommend methods to drastically increase demand for and use of HIV services in ways that also prevent human rights abuses based on HIV status and HIV-related vulnerabilities experienced by key affected populations. Boniswa delivered a presentation on the current politics of HIV funding during the meeting. The primary outcomes of the meeting were a set of recommendations regarding advocacy strategies, capacity strengthening, monitoring and research needs, and funding approaches to support implementation of rights-based, community-based delivery strategies to maximize access to and the impact of both HIV treatment and prevention interventions.

Global Commission on HIV and the Law: During the period under review, Michaela served as a member of the Regional Advisory Group for the Africa Dialogue on HIV and the Law which took place on 4 August in Pretoria. The Africa Dialogue on HIV and the Law brought together civil society and government representatives to discuss key issues in the region relating to HIV, law and human rights. On June 23, Michaela attended an advisory group meeting to review submissions, agree on submissions to be accepted for presentation at the Africa Dialogue and plan the Africa Dialogue. In preparation for the dialogue, the advisory group also supported the civil society participants to prepare their presentations and input during the dialogue. She was also a member of the opening panel at the Global Commission on HIV and the Law Africa Dialogue.

From 4 to 8 December, ARASA staff joined 10,000 people living with HIV, policy makers, representatives of governments, civil society and non-governmental organisations and activists convened in Addis Ababa for the **16th International Conference on AIDS and STI's in Africa (ICASA)**, the largest conference on HIV and AIDS in Africa. During the conference, ARASA hosted a Human Rights Networking Zone in partnership with the AIDS Legal Network (ALN) and the African Men for Sexual Health and Rights (AMShR) with financial support from UNAIDS in order to ensure that human rights was afforded a high profile at the conference. Hosted under the theme: “Human rights for All in the African AIDS response NOW...more than ever!” the Human Rights Networking Zone provided a public space in which individuals and organisations could participate in exciting events ranging from discussions and critical dialogues; to ‘Meet the Experts’ sessions; skills-building workshops; Q&A sessions and exhibitions of printed and audio material.

Close to one hundred delegates participated in the sessions and many more engaged in informal discussions with ARASA, ALN and SAfAIDS staff on the topics profiled at the booth such as funding for health; women’s rights; equal rights for key populations at higher risk of HIV; gender-based violence; sexual and reproductive health rights; HIV testing and TB / HIV integration. In addition, the zone offered a unique space for informal meetings and networking throughout the conference period.

Through a selection process that called for proposals from organisations across Africa to facilitate sessions at the zone, ARASA and its partners ensured that the Human Rights Networking Zone offered a variety of presenters who were representative of the different geographical areas and human rights issues faced on the continent, to bring their different perspectives to bear on each of the key topics.

The themes, covered in morning and afternoon blocks, focused on key topics, including criminalisation of HIV transmission and exposure; coercive practices in sexual and reproductive health, including HIV testing, coerced sterilisation and termination of pregnancy; funding and accountability; TB and HIV integration; and enabling legal and policy environments, including laws, policies and practices that present barriers to access to prevention, treatment and care.

Amongst the most successful sessions was a discussion with one of the members of the Kenya HIV tribunal, Angeline Siparo, about the achievements and challenges facing the Tribunal. Another successful session was a ‘Meet the Experts’ sessions with the members of the African Commission Committee on the rights of people living with and vulnerable to HIV, attended by former and current Commissioners. In addition, dialogues on the criminalisation of sex work and mobilising sex workers for their human rights were also very well received, judging by the number of delegates participating in the discussion and the level of engagement of the participants.

In addition to the scheduled activities, the zone also served as a platform to disseminate resources and tools to address human rights challenges in the context of HIV and TB in Africa; showcased various publications and documents, and disseminated advocacy materials calling for human rights to be at the centre of the response to HIV at national, regional and global levels.

In addition to hosting the human rights networking zone, ARASA staff also participated in various sessions and other activities during the conference. Michaela co-chaired the opening plenary session while Felicita moderated a ‘Meet the Leaders’ session with the Deputy Director of the Global Fund, Dr. Debrework Zwedie and presented on two panels focusing on Country Ownership and Sustainability of the AIDS response in Africa; and Contribution of CSOs in achieving UNGASS and MDGs commitment

respectively. Lynette was part of the organising committee which planned various mobilisation and advocacy activities focused on funding for health and the Global Fund replenishment.

New / Emerging Partnerships

In May 2011, ARASA entered into a hosting arrangement with the Namibian chapter of the **African Sex Workers Alliance (ASWA)** at its offices in Windhoek. The agreement with ASWA provides for the hosting of two coordinators through the provision of office space and infrastructural support including internet, use of the telephone and other office facilities for the purpose of enabling the staff to carry out their work in building the Namibian coalition. ARASA has also been providing technical support with regards to human resource management and the establishment of the Namibian ASWA coalition, on an informal basis, through the provision of advice and technical guidance to the coordinators. In addition, ARASA is a member of the Namibian Coalition, aiming to contribute towards ending health and human rights violations of sex workers by providing information on the health and human rights of sex workers and training sex workers, and support organisations to defend their health and human rights in Namibia.

On 1 February, Donela Besada, a consultant who was commissioned by ARASA to develop the Three I's Toolkit, attended the **Southern Africa AIDS Trust (SAT) Nucleus Group** Meeting in Johannesburg, South Africa. The nucleus group (comprising SAT, HIVOS, PATAM, World AIDS Campaign, OSISA and UNAIDS as technical partner) was set up at the Global Fund Southern Africa Civil Society Workshop held from 14-16 October, 2010 in Johannesburg, and aims to steer the adaptation and regionalisation of the Community Systems Strengthening (CSS) Framework, which has been developed specifically to support the CSS component of Global Fund grants, but is applicable to all community based activities aimed at improving health through community based action. The 1 February meeting focused on reviewing progress in the planning of a Regional Consultative Workshop to regionalise the CSS Framework.

Reflections

The year under review has afforded ARASA various opportunities to reflect intensely on the implementation of its advocacy and training activities and the outcomes of these activities. These lessons learned will be shared during the external evaluation of ARASA's work to be undertaken in the first quarter of 2012 with a view making such adaptations to our work as may be necessary for the effective and efficient implementation for the remaining phase of the plan; and informing the development of the new strategic plan for the period 2013 to 2017.

The year under review has afforded ARASA various opportunities to reflect intensely on the implementation of its activities and the outcomes of these activities. The hope is that these lessons learned will be reflected in the context of the Strategic Plan (2008 – 2013) through the extensive external evaluation process in 2012, with the aim to draw lessons for effective and efficient implementation for the remaining phase of the plan; and inform the development of the new strategic plan for the period 2013 to 2017.

In 2012, the ARASA team made a concerted effort to improve on internal communication, which has previously been a challenge in the programme management functions of the organisation. To address this, weekly staff calls have been instituted and have been extremely effective in keeping all staff updated on the immediate priority activities and how the team can support each other to ensure successful implementation of all activities. In addition, a face-to-face staff meeting was held in the 3rd

quarter to afford the team an opportunity to reflect on the progress made and to chart a way forward. A key outcome of that meeting was a recommendation to institute a mid-year face-to-face staff meeting for joint reflection. In addition, the staff agreed that a team approach rather than a “siloe” programmes approach would further enhance efforts to integrate the training and advocacy activities of the organisation. This approach would result in ARASA having 2 team leaders (one for advocacy and one for training) and a team approach to the implementation of both training and advocacy activities at the national and regional levels. This approach will be fully integrated in the way the team works in 2012.

During this period, the Advocacy Team grew in both size and insight. With three new members joining the Advocacy Team and bringing with them various perspectives and skills, ARASA grew in its ability to analyse the political and other contexts within which partners operate in the region, and to adapt advocacy and lobbying strategies to the various contexts. The experiences of the advocacy team over the past 18 months underscored that the innovative nature of our advocacy campaigns has been strengthened by a multi-pronged stakeholder consultation process and in-country partnership building; as well as by adapting programming to meet local needs, which yields better outcomes. This political analysis and reflection conducted earlier in 2011 indicated that more progressive approaches to advocacy are needed in order to tap into the changing political landscape in the region. The new members of the team actively contributed to developing a picture of what such approaches could look like, resulting in the development of the *‘Right to Health’* publication, which will be integrated into the HIV and Human Rights Training and Advocacy Manual in 2012.

The additional human resource capacity in the advocacy team also contributed significantly to the improvements in the programme implementation of the small grants projects. Whereas in the past, ARASA facilitated transfer of the grants and monitored the reporting on the grants, in 2012, we have been able to provide much more hands-on and on-going support to the grantees. The technical support has particularly been valued for its ability to provide solutions to challenges that would have hindered the project’s progress in the past, yielding better impact of our work on the Small Grants.

Through ARASA’s training of trainers work and advocacy interventions undertaken at in-country and regional levels, ARASA has witnessed an upsurge of interest and activities by civil society proponents in monitoring the health financing situation in their countries through budget tracking - a recommended mechanism to advocate for accountability of national governments. A key outcome of the heightened awareness of the funding for health issue 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 addition, there was an unprecedented level of commitment towards national ownership through the increase of domestic resources for HIV as articulated by various governments speaking during various sessions at this conference.

During 2011, ARASA made a concerted effort to address the continuity of the training of trainers programme at the national level throughout the region. A key achievement of this year’s training was the focus on how trainees will cascade the skills obtained by integrating the skills into their current organisational activities. There was consensus that ARASA compile a ToT alumni list with contact details of trainees who completed the training. This list will be available on the website in 2012, and accessible to the ARASA partners and others who may be interested in convening such training at the national level. Furthermore, a page will be developed on Face book specifically for ToT alumni to share what they have been up to as it pertains to HIV, TB and human rights training and advocacy. In addition, the ARASA

team agreed to link with ToT alumni to request their support in facilitating various modules during the 2012 ToT as well as to support the online training as moderators.

In our country programmes, work with partners in Swaziland and Mozambique has seen renewed civil society energy in political landscapes which present immense challenges. This work that is being implemented by partners at community and national level - through the support of our training of trainers programmes and technical support provision in the implementation of advocacy agendas - has strengthened the impact of advocacy interventions in terms of evidence gathering at a community level by the treatment literacy practitioners and innovation in terms of audience segmentation in the presentation of advocacy issues.

In particular, ARASA's support to the partners in Swaziland has aided in fostering stronger voices from community level stakeholders; including traditional and community leaders. The strengthened voices are also aided by more coordinated impact analyses of case studies being collected by the treatment literacy practitioners; who gather evidence through patient group dialogue-exchanges during their treatment literacy trainings with stakeholders

As in 2010, the most significant internal challenges faced by ARASA during the period under review relate to funding and to human resources, which are interlinked. In 2011 ARASA faced a shortfall in funding as against its annual budget for 2011 in an amount of USD 812 875. This shortfall meant that ARASA was unable to employ additional necessary staff in the form of a researcher for the advocacy team. It also meant that ARASA was unable to replace the Communications Co-ordinator, whose contract expired in March, 2011. This resulted in a heavy work load for existing staff. The situation was rectified by an additional cash injection by donors such as OSISA and SIDA, which enabled ARASA to proceed with the implementation of the planned activities, such as the external evaluation and updating of the HIV, TB and Human Rights report.

A further challenge has been the growth and management of the partnership. As mentioned under the partnership section above, in 2011, the partnership application process was reviewed to consider the outcomes of discussions amongst the partners on what it means to be an ARASA partner. The process for all new partnership applications now includes the completion of a revised application form and endorsement of the 'Declaration of Principles'.

The political climate in many countries in the region had a negative impact on the ability of ARASA and its partner organisations to continue implementing some activities, including the TB and Human Rights Documentation Project; the 'Funding for Health' Campaign; activities to popularise the 'Equal Rights 4 All' Manifesto as well as broader human rights campaigning in Malawi, Botswana and Swaziland. In 2012, ARASA will continue to monitor the situation in the countries and offer technical and other support as appropriate. As referred to above, ARASA is also reviewing its advocacy strategy with a view to ensuring that future advocacy activities are responsive to and viable with the different political and economic contexts in the region.

END
