

ANNUAL REPORT 2014

ARASA
AIDS & Rights
Alliance
for Southern Africa

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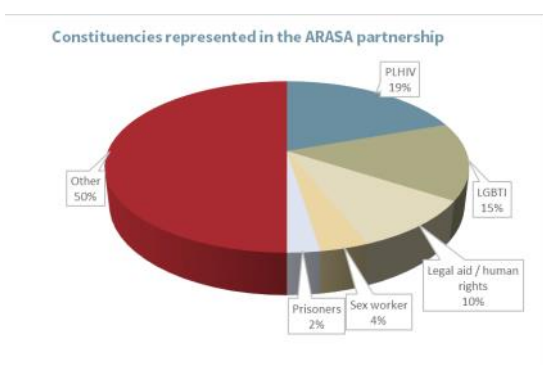
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Overview

Established in 2003, the AIDS and Rights Alliance for Southern Africa (ARASA) is a regional partnership of eighty two non-governmental organisations (NGOs) working together in eighteen countries (Angola, Botswana, Comoros, Democratic Republic of Congo, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe) to promote a human rights approach to HIV, AIDS and tuberculosis (TB) in Southern and East Africa (SEA) through capacity building and advocacy. ARASA partners comprise more and less well-established organisations from a diverse mix of constituencies.

See Annexure A, List of ARASA partners as at 31 December 2014



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. Since its inception, the partnership has remained the only alliance of organisations that have come together as partners to address human rights responses to issues of HIV and TB in Southern and East Africa.

ARASA works to contribute to the following four outcomes:

1. Civil society on national level advocates for acceptable, accessible, affordable and quality SHR, HIV and TB care and support services for people living with HIV and TB and key populations most at risk;

Intermediary Outcome: ARASA partner CSOs have improved capacity to advocate and strengthen capacities of other CSOs;

2. Service providers provide acceptable, accessible, affordable and quality SHR, HIV and TB care and support services for people living with HIV and TB and key populations most at risk;
3. Potential influencers engage in legal, policy and social change that promotes access to acceptable, affordable, quality health services; particularly for people living with HIV and TB and key populations at higher risk of HIV and TB; and
4. Policy makers (national, regional and international) enact laws and policies, or engage in law and policy reform, that enables a human rights based response to SRHR, HIV and TB, and supports access to acceptable, accessible, affordable, quality health services.

Developments in context

In 2014, legal, policy and social environments in Southern and East Africa continued to limit the ability of people living with HIV and TB and key populations to access acceptable, affordable and quality sexual and reproductive health and HIV and TB prevention, treatment and care services.

During the period under review ARASA received numerous reports of harassment, discrimination and other rights violations targeted at PLHIV and key populations such as LGBTI persons, sex workers, people who inject drugs and prisoners in all countries in the region. These rights violations ranged from rapes and murder of lesbian, gay, bisexual and transgender (LGBT) people in South Africa, calls for the arrest of people living with HIV (PLHIV) for transmitting HIV in Namibia, refusal to register organisations of LGBTI people in Botswana and a call by Kenyan President, Uhuru Muigai Kenyatta, for the collection of data, including names, of school-going children living with HIV, their guardians and expectant and breastfeeding mothers living HIV.

Uganda's President, Yoweri Museveni, assented to the HIV Prevention and Control Act, passed by Parliament in May. The Act allows for mandatory HIV testing of pregnant women and their partners, and allows medical providers to disclose a client's HIV status to others. The Act also criminalises "wilful and intentional" HIV transmission, attempted transmission, and behaviour that might result in transmission by those who know their HIV status.

While the human rights situation facing people living with HIV and those at higher risk of HIV remains dire, developments in the legal environment over the past year have provided cause for optimism and highlighted that persistent capacity strengthening and advocacy on human rights in the context of HIV and TB can contribute to a Southern and East Africa in which all people are able to access and enjoy their fundamental human right to health.

In May 2014, the African Commission on Human and People's Rights adopted a landmark resolution, 'Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity' at the 55th Ordinary Session held in Luanda, Angola. The [resolution](#) calls for the protection of human rights regardless of actual or perceived sexual orientation or gender identity and rejects discrimination based on any ground.

Advocacy and litigation efforts by partners such as the Southern Africa Litigation Centre and in-country ARASA partners across the region have resulted in advances in the protection of human rights throughout the region in national and regional responses to HIV and TB. In February, the Lusaka Magistrate's Court upheld the right to freedom of expression in Zambia after the court found that the government had failed to prove its case of soliciting for immoral purposes against Zambian human rights and HIV activist, Paul Kasonkomona, director of ARASA partner, Engender Rights Centre for Justice. Kasonkomona was charged after arguing on a television programme that the national response to HIV will only be effective if the human rights of all people,

including the rights of LGBTI are respected, protected and upheld. The State has appealed Kasonkomona's acquittal and the matter is currently before the Zambian High Court.

Also in February, the Harare Magistrate's Court found in favour of the GALZ Chairperson, Martha Tholanah, who was charged with running an "unregistered" organisation. Charges had been brought against Tholanah in August 2012 after police raided and conducted a search at the GALZ offices in Harare. The prosecutors claimed that Tholanah unlawfully took part in the management of GALZ by gathering the organisation's members and engaged in gay and lesbian activities in contravention of the PVO Act. The court held that GALZ is not obliged to register under the PVO Act and therefore the State could not prosecute the organisation as the High Court order exempting it from registering is still binding.

In August, the Constitutional Court of Uganda nullified the Anti-Homosexuality Act in a move that was hailed as a major victory by LGBTI people and human rights activists. The court held that there was no quorum for the vote and that the Speaker of Parliament acted illegally by not accepting objections to the Act. The discriminatory law, passed in February 2014, provided for a life sentence for people who are guilty of "the act of homosexuality" and "aggravated homosexuality", where living with HIV was an aggravating factor. In addition, organizations that "promote homosexuality" could have had their registration revoked and their directors imprisoned for up to 7 years.

Although the Constitutional Court ruling is considered a major victory, ARASA partners and CSOs promoting a rights-based HIV response in Uganda have expressed concern about the impact of the law on the lives of LGBTI people since its enactment. An increase in arbitrary arrests and police brutality against LGBTI people has been reported. In addition, the Act has created confusion, fear and panic amongst the LGBTI community, resulting in a mass exodus of men who have sex with men, who have ended up in refugee camps in Kenya and other countries in the region as well as applying for asylum in western countries. The law has further instilled fear in citizens who fear prosecution for 'promoting homosexuality' or 'aiding and abetting homosexuals', which has led to gay men being evicted from their homes or being dismissed from employment. Across the country, organisations offering services to LGBTI people have closed their doors and those who were still operational, work in an environment of fear. There is also concern about a re-introduction of the bill in Parliament as 295 Members of Parliament have signed up to have the bill re-introduced.

On 22 August 2014, the Botswana High Court ordered the government to provide anti-retroviral (ARV) treatment to foreign prisoners living with HIV at the state's expense. The court held that the denial of ARV treatment to foreign prisoners violated their constitutional rights. The court further affirmed that providing ARV treatment to all prisoners who need it is critical to effectively addressing HIV. As a basis for its decision, the court highlighted the importance of ensuring that all prisoners have access to ARV treatment, not only for their own health, but also to protect other

prisoners from acquiring HIV and other opportunistic infections, such as tuberculosis.

In November, the Namibian Supreme Court affirmed the decision made by the High Court in July 2012 that three women living with HIV were sterilised without informed consent in public hospitals. Since 2009, ARASA has partnered with the Namibia Women's Health Network (NWHN), the Legal Assistance Centre and other civil society organisations in Namibia to promote the, 'Non-negotiable: My Body. My Womb. My Rights' campaign, targeted at ending the sterilisation of women living with HIV without informed consent in Namibia.

Also in November, the Botswana High Court protected the rights to freedom of expression, association and assembly in Botswana after the court found that LGBTI persons in Botswana have the right to register their own organisations in a precedent setting ruling. The judge stated that it is not a crime to be homosexual or to advocate for legal reforms, explaining that refusal to register LEGABIBO, an ARASA partner, violated the rights of LGBTI people to freedom of expression, freedom of association and freedom of assembly as enshrined under Sections 3, 12 and 13 of the Constitution of Botswana.

2014 also saw the amendment of the Mozambican Penal Code of 1954, in terms of which "those who habitually engage in vices against nature", who could be imprisoned for up to three years. This outdated penal code was always regarded as vague because there was no explicit mention of homosexuality or sodomy and no indication as to the meaning of 'engaging in vices against nature'. In 2014, the Mozambique government finally amended the Penal Code to remove this clause. Despite this progress however LAMBDA, an organisation that represents LGBTI people in Mozambique, is still facing challenges with registering as a civil society organisation.

Governance

A board of trustees, consisting of 6 members, provides oversight to ensure that the organisation fulfils its mandate. A face-to-face meeting of the board was convened on 14 April, prior to the Annual Partnership Forum (APF). An additional meeting was convened electronically in July 2014.

During their meeting in April, the trustees confirmed the appointment of Justin Benade as treasurer of the Board and resolved to establish an Audit and Risk Subcommittee of the Board of Trustees, which is chaired by the treasurer.

During the APF, partners nominated three representatives to serve on a committee that will work with the board of trustees to develop criteria and a process for the election of two trustees nominated by partner organisations, as provided for in the amended trust deed, at the next APF in April 2015.

The current members of the Board of Trustees are:

1. Kaumbu Mwendela (independent) (Chair)
2. Toni Hancox (Legal Assistance Centre)
3. Lois Chingandu (SafAIDS)
4. Christine Stegling (independent)

5. Justin Benade (Independent)
6. Michaela Clayton (Director ARASA) (ex officio)

The amendment of the ARASA trust deed aimed at giving effect to amendments proposed by the board as well as recommendations on amendments made by Moore Stephens during an external organisational evaluation was completed in 2014.

Human resources

ARASA's ability to deliver on its objectives relies on the skills, experience and expertise of its staff. In April, Nelago Amadhila joined the Advocacy Team as Advocacy Officer, based at the office in Windhoek, Namibia.

In June, ARASA terminated Boniswa Seti's employment as LGBTI Programme Officer. She was replaced by He-Jin Kim, based at the Cape Town Office, on 1 July.

At the end of October, Lawrence Mbalati resigned as the Training and Capacity Strengthening Officer and was replaced by Nthabiseng Mokoena, who commenced work at the Johannesburg office in January.

As at 31 December, ARASA employed the following 12 staff members:

2. Michaela Clayton: Director, Windhoek, Namibia
3. Felicita Hikvam: Deputy Director, Windhoek, Namibia
4. Fatima Lameck: Finance Manager, Windhoek, Namibia
5. Loide Iipinge: Office Administrator, Windhoek, Namibia
6. Jacob Segale: Training and Capacity Strengthening Team Leader, Johannesburg, South Africa
7. Lynette Mabote: Advocacy Team Leader, Cape Town, South Africa
8. He-Jin Kim: LGBTI Programme Officer, Cape Town, South Africa
9. Maggie Amweelo: Monitoring and Evaluation (M&E) Officer, Windhoek, Namibia
10. Lisias Mashuna: Office Assistant, Windhoek, Namibia
11. Lawrence Mbalati: Training and Capacity Strengthening Officer, Johannesburg, South Africa
12. Sirka Amaambo: Communications Officer, Windhoek, Namibia
13. Nelago Amadhila: Advocacy Officer, Windhoek, Namibia

Staff development

ARASA is committed to the development of its staff and to this end supports staff to undertake further studies, for which ARASA may pay up to a maximum of 75% of the costs, depending on the relevance to the work of the individual. During this period, ARASA supported staff members to

undertake the following courses:

- * BA degree, Media and Communication Science, University of South Africa;
- * B-Tech, Business Administration, Polytechnic of Namibia;
- * Bachelor of Laws, University of Namibia;
- * LLM in Human Rights and Humanitarian Law, Aberystwyth University, United Kingdom; and
- * ACCA Qualification, Association of Chartered Certified Accountants (ACCA), United Kingdom.

Financial sustainability and organisational development

In 2013, ARASA signed an agreement with the Swedish International Development Cooperation Agency (SIDA), for core support towards the implementation of ARASA's 2013 to 2017 Strategic Plan. On 10 June 2014, the Director attended the annual review meeting with Grace Chibowa from the Lusaka-based SIDA Regional HIV and AIDS Team. Matters arising from the 2013 audit, the 2014 work plan and budget as well as updates from SIDA were discussed.

In addition to support received from SIDA, ARASA received support from the Robert Carr Civil Society Networks Fund through the Tides Foundation for activities implemented jointly with the International Treatment Preparedness Coalition (ITPC), as well as from the Levi Strauss Foundation, the Embassy of the Kingdom of the Netherlands in Pretoria through Hivos and the Open Society Foundations.

In December, ARASA received a grant of Euro 120,000 from Aids Fonds to implement a project titled: 'Influencing policymaking in the SADC region for people living with HIV, TB and Hepatitis C' in Mauritius, Botswana and Zimbabwe between March 2015 and September 2017 in collaboration with Southern African Regional Programme on Access to Medicines and Diagnostics (SARPAM).

Also in 2014, ARASA, collaboration with Enda Sante, the United Nations Development Programme (UNDP) Regional Service Centre in Addis Ababa, Southern Africa Litigation Centre as well as the Kenya Ethical and Legal Issues Network (KELIN), ARASA submitted an expression of interest (Eoi) for a regional concept note to the Global Fund to fight AIDS, TB and Malaria. The expression of interest outlined activities to be implemented in 10 countries in southern, eastern and western Africa (Botswana, Cote d'Ivoire, Kenya, Malawi, Nigeria, Senegal, Seychelles, Tanzania, Uganda, Zambia) over a three year period. The activities will aim to 1) strengthen evidence-based law reform to support improved delivery of and access to HIV and TB services for key populations; 2) to improve the legal environment that provides rights-based protections through access to justice and enforcement of supportive laws for key populations; and 3) to protect key populations in the event of human rights crises which impede access to HIV and TB services. Following notification that the expression of interest was accepted to proceed to the concept note development stage, the consortium

partners convened several consultations and presented the EoI to the Country Coordinating Mechanisms of the relevant countries to solicit their support. The concept note was submitted to the Global Fund at the end of January 2015.

Following the external audit for the 2013 financial year, which was completed in March 2014 by Stier Vente Associates, ARASA received an unqualified audit report. The audited financials were approved by the board of trustees in April along with the 2014 annual work plan and budget. Subsequently, the audited financial statements were distributed to partners, donors and trustees.

In response to the recommendation made by SIDA's pre-award assessment that ARASA establish an internal audit function and to ensure good corporate governance, ARASA commissioned KPMG in 2013 to provide this service. In January, KPMG conducted a risk assessment workshop with all ARASA staff members and produced a risk register for the organisation. The register and draft risk management plan were discussed by the trustees during their meeting in April and several recommendations were made to amend the risk management plan. The final risk management and internal audit plans were approved by the trustees in July.

In April, Hivos commissioned Price Waterhouse Cooper to conduct a separate audit of funds disbursed by the Embassy of the Kingdom of the Netherlands in Pretoria to implementing partners of the LGBTI Regional Programme during the implementation period commencing 31 August 2012. During the months of May and June, ARASA forwarded all supporting documentation, pastel reports and financial reports and worked with Hivos to support the auditing process. The final PWC audit report was signed off on 27 June 2014 and submitted to the Embassy of the Kingdom of the Netherlands in Pretoria on 1 July.

On-going financial management and reporting support was offered to recipients of the Small Grants and the hosts of the Country Programmes in Zambia and Zimbabwe. A financial risk management and due diligence exercise was conducted with all small grants recipients during the pre-implementation workshop held in March (see Output 1.5: Small grants disbursed for local advocacy or training activities by partners).

Key achievements per outcome

Outcome 1: Civil society on national level advocates for acceptable, accessible, affordable and quality SHRH, HIV and TB care and support services for people living with HIV and TB and key populations most at risk;

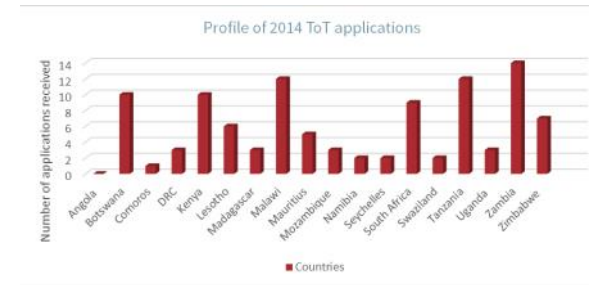
Intermediary Outcome: ARASA partner CSOs have improved capacity to advocate and strengthen capacities of other CSOs

Output 1.1: Training of Trainers programme delivered:

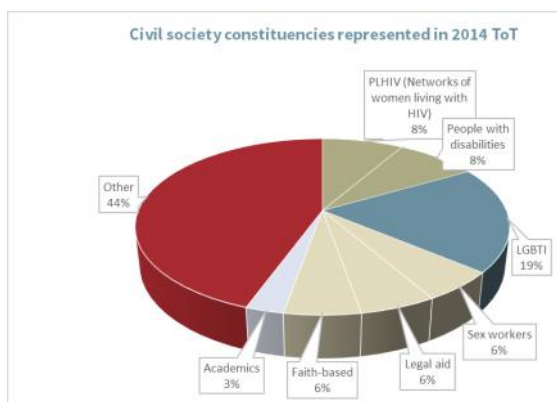
The flagship annual Training of Trainers (ToT) programme continues to attract interest from representatives of civil society organisations in southern and east Africa. Seventy six applications were received for the 2014 programme. The breakdown of countries from which applications

were received is as follows:

For the first time, ARASA accepted online applications for the ToT submitted through the



ARASA training portal in addition to those submitted through email in an effort to enhance use of the online training portal and to establish a more systematic way of collecting and processing applications. Some challenges were experienced with this process due to technological challenges related to the system and applicants not following online application instructions. ARASA worked with the web manager to address these challenges in time for submission of applications for the 2015 ToT programme.



The thirty six successful applicants were trained on HIV, TB, human rights and advocacy, project management, M&E, financial management, communications, HIV and TB prevention and treatment literacy in four one-week workshops held in Johannesburg, South Africa through the year. During the third workshop in August, HIV, TB, Hepatitis C, and human rights issues, including access to harm reduction services, for people who inject drugs were included for the first time.

In an effort to engage alumni of the ToT programme and refresh their knowledge and skills, six alumni and two Community Health Advocates from the ARASA-supported HIV, TB and Human Rights Training and Advocacy Programme in Zambia were invited to co-moderate the ToT workshops with ARASA staff. An educational field trip to the South African Constitutional court was conducted during the second training workshop to provide an overview of the role of the Constitutional Court in protecting the human rights of South Africans as well as the political history of South Africa.

During an award ceremony hosted at the conclusion of the advanced human rights advocacy workshop in November, certifications of competence were issued to 33 participants.

During the award ceremony, six participants were also recognised for their exceptional performance throughout the year.



Evaluation forms were administered at the end of each workshop to provide a platform for participants to reflect on the quality and relevance of the training. The following quotes were extracted from evaluation forms as well as emails received from participants following the workshops.

"[This training] changed my [previous] perspective that a human rights based approach is not very effective. After going through this training it's now clear how effective this is, and to a greater extent necessary if the three zeros [to end AIDS] are to be achieved". Anonymous

"I wish to thank you for a great learning week, for your energy and passion! The organisation was excellent and the workshop itself was very interesting and stimulating. I am already sharing my information with my team here and we will start with the finance and assignment too!" Barbara Carolus-Andre, Seychelles

"How wonderful it was meeting different kind of participants from various countries in and out of SADC region with different gifts and talents and vast experiences in diverse fields. I loved the criterion that you used to select the 2014 ToT participants and I expect great performance from each one of us at the ARASA 2014 ToT! You guys at ARASA are excellent organizers and facilitators. Please keep up this good work of organizational empowerment. Thank you for your support Lawrence, Jacob, Lynette and the rest of the ARASA organizing team, thank you so much!!!!" Stanley Mulenga, Zambia

During the APF, an impact assessment survey was distributed to partner organisations whose staff were trained by the ToT programme between 2008 and 2013. Below are some reflections on how the trainees have been able to cascade the learning and use their new skills to improve the quality of their organisation's work:

"Almost all our prisons based activities were activated by the ARASA ToT." PRISCCA, Zambia

"We particularly appreciated the assignments as it gave the opportunity for our members to do research and all members were mobilised for the desk review." Youth First, Madagascar

"Our ability to facilitate trainings was greatly enhanced. This has been rolled out to transfer skills to communities." CHRR, Malawi.

The selection of participants for the 2015 ToT Programme was completed in December 2014 and the first training workshop is scheduled for February 2015.

Output 1.2: Ad-hoc trainings delivered and partners supported to conduct trainings

During April and May, ARASA, in collaboration with SAFAIDS, conducted four, two-day trainings for forty six representatives from civil society as well as traditional, political and religious leaders on HIV and Human Rights in Zimbabwe, Zambia, South Africa and Malawi. The trainings were conducted as part of the SAFAIDS 'Leadership is Protecting All' Programme, which is implemented in the four countries and aimed at engaging political, religious and traditional leaders as champions to influence socio-cultural norms and policy that impact on the rights of LGBTI people and their ability to access HIV and SRHR information and services.

The training focused on how HIV, human rights, policy and the law affect LGBTI people. Although the political, legal and social context in these countries present a barrier to openly discussing human rights challenges affecting LGBTI people and the role of the state in ensuring their protection, some champions have started to speak openly about issues affecting LGBTI people and other key populations in their countries. The champions have also been engaging their communities to ensure inclusive and tolerant societies by conducting community dialogues and other community mobilisation activities. (See Output 3.3: Community dialogues facilitated with potential influencers for further detail on this work).

As a result of this training, two traditional and religious leaders applied to be participants of the 2015 ToT Programme to strengthen their knowledge of HIV, TB and human rights issues as well as strengthen their skills to cascade this knowledge to other members of their communities.

In November, ARASA collaborated with ITPC to convene a 5-day training workshop entitled 'Community Involvement in Access to Affordable HIV Treatment: Focus on the Influence of Intellectual Property & Free Trade Agreements' for 14 treatment and human rights activists from southern, east, west and north Africa. The participants reviewed the basics of HIV and HIV treatment and discussed human rights and intellectual property as they relate to access to HIV treatment. A key output was the development of Advocacy Plans for Country Access to Affordable HIV Treatment advocacy interventions. Following the workshop, ARASA and ITPC issued a closed call for proposals to the participants to support country-level advocacy for increased community

access to affordable optimal HIV treatment for a 10-month period beginning in March 2015.

A common issue of concern raised by the participants during the training was the lack of availability of routine viral load testing and access to affordable and quality second and third line ARV regimens. In light of this, ARASA and ITPC will launch a regional campaign on viral load testing in 2015. IN 2015, ARASA and ITPC will also facilitate skills exchange visits between organisations participating in the workshop and those already implementing IP related advocacy activities in their countries.

In November, ARASA collaborated with the Leitner Center for International Law and Justice at Fordham Law School to convene a training on 'Rights of LGBTI persons under international and regional law' at the University of Pretoria's Human Rights Centre. The training aimed to provide the 17 participating activists from Botswana, Cameroon, Kenya, Malawi, Mozambique, South Africa, Uganda, Zambia, and Zimbabwe with the tools to document violations of rights and access international and regional mechanisms as an advocacy strategy to promote and protect the rights of LGBTI persons.

Output 1.3: Online courses delivered

Course material for new short courses on advocating for LGBTI rights in the context of SRHR, HIV, TB and human rights in prisons, harm reduction for people who use drugs, legal barriers to access to prevention, treatment and care as well as intellectual property laws and access to treatment were collected and developed. The courses will be conducted during the first half of 2015.

Output 1.4: Country programmes implemented

During this period, ARASA continued to provide financial and technical support to partner organisations hosting HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programmes in **Malawi, Zambia and Zimbabwe**. The Malawi country programme came to a conclusion in August, while the Zambia country programme is in its second year of implementation. A new country programme was initiated in Zimbabwe in the second half of 2014.



In **Malawi**, the programme coordinators spearheaded capacity strengthening and advocacy activities of the Country Programme and provide on-going support to the twenty

Community Health Advocates (CHAs), stationed in communities throughout the country, to monitor human rights violations in the context of HIV and TB and access to HIV and TB services and commodities. The work of the Country Programme has been enhanced by a strong Advisory Committee, which consists of ARASA partners in Malawi as well as other stakeholders who meet regularly and provide strategic guidance and support to the programme.

Advocacy on sexual orientation and gender identity continued during this period. For the first time in the history of Malawian politics the Malawi Electoral Commission, in conjunction with Media Institute for Southern Africa (MISA Malawi Chapter), engaged sixteen senior members (four from each of the 4 major political parties) in a public debate on the human rights of key populations and vulnerable communities. The Country Programme participated in the organisation and facilitation of the dialogues, which aimed to orient the political leaders on the importance of respecting and safeguarding the rights of vulnerable members of the community including the prisoners, elderly, the disabled, sex-workers and LGBTI people. Malawians were provided with a platform to question the political leaders on how they intended to deal with various crucial issues affecting Malawi citizens. Interestingly, the public engaged the leaders on the health budget and the sodomy law, although it was clear that there is still a lack of appreciation for and understanding of the rights of all people, regardless of actual or perceived sexual orientation or gender identity. The majority of the parties suggested that they would opt to hold a referendum on the constitutionality of the sodomy law, while a few stated that they will respect the law as it currently stands. The debate however highlighted that homosexuality has become an issue in the public discourse in Malawi.

The dialogues resulted in the signing of a Memorandum of Understanding (MoU) by all the political parties with CHRR, committing to protect and safeguard the rights of all Malawians, regardless of their sexual orientation, gender identity or other status, when they assume political leadership. CHRR and its partners are using these MoUs as advocacy tools to demand accountability after the 20 May Presidential and Parliamentary elections.

The Country Programme continues to monitor and engage in the Constitutional Review of the sodomy law. On 20 January 2014 the case was set down for pre-hearing in the High Court. The Attorney General objected on procedural grounds, arguing that the matter required certification by the Chief Justice as a constitutional matter before determination of the constitutional issues raised by the judge. The Attorney General subsequently obtained an interim order in the Supreme Court staying the proceedings pending a decision by the Supreme Court on certification.

Training for senior police officers and prison officials from across the country has also been provided to raise awareness among senior police officers on the effects of HIV and AIDS related stigma and discrimination as well as on the effects of the sodomy laws in promoting stigma and discrimination which leads to the further spread of

HIV in Malawi. As a result of this training the police and prison officials committed to mobilise their juniors to protect the human rights of these groups and several of the senior police officials provided activists with their mobile phone numbers to enable activists to immediately advise them of any abuse suffered by minorities at the hands of the police and prison officials.



The Country Programme also continued to engage in the development of the National HIV and AIDS Stigma and Discrimination Guidelines in collaboration with the Malawi Network of People living with HIV (MANET+) and the Department of Nutrition, HIV and AIDS (DNHA). Based on the findings of the Stigma Index study conducted by MANET+ two years ago, the Country Programme initiated a process together with DNHA to develop stigma and discrimination guidelines, to harmonise and provide a strategic framework for anti-stigma and discrimination initiatives by civil society and the public sector.

The period under review saw the launch of a report on democracy and political participation in Malawi, based on research conducted by Professor Chijere Chinwa through AfriMAP, in conjunction with Country Programme co-host, CHRR, and Human Rights Resource Centre. The findings of the report resonate with the conclusions drawn by the Country Programme with regards to barriers which have negatively impacted on the Country Programme's ability to advocate effectively on human rights issues in the context of HIV and TB:

- * The absence of an access to information law has made it very difficult to access expenditure reports from the Health Ministry and the Central Medical stores to inform analysis and demand accountability on TB and HIV drugs procurement and distribution.
- * Community systems responding to HIV are weak and are being further threatened by the withdrawal of direct funding by the National AIDS Commission to Community Based Organisations.
- * Mistrust between CSOs that advocate for the protection of rights of minority groups such as sex workers and LGBTI people and the government persists. There are no formal institutions or processes to facilitate dialogue for policy formulation and change. As a result, government

consults civil society in an ad-hoc manner on policy issues and hand-picks those invited to participate in policy dialogues. As a result of this antagonism, some CSOs working on issues affecting key populations such as sex workers and prisoners have been forced to adopt a 'softer', less confrontational approach in order to participate to some degree in consultation processes during policy formulation.

Recommendations from the Country Programme to address these challenges include:

- * litigation against government to demand greater access to information of public interest, using the need for access to information for the development of evidence informed health policies and programmes as an entry point; and
- * calling on government to respect the role of civil society in policy-making and implementation in an effort to bolster the effectiveness of CSOs in policy dialogues in Malawi.

The Community Health Advocates (CHAs) continued to monitor access to healthcare services and commodities, including AIDS and TB treatment, in twenty districts. Data gathered indicated that there were fewer challenges in accessing HIV and TB treatment reported during the first half of the year, compared to the previous year. This was likely largely attributable to the first half of 2014 having been the height of the campaign period during which political parties try to win votes leading up to the national elections in May.

CHAs also continued to implement community awareness sessions on HIV, TB and human rights in their communities as well as opinion leaders' forums to engage traditional, religious leaders and district executives from the departments of health, social welfare and the District Magistrate Courts in discussing matters of sexual minority rights, health and their social protection within an environment that does not recognize and protect their fundamental human rights.

The majority of opinion leaders engaged agreed on the need to respect and uphold the rights of the sexual minorities, even within the context of criminalization, since these groups exist and are amongst the drivers of HIV and STIs. Health personnel engaged agreed that every Malawian is entitled to medical care without regard to their sexual orientation and are supposed to be treated equally.

As a result of the awareness campaigns community members are:

- * beginning to demonstrate a clear understanding of the human rights of sexual minorities and the linkages between the protection of these rights and health; and
- * acknowledging their role in ensuring that everyone, including sexual minorities, has access to uninterrupted TB and HIV

prevention and treatment.

At a review meeting at which the impact of the Country Programme was assessed by CHAs and Programme staff it was agreed that the major achievements were:

- * the training of Community Based Organisations (CBOs), which has enhanced the reach of the Country Programme and strengthened community systems to respond to HIV and TB;
- * the cascading of knowledge through community systems, which has resulted in the establishment of an effective system to monitor drug stock outs and access to health services and commodities in the districts;
- * the involvement of key stakeholders and government line Ministries in the implementation of activities, which has garnered support for and acceptance of the Country Programme by diverse stakeholders
- * the holistic approach of addressing a diverse range of issues and population groups (including key populations at higher risk of HIV such as LGBTI people), which has ensured that the programme has reached groups of people marginalised by other interventions and ensured their meaningful engagement in the implementation of the programme; and
- * the focus placed on networking and collaboration with other organisations at district and national levels, which has garnered ownership of the programme and harnessed the expertise of all stakeholders, while creating a critical mass of organisations driving the advocacy agenda forward.

A [Best Practice Booklet](#) has been developed by the Programme which captures promising interventions initiated by the programme with a view to sharing these with the public and stakeholders working in the sector of health and human rights, other ARASA partners, as well as other stakeholders and encouraging scale-up of some of the existing interventions by Malawian civil society organisations.

The **Zambia** Country Programme entered the second year of implementation in 2014 and will run until end April 2015.

On-going technical support was provided to the Community Health Advocates (CHAs) to support the implementation of their tasks, including a refresher training to facilitate sharing of lessons learned and challenges encountered and to sharpen the technical knowledge and skills imparted to the CHAs in 2013. During this period, CHAs conducted training on TB, HIV, human rights, advocacy, reporting rights violations, sexually transmitted diseases, intellectual property rights and access to medicines, prevention of vertical HIV transmission, rights

based responses to TB in the mining industry, sexual orientation and gender identity and sexual and reproductive health rights with staff of community-based organisations, health care workers, community leaders, LGBTI people, the Zambia Extractive Industries Transparency Initiative and youth at various schools.

Health talks at schools, prisons and clinics reached more than two thousand people, including adolescent girls at schools, transgender people and prisoners with messages on HIV, TB, human rights, antiretroviral (ARV) treatment, behaviour change, stigma and alcohol and drug abuse. CHAs provided HIV counselling and testing at the TB corner at the Kapiri Urban Health Centre. They also participated in the WHO 3Is TB Pilot project and were part of the review of the National HIV/AIDS Policy.

Community-based advocacy initiatives implemented by the CHAs focused on issues affecting their communities, including occupational health and safety in the extractive industries. The CHAs also worked to raise awareness of violence targeted at sex workers and police brutality fuelled by the punitive legal and policy environments. Through their monitoring of access to health care services, the CHAs noted that stigma and negative attitudes of health care workers towards sex workers and other people at higher risk of HIV continued to be a major challenge to realising the right to health. They also noted that sex workers continued to face harassment, extortion and rape, which contributes to the increase in the rates of HIV and other STIs amongst sex workers.

"Even when you are walking in a group of 3 at night near clubs, the police follow us and take us in their patrol cars, have sex with you, take your belongings then surrender you to their superiors who then beat you up and have sex with you without protection. And sometimes when the police threaten us so that we keep quiet we threaten them back to say we are HIV positive so that they don't force us to have sex." Sex worker (Anonymous)

Information sessions on HIV and opportunistic infections were conducted with female prisoners and CHAs also participated in an open day organised by various stakeholders including PRISCCA and Paralegal Alliance Network (PAN) and attended by nine hundred male and eighty female inmates at Lusaka Central Prison to give the prisoners a platform to raise their concerns with the justice system in Zambia. The prisoners raised concerns related to corruption, more expedient access to justice and prison justice reforms.

As part of their advocacy on access to treatment CHAs participated in a workshop organised by [MeTA Zambia](#) which developed a CSO Charter for the CSO Coalition for Transparency in Medicines and CSO Coalition Terms of Reference for Transparency in Medicines. The Ministry of Health agreed to avail the Coalition with the list of twenty essential drugs that will be monitored from government health institutions by the Coalition in six districts.

In order to promote access to services for key populations CHAs:

- * participated in the development of a district strategic plan to address needs of cross border mobile populations;
- * met with medical personnel at a clinic in Lusaka province to discuss access to the clinic for transgender and intersex individuals;
- * met with the prevention specialist from Centre of Disease Control and Prevention (CDC) to discuss increased access to services for sex workers, MSM, IDUs and the LGBTI communities.
- * met with an endocrinologist to assess whether he could provide services to transgender and intersex community members that wish to conform to their gender identity (whilst he indicated that he was not able to assist due to a fear of persecution he did provide some vital information and contacts); and
- * engaged as a research assistant in the National Situational Analysis on Sex Work (the results of which will be available in 2015).

The Coordinators and CHAs also led two community and policy dialogues on SRHR and HIV services. The first was hosted in Chililabombwe, a mining and border town where sex work is rife and teenage pregnancies are on the increase, with a corresponding increase in dropout rates from school. The dialogue aimed to identify the needs of key populations in access to services and to develop interventions to address these. Participants were drawn from Social Welfare Department, Local Authority (Municipal Council), Victim Support Unit, Support Group of PLHIV, Youth Group, Children in Distress (CINDI) and Constituency Office (Office of Member of Parliament). A baseline survey is to be conducted and a Community AIDS Task Force will work with the council to improve access for key populations.

The second was hosted in the Southern Province for the Livingstone and Kazungula districts which are also experiencing a high number of teenage pregnancies. In addition, Livingstone had the highest HIV prevalence rate in the country (25%) in 2013. Participants were drawn from provincial and district health departments, Corridors of Hope (representative working with sex workers) and health care workers. NZP+, TALC, traditional leaders and Concern Worldwide International also attended. Participants agreed to promote parent child dialogue on SRHR at the family level, hold sensitization sessions with teen girls to create awareness on teen pregnancies and mobilizes and engage traditional, religious and community leaders to address teen pregnancies and to conduct quantitative research on what is causing high numbers of teenage pregnancies in Southern province. Discussions are ongoing with SAfAIDS and Friends of Rainka to operationalize a currently inactive SRHR coalition to promote an efficient and harmonized approach to SRHR related issues as part of the HIV response in Zambia.

Discussions were also conducted with TransBantu Zambia (TBZ) offices during which concerns were raised about the lack of sensitisation within the

communities in rural areas on SOGI (sexual orientation & gender identity). It was agreed that collaboration with religious leaders through ZANARELA and traditional leadership would be vital in influencing orientation on matters of SOGI.

The country programme and implementing partners held "A leadership workshop aimed at cultivating leadership collective advocacy on Sexual Reproductive Health and Rights (SRHR) and HIV prevention at national level for key populations" in Lusaka, which targeted Members of Parliament, National AIDS Council, United Nations bodies, Traditional and Religious Leaders, Health care providers and the members of the affected communities. Recommendations from the dialogue included the need to develop a united front of organisations working with and representing key populations to strengthen engagement with the Zambian Human Rights Commission and the National AIDS Council (as arbitrator) to table SRH and HIV challenges in Zambia.

As part of broader LGBTI advocacy, the partners commemorated the Transgender Day of Remembrance (TDOR) held during the 16 Days of Activism, which took place on 19 December, 2014. Activities for the day included sketch themes evolving around HIV infection, sex work, gender based violence and HIV prevention methods.

Additionally, an article aimed at raising awareness on the plight of Persons with Disabilities was written and published in the Daily Mail of Zambia on the 9 November 2014. The article entitled "Paradigm shift on disability" highlighted the need to consider reasonable accommodation in all aspects of life for persons with disabilities.

CHAs also underwent training on the use of Martus software that is used to safely document and monitor human rights violations which is used to document rights violations against LGBTI communities and participated in the third module of the ARASA ToT training on prevention and treatment literacy.

The Country Programme continued to monitor and support litigation related to sexual orientation and freedom of expression. Following the acquittal of Paul Kasonkomona in the Lusaka Magistrate's Court on charges of soliciting for an immoral purpose in a public place under section 178(g) of the Zambian Penal Code, the Country Programme released a [press statement](#) commending the protection of the right to freedom of expression as enshrined in the Zambian Constitution. A Technical Working Group (TWG) was established to provide advocacy support to Kasonkomona's case as well as that of Phillip Mubiana and James Mwape, who, in May 2013, were charged under section 155 of the Zambian Penal Code, which criminalises any person who has carnal knowledge of any person or who permits a male person to have carnal knowledge of him against the order of nature. The TWG comprises of several civil society organisations, including Friends of RAINKA, Trans Bantu Zambia, TALC and Dette Resources Foundation and is supported by international organizations such as Amnesty International.

The advocacy initiatives implemented at the

national level by the Country Programme during this period centred on access to HIV and TB medicines, SRHR (with a focus on cervical cancer in women living with HIV), funding for health and access to services for key populations at higher risk of HIV.

In January, the Training and Capacity Strengthening Coordinator and the Director of TALC presented a position paper before the Parliamentary Committee on Health, Community Development and Social Services on the country's Access to Treatment Programme and made recommendations with regards to the proposal of a national Health Insurance System. They raised issues of concern facing people living with HIV and TB, including the high levels of poverty, which limit the ability of most people living with HIV and TB to access the high quality of care offered in private facilities.

The Training and Capacity Strengthening Coordinator met with the African Community Advisory Board (AFRO-CAB) to explore ways to collaborate in an effort to enhance advocacy on access to treatment. The Coordinator was invited to become a member of this group as it would enable him to learn about effective approaches and to share case studies from Zambia regionally and internationally.

The Country Programme Coordinators participated actively in the planning and hosting of the paediatric conference hosted in April by TALC and Elizabeth Glaser Paediatric AIDS Foundation to mobilize public debate on barriers facing access to paediatric ART in Zambia as well as how to increase access and retention in care for paediatric patients.

The Programme consulted with women living with HIV to explore their sexual and reproductive health rights (SRHR) and family planning needs as part of a consultation process for a funding application that was submitted to UNFPA (see more detail in the 'sustainability and resource mobilisation section').

An additional group discussion was facilitated with thirty five women and youth living with HIV in an effort to increase their knowledge and understanding of cervical cancer prevention, screening and treatment. Informal assessments were conducted with five health care providers and twelve clients during routine visits to clinics between May and June in an effort to better understand barriers to accessing cervical cancer screening and treatment. A key outcome of these discussions was that information dissemination on cervical cancer and available services should be enhanced through strategic partnerships with stakeholders such as CITAM+. Women living with HIV also need training in order to be able to advocate for access to cancer screening and treatment services in their communities.

As part of the advocacy on access to services for key populations at higher risk of HIV, the Country Programme Coordinators attended a breakfast meeting organised by the Southern Africa AIDS Trust (SAT) to disseminate the 'Most Significant Change' stories from their Emerging Voices Project. The stories profiled how sex workers have joined forces with NGOs, health workers and the

police for a multi-stakeholder response to accessing HIV prevention and treatment services. The Coordinators presented the work of the Country Programme and emphasised the need for HIV, TB and human rights training for rural communities. As a result, an invitation was extended to the Country Programme Coordinators to conduct a training in the Eastern Province on rights based approaches to responding to the needs of sex workers.

The Country Programme Coordinators also attended meetings hosted by the National AIDS Council to raise issues of concern related to the protection of human rights of key populations, including the omission of men who have sex with men (MSM), sex workers and people who inject drugs (PWID) from the National Strategic Plan's definition of key populations.

In an effort to further advocacy on funding for health, the Country Programme Coordinators have been involved in the country dialogue process for the development of a concept note under the Global Fund New Funding Mechanism. They highlighted gaps including the need for training on human rights to be included in the concept note along with targeted funding for interventions targeting key populations (in particular MSM and PWID). In addition, the removal of MSM and PWID from the definition of key populations in the National Strategic Plan was challenged. Other issues raised by the Country Programme Coordinators included the lack of mention of civil society in the implementation section of the concept note. During a meeting of the CCM to review the concept note the Country Programme Coordinators were invited to sit on the TB Committee of the CCM as well as on the Malaria technical working group.

A Human Rights Network has been established to coordinate the activities of key populations at higher risk of HIV working in close consultation with UNDP and other partners. The Advocacy and Sustainability Coordinator, in conjunction with other members of the Human Rights Network, will continue discussions with UNDP to keep the removal of legal barriers to accessing health services on the national agenda.

The Country Programme was also represented at the international level by the Advocacy and Sustainability Coordinator who presented a poster titled 'HIV Treatment as prevention: A human rights based approach for communities in Zambia' at the International HIV Treatment as Prevention Conference in Canada. Subsequently, the Coordinator was invited to join an advisory panel of the International Association of Providers of AIDS Care (IAPAC), charged with developing the "IAPAC Guidelines on Optimizing the HIV Treatment Cascade".

In an effort to mobilise resources to ensure the sustainability of the Country Programme's activities when support from ARASA ceases after the two year grant cycle, the Country Programme Coordinators met with the Country Representative of the United Nations Population Fund (UNFPA) to discuss funding of HIV, TB and human rights work with adolescents and women living with HIV in three provinces in Zambia. A concept note has been submitted to UNFPA. A proposal was also

submitted to HIVOS for programmatic interventions around SRHR and young women, as well as on Harm reduction in prisons in the Zambian context. Additional proposals were submitted to USAID (on family planning in collaboration with PPAZ) and to the Zambia Governance Foundation (on social accountability monitoring in health sector). Feedback on these proposals is awaited. The Coordinators also pursued joint funding applications with different country partners.

During the 2014 APF, **Zimbabwe** was identified as the next country for the roll-out of the national HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programme.

In June, ARASA entered into an agreement with SAFAIDS and the Zimbabwe Network of People Living with HIV (ZNNP+) for the co-hosting of the Country Programme for a one year period from 1 June 2014 to 31 May 2015. SAFAIDS hosts the Country Programme Coordinator and is responsible for the administration of the programme as well as financial and narrative reporting, while ZNNP+ is responsible for coordinating the community based advocacy in collaboration with the CHAs.

On 18 June, a stakeholder's consultation meeting was hosted in Harare, Zimbabwe for 20 representatives of ARASA partners, other NGOs such as the Pan African Positive Women's Coalition, UN agencies and a Member of Parliament from the ruling party (ZANU PF). ARASA Deputy Director and the Advocacy and Training and Capacity Strengthening Team Leaders attended the meeting and introduced the Country Programme, roles, responsibilities and expectations to the participants. The establishment of the Country Programme was received positively by the participants, who explained that, while Zimbabwe enjoyed strong civil society capacity in most areas, they lacked capacity in the area of health related human rights advocacy and national coalition building for advocacy.

The key advocacy issues identified for focus over the two years of the programme include (1) increased access to health services, by leveraging the new Constitutional guarantee of the 'Right to Health' (this will include advocacy and campaigns to combat stigma and discrimination perpetrated by various stakeholders, including health care workers); (2) health care financing through budget tracking of allocated resources; and (3) addressing criminalisation of key populations (mainly sex workers, LGBTI and PLHIV) in order to enhance availability, accessibility, affordability and acceptability of quality HIV and TB services.

On Thursday 20 November 2014 a Programme Advisory Committee (PAC) meeting was held at SAFAIDS Office in Harare and attended by Zimbabwe Association for Crime and Rehabilitation of the Offender (ZACRO), Gays and Lesbians Association of Zimbabwe (GALZ), International Network of Religious Leaders Living With or Personally Affected by HIV and AIDS (INERELA+), Sexual Rights Centre, Parliament of Zimbabwe (Honourable Member of Parliament for Gokwe South), Zimbabwe Human Rights Commission, Pan African Positive Women's Coalition (PAPWC), Zimbabwe Na-

tional Network of People Living with HIV (ZNNP+), and The Sunday Mail/The Herald (Media Representative). The programme implementation model, the proposed programme budget and work plan as well as the Terms of Reference (ToRs) for the PAC and the CHAs were shared and discussed. The Sexual Rights Centre from Bulawayo represented by Humphrey Nondo was selected to be the PAC Chair and Teclah Ponde from ZACRO as Deputy Chair. This meeting provided an opportunity for the PAC to formally constitute, and have an overall appreciation of the programme implementation. It also served as a platform for the PAC to give guidance and make recommendations for the programme roll out.

The first CHA training was held at Mbizi Game Lodge in Harare from 1 to 5 December 2014. Twenty three CHAs were selected from partner organizations in the 5 provinces (Bulawayo, Harare Metropolitan, Manicaland, Matebeleland North and Masvingo). Participants demonstrated a good appreciation of content covered, and an analysis of the results for the test administered demonstrated that a significant number of the participants had successfully mastered the course content. Participants' evaluation feedback also confirmed that they were satisfied with the quality and level of presentations and training methodologies.

Engagement with partners at the PAC meeting and the CHAs training revealed an overall acceptance of the proposed Country Programme goal of ensuring that an enabling legal and policy environment exists in Zimbabwe in which people living with HIV and TB and key populations most at risk can access acceptable, affordable and quality SRHR, HIV and TB prevention treatment and care services.

"We have to go to communities where we are coming from, advocacy is a game of numbers, the voice of the people comes from grassroots communities and advocacy does not happen in offices, but from communities where we are coming from." CHA, Mbizi

"All my life I had not been exposed to the lives of people who are gay and/or lesbian, but the training has afforded me an opportunity to understand that it is not a curse, and they are humans like all of us here." CHA, Mbizi

Output 1.5: Small grants disbursed for local advocacy or training activities by partners

Participants of the ToT Programme, who successfully completed the programme in 2013 were invited to apply for small grants of US\$ 10,000 each to cascade the learning and implement HIV, TB and human rights advocacy projects in their countries in 2014.

Ten applications were received, of which eight from Uganda (Centre for Health, Human Rights and Development, Uganda Network on Law, Ethics and HIV/AIDS), Kenya (Kenya Legal and Ethical Issues Network on HIV/AIDS, Lwala Community Health Centre), Tanzania (The Network for Young People Living with HIV/AIDS), Democratic Republic of the Congo (Pleaders of Children and Elderly People at risk), Mauritius (Prevention Information Lutte Contre le SIDA) and

Malawi (Umunthu Foundation) were selected to receive the grants. In addition, Gays and Lesbians of Zimbabwe (GALZ) and Engender Rights Centre for Justice (ERCJ) from Zambia, winners of 2014 ARASA HIV, TB and Human Rights Award, received small grants to the value of US\$ 10,000 each to continue their award-winning work.

The small grants projects ranged from addressing human rights, HIV and TB issues of prisoners in Uganda to capacity building on HIV, human rights and the law for sex workers in Kisumu County in Kenya and training in advocacy, human rights and focus group discussions for key affected populations and partner NGOs in Mauritius. For further detail on the projects and their results, please see Annexure B.

A pre-implementation workshop was held from 3 to 7 March in Johannesburg, South Africa for Finance and Project Officers from the 8 grantee organisations (ERCJ and GALZ were awarded their grants in April after the pre-implementation workshop) as well as the Zimbabwe Country Programme. The participants were briefed on the financial and programme management and reporting requirements as well as on topical HIV, TB and human rights issues related to their projects. The grantees were also supported to finalise their project log-frames and budgets.

In an effort to ensure that financial management and reporting are of a high standard and that reports are submitted on a timely basis, Pastel Accounting software was purchased for four organisations who did not already have the accounting software package.

For a list of small grants awarded in 2014 and further detail on the small grant projects, please refer to Annexure B.

Output 1.6: Internship programme implemented

In January, Christina Nthenda, Civic Education Officer at the Centre for Human Rights and Rehabilitation (CHRR) in Malawi, commenced an eight week partner exchange internship at the AIDS Law Unit of the Legal Assistance Centre (LAC) in Namibia with a view to strengthening her and CHRR's capacity to increase access to justice for people living with HIV and key populations at higher risk of HIV.

During her internship, Christina attended various meetings with partners of the LAC and supported two trainings for sex workers and MSM. She was tasked with compiling training materials and facilitating sessions during the training. This presented her with an opportunity to share her perspective on the situation in Malawi with regards to discriminatory laws that hinder access to HIV and TB prevention and treatment services for MSM and sex workers in Malawi. Christina also studied various cases which the LAC has litigated in order to gain an understanding of how the LAC screens clients and chooses the cases they will pursue.

The only challenge experienced during the internship was the language barrier experienced when activities were conducted in local languages, which she could not understand.

"LAC has very valuable tools that I will take with me as an example to my organisation so that we can also improve how we keep track of our result areas. For example, before and after the trainings the participants are given pre and post-tests which helps in the evaluation of the trainings." Christina Nthenda, CHRR

"The internship was a good experience. LAC has been very helpful in providing resources and challenging tasks to me to learn. Everyone was very helpful and friendly at all levels. There was also a lot of involvement in the activities, for example, meetings and trainings which exposed me to high profile and community forums where real life social issues were discussed. The organization also kept us busy with work and a lot of support was given, for example offices space, internet as well as transport during distance trainings." Christina Nthenda, CHRR

During the third and fourth quarters, Nella Nallan from PILS in Mauritius was hosted by Swaziland Positive Living (SWAPOL) in Swaziland to strengthen her capacity to implement human rights advocacy activities, while Paul Kasonkomona from Engender Rights Centre for Justice in Zambia was hosted by Section 27 in South Africa to strengthen skills related to community engagement to foster more tolerant and inclusive societies, engaging policy and law makers for law reform and legal literacy trainings.

As has been the case with many of the internships that ARASA has supported, it is not only the intern that derives a benefit. As a result of Kasonkomona's sharing of his experience, the host, Section 27, realised that it does not pay sufficient attention in its programming to LGBTI, Sex workers and persons with disabilities.

"Legal issues that I previously thought were a preserve of lawyers ended up being debunked working in an environment where both lawyers and non-legal staff able to understand legal issues and clearly evident that legal issues were also a preserve of non-lawyers. The importance to conduct research detailed and wide before undertaking any campaign or activity was good learning and life changing." Paul Kasonkomona, ERCJ

Between August and November, ARASA facilitated five LGBTI-advocacy related skills exchange visits. Based on lessons learned from the exchange visits facilitated in 2013, ARASA encouraged applicants from LGBTI organisations to apply to be hosted by a non-LGBTI ARASA partner and vice versa. The scope of the exchanges were limited to human rights advocacy and programming, including provision of legal aid, engaging policy and law makers for law reform and engaging the media for advocacy and awareness raising on sexual orientation and gender identity issues.

"I just wanted to share what a great time we had with Bright, from Youth and Children Rights Shield (YOCRIS) in Malawi, during his stay with us (LEGABIBO). He was a great addition and player in our team and his input goes a long way in helping achieve our work. We are very thankful for having hosted him and believe we were able to share our best practices with him, which he has vowed to take back home to his work. For This Dankie." Onkame Mosweu, LEGABIBO, Botswana

During his internship with GALZ, Bruce Tushabe from the Malawi Network of Religious Leaders

Living with or Personally affected by HIV (MANERELA+) participated in a training of health workers from 8 provinces and conducted an awareness raising session for staff of GALZ on engaging the faith community on MSM issues in Malawi. He also conducted another session for GALZ staff on how to conduct stakeholder mapping of allies and opponents in advocacy as well as monitoring and evaluation, advocacy and networking.

As a result of this exchange, MANERELA+ has since engaged health workers through workshops and dialogue meetings to discuss challenges faced by key populations, including PLHIV and MSM. Furthermore, they are implementing a project supported through an advocacy grant from the regional LGBTI programme, which established a technical working committee, with both the Ministry of Health and the National AIDS Commission, looking at developing a curriculum on SRH and HR for key populations, and reviewing the Essential Health Care Package in Malawi to ensure that it includes key populations. This hopefully will lead to training by MANERELA+ and other partners together with MOH with health workers on how to respond to the health needs of key populations.

There is evidence that the skills exchange visits have contributed to skills development, the building of networks and cross-organisational exchanges, in which the hosting organisation also learns from the skills exchange participants placed.

Irant-org also commented that, while the main aim of the exchange was for the intern to learn from the host organisation, they (the host) had learned a lot from the intern's experience in advocacy.

"Refilwe added a valuable dimension to the team given that she has much more experienced in working on issues of advocacy. This was a positive attribute and 'raised the bar' within the Iranti-org team".

Output 1.7: Monitoring and Evaluation (M&E) and Financial Management related technical support provided

Monitoring and evaluation (M&E) and financial management related technical support was provided on an on-going basis to staff and partners implementing small grants projects and Country Programmes during this period.

An annual planning meeting was held for staff in February to finalise the 2014 annual work plan. This meeting was followed by a workshop to develop and finalise the results framework and monitoring system for the new Strategic Plan. A theory of change was developed along with outcomes and output indicators and various targets for progress. Collection of baseline data for the indicators is ongoing and will be completed in the second quarter of 2015.

The M&E Officer and Finance Manager facilitated training sessions during the ToT workshops and the pre-implementation workshop for the small grants and Country Programme staff. Pre and post workshop surveys and various other programme

monitoring and assessment tools were updated or developed.

During the first quarter, ARASA also participated in a workshop to develop a theory of change, M&E plan and indicators for the Regional LGBTI Programme funded by the Royal Netherlands Embassy in Pretoria and implemented jointly with Hivos, Positive Vibes and COC. Following this workshop, baseline data was collected for the indicators and progress on the indicators tracked for the annual report, which was submitted to the Embassy of the Kingdom of the Netherlands in Pretoria in March.

During the third quarter, the Finance Manager and M&E Officer conducted technical support visits to small grants recipients in Malawi, Tanzania and Zambia as well as the host of the Zambia Country programme to review the status of the implementation of activities and explore solutions to M&E and financial management and reporting challenges faced by the organisations.

ARASA also participated in the mid-term evaluation of the Regional LGBTI Programme conducted by Singizi Consulting. The [final evaluation report](#), accompanied by a management response on the part of the Regional LGBTI Programme implementing partners, was submitted to the Embassy of the Kingdom of the Netherlands in November 2014. The review found that ARASA has played a critical role in strengthening the capacity of LGBTI organisations in the region to identify advocacy issues and implement advocacy activities to increase access to SRHR services for LGBTI persons. The review also found that the ARASA partnership has been critical in LGBTI organisations working collaboratively with non-LGBTI organisations in-country so as to advocate for a more enabling environment for access to health services.

Various donor reports (narrative and financial) were completed and submitted to, amongst others, the Levi Strauss Foundation, the John Lloyd Foundation and the Robert Civil Society Networks Fund.

A staff meeting was convened from 11 to 12 September in Windhoek to review the implementation of the 2014 work plan and develop the 2015 work plan. The draft 2015 work plan was finalised and submitted to SIDA at the end of October as per the grant agreement.

Further detail on financial management-related technical support can be found under the Section 'Financial sustainability and organisational development' (See page 5).

Output 1.8: Regional CSO meetings convened

ARASA convened the 3rd Regional LGBTI SRHR Knowledge Sharing and Networking Meeting for twenty two representatives of LGBTI organisations and sixteen non-LGBTI ARASA partners from ten countries (Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe) on 2 and 3 April in Johannesburg, South Africa. The meeting provided a platform for participants to reflect on the status of advocacy on LGBTI / SOGI issues in the context of HIV and SRHR in the region, examine achievements, challenges and lessons

learned in advocacy for access to HIV and SRHR services for LGBTI persons and to examine strategies and opportunities for support to strengthen cross-sectoral advocacy for access to HIV and SRHR services for LGBTI persons.

A key outcome of the meeting was the development of action plans for advocacy and engagement of policymakers and communities in 2014, which can be supported by ARASA and other implementing partners through the Regional LGBTI Programme. Further detail on the discussions and outcomes of the meeting can be found in the [meeting report](#).

From 28 to 29 May, ARASA convened a regional meeting aimed at sharing good practices and functional models to promote enabling legal and policy environments for key populations at higher risk of HIV, such as LGBTI, sex workers and PWID. The meeting, attended by 28 participants from southern and east Africa, resulted in the identification of key advocacy issues and the development of an advocacy plan to promote the creation or strengthening of enabling policy and legal environments at the national and regional levels.

The meeting concluded with participants setting an advocacy agenda for joint focus on (1) law and policy reform, (2) engaging the judiciary and parliamentarians as well as service providers such as law enforcement and health care service providers to promote rights-based enforcement of laws and policies, and (3) promoting legal and rights literacy programmes for key populations and the wider community. Three working groups, based on the above-mentioned themes, were developed and email lists have been created for the working groups to move the discussions forward. ARASA has also developed concept notes for each group to assist in highlighting the key issues and strategies agreed during the meeting.

Output 1.9: Networks facilitated

The 2014 Annual Partnership Forum (APF) was convened in Johannesburg, South Africa from 15 to 16 April. The forum was attended by 77 participants including ARASA staff, partners, trustees and donors.

The agenda consisted of updates from ARASA staff on progress achieved and challenges encountered during the implementation of activities in 2013. The Zambia and Malawi Country Programme Coordinators shared their experiences, followed by the Coalition of Women Living with HIV/AIDS in Malawi (COWLHA) and Copperbelt Health Education Program (CHEP), Zambia who have both benefitted from ARASA's small grants programme.

As in previous years, partners were invited to identify emerging advocacy issues they would like to discuss during the APF. Thus, presentations and discussions during the thematic sessions centred on (1) innovative financing mechanisms for sustainability of HIV and health interventions, (2) HIV, human rights and the Post-2015 agenda, and (3) promoting enabling legal and policy environments. A discussion on the voice of the communities vis-a-vis human rights in light of contemporary science of HIV treatment and prevention was followed by an exploration of the

impact of human rights advocacy interventions in the context of HIV and TB in the region.

The APF continues to provide opportunities for networking and consensus building amongst partners on topical and emerging human rights issues in the context of HIV and TB in the region. Advocacy issues identified for focus in the 2015 were (1) enabling legal and policy environments (with a focus on intellectual property law and Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities); (2) HIV, TB and human rights in prisons; and (3) the Post-2015 Development Agenda. Three corresponding thematic working groups were established and partner organisations joined the working group of interest to them and their work. The working groups were tasked with guiding the direction of advocacy efforts on this thematic area and to drive the regional advocacy with support from ARASA.

Email lists have been created and concept notes outlining the mandate and focus areas for the working groups were circulated. The enabling legal and policy environments working group supported the planning for the Enabling Legal Environments regional convening (see Output 1.8 below). Given that intellectual property laws were identified as an important advocacy issue, ARASA collaborated with ITPC to strengthen the capacity of various civil society organisations from across Africa to advocate on these issues (see Output 1.2).

In addition, a project supported by Aids Fonds will be implemented jointly with SARPAM in 2015 to influence IP related policy in Mauritius, Botswana and Zimbabwe (see 'Financial sustainability and organisational development' section above).

The HIV, TB and human rights in prisons working group supported the preparations for a regional convening on HIV, TB and human rights in prisons, to be hosted in February 2015. ARASA will also conduct an online course on HIV, TB and human rights in prisons during the second quarter of 2015.

Further details on the APF can be found in the [APF Report](#).

The APF was concluded with an awards dinner, hosted on the evening of 16 April, to recognise ARASA partners who have implemented outstanding work in the defense of human rights in the context of HIV and TB during the previous year. The 2014 ARASA Human Rights, HIV and TB Award was presented to Engender Rights Centre for Justice (ERCJ) from Zambia led by human rights activist Paul Kasonkomona, as well as to Gays and Lesbians of Zimbabwe (GALZ).

"For the first time since the inception of the award, two organisations were selected to receive the award based on their success using litigation as a key strategy to protect rights. They deserve to be lauded for their efforts"
Michaela Clayton.

Each award is accompanied by a grant of USD10,000 to support the expansion of the award winning work.

"The journey I have been on over the past year since I was arrested was often a lonely one. But, this recognition affirms my commitment to continue to speak for the rights of all Zambians. The struggle has to continue!" Paul Kasonkomona, Engender Rights Centre for Justice.

"During this period we have faced harassment, raids of our offices and had our staff arrested and assaulted due to the nature of our work as human rights defenders. Receiving this award will further advance the LGBTI agenda and will help amplify the work of GALZ in Zimbabwe. It will also motivate other human rights and civil society organisations to take up advocacy for the protection of the rights of LGBTI people." Cheste field Samba, Director of GALZ.

The 2014 ARASA Human Rights, HIV and TB Award was featured by nine media houses and organisations, including an interview with Samba (Director of GALZ) on eNews Channel Africa (eNCA) and with Kasonkomona (Director of ERCJ) on Central Broadcasting Company Television (CBC TV) in Zambia.

In addition to convening the APF, ARASA facilitated and strengthened networking between partners working to promote a rights based response to HIV and TB through social media, including Facebook and Twitter, which were frequently updated with relevant news and announcements. The Facebook page has one hundred and forty five friends and received 562 likes during the period under review.

ARASA also administers various email lists, including a partners list containing one hundred and sixty seven email addresses, the AIDS Rights yahoo group list, a list for the 2014 ToT participants and an email list for ToT alumni with two hundred and twelve members. These are used to share ARASA's activities and to provide recipients with up to date and topical information on HIV, TB and human rights.

In order to engage alumni of the ToT programme and facilitate networking and sharing of lessons and experience between the alumni, an ARASA ToT Alumni Committee has been established. This committee also provides a platform for ARASA to establish the capacity strengthening requirements of the alumni and provide technical support to the alumni and their organisations on a consistent basis.

Output 1.10: Research conducted and results disseminated

In 2014, ARASA collaborated with the International Treatment Preparedness Coalition (ITPC) on a project to monitor the implementation of the 2013 World Health Organisation (WHO) Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection. In collaboration with ARASA partners in Zambia and South Africa and utilising ITPC's regional networks in Asia, Central Africa, Eastern Europe / Central Asia, Latin America, Middle East and North Africa and West Africa, a cross-section of PLHIV, service providers, policymakers and other stakeholders were surveyed.

The study found that there has been fragmented progress towards changing treatment policy at the

national level, that the role of affected communities continues to be ignored and that persistent challenges such as unavailability and unaffordability of HIV diagnostics as well as second and third line treatment remain. The [report](#) recommended that more needs to be done to speed up the implementation of the guidelines, including building grassroots awareness of the guidelines, involving affected communities in the design, delivery and monitoring of HIV services and fixing broken procurement systems that result in stock-outs of essential medicines. The report was launched and presented at the 2014 International AIDS Conference in July.

A poster on the findings of research conducted by ARASA in 2011 and 2012 as part of the TB and Human Rights Documentation Project was presented during the International AIDS Conference in July. In November and an oral presentation on the same findings was delivered during the 45th Union Conference on Lung Health in Spain.

Output 1.11: Training and advocacy materials developed and distributed



The [HIV and Human Rights in Southern and East Africa 2014 Report](#), the third of its kind published by ARASA, was launched by the Honourable Michael Kirby, the former Justice of the Australian High Court in Melbourne, Australia during the International AIDS Conference in July. The report identifies and analyses both national and regional findings to identify significant developments in creating enabling legal and regulatory frameworks and remaining barriers to access to HIV, including the criminalisation of HIV and key populations, gender inequality, gender-based violence and the violation of the rights of key populations. The report also explores whether populations are aware of their rights, are able to access justice and are able to enforce their rights in the context of HIV and AIDS.

In addition, the report provides country snapshots for 18 countries and updated information on universal access to HIV and TB services and human rights.

During the launch Honourable Michael Kirby commended human rights activists around the world for their tireless efforts to protect and promote human rights in the context of HIV.

"We have a moral obligation to speak out for those who are voiceless. I congratulate the ARASA team and everyone here," he said. "This is a masterpiece and all of you should read it, consider it and think of the people on the receiving end of this epidemic. Too much talk, not enough action!" Honourable Michael Kirby

Since its launch, ARASA staff and partners have used the report to inform interaction with policy makers, government officials and other influencers on HIV, TB and Human Rights. In October, the Deputy Director presented the report to the members of the SADC Parliamentary Forum Standing Committee on Human and Social Development and Special Programmes and engaged the members of Parliament on the findings. In November, the findings were also presented to media professionals who participated in a regional dialogue on media and civil society collaboration to further human rights ARASA and health systems strengthening for better HIV and TB outcomes in southern Africa, hosted by ARASA, Southern African Editors Forum (SAEF) and the Media Institute of Southern Africa (MISA).

Data for the 2016 ARASA HIV and Human Rights in Southern and East Africa Report commenced with the collection of the HIV and human rights assignment from the 2014 ToT participants. Further data will be collected from the ToT participants in 2015 and shared with the consultants who will be commissioned to develop the 2016 report.

The Six I's TB/HIV Integration Toolkit was updated in 2014 to address minor discrepancies in data and modify the design work before it can be finalised and distributed before the end of the year. The lay-out and design of the toolkit will be updated in 2015.

In 2014, ARASA worked with consultants to develop an advocacy toolkit on sexual orientation and gender identity (SOGI), building on the '[Equal Rights for All Manifesto](#)' to support and strengthen the capacity and advocacy interventions of LGBTI, human rights and AIDS service organisations to more effectively promote the right to access to SRHR services and broader health for LGBTI at the national level and to support activities at the national level that feed into regional advocacy.

An outline and several drafts of the toolkit were circulated to various stakeholders for input, including representatives of LGBTI groups and ARASA partners. Feedback received from transgender and intersex groups indicated that a separate consultation process was required to identify and incorporate advocacy issues and strategies relevant for transgender and intersex people. This consultation resulted in a recommendation for an intersex activist to join the drafting team as an additional resource person. It is anticipated that the toolkit will be finalised and launched during the first quarter of the 2015.

The arasa.info website is regularly updated with resources, including reports, publications and media articles, primarily identified through the Meltwater media monitoring service. The same information, in the form of news updates and press statements, is posted on the Facebook (ARASA) and Twitter pages (@_ARASACOMMS). The ARASA website received nine thousand eight hundred and thirty two visitors throughout the year. The didiri.org website for the regional LGBTI programme was also updated frequently and received nine hundred and eight visitors.

Output 1.12: Advocacy campaigns supported

The support provided by ARASA to MULEIDE and the Mozambique Country Programme in 2012 and 2013 to implement an advocacy campaign on 'Funding for Health' has been yielding results. As a result of this work, the budget allocation for the health sector is 7.9% of the country's 2014 annual budget. This has been reported as significantly higher than previous years.

To mark the International Day against Homophobia and Transphobia (IDAHOT), commemorated on 17 May, ARASA released a [statement](#) calling on governments in southern and east Africa to protect the right to freedom of expression of LGBTI people in order to effectively address the spread of HIV. The statement highlighted how, in recent months, the right to freedom of expression for LGBTI people has come under serious threat in sub-Saharan Africa and called on governments to meet their commitment to protect the rights of all citizens.



ARASA also provided technical support to LGBTI organisations in South Africa (Iranti-org and Free Gender), Malawi (CEDEP), Lesotho (Matrix Support Group), Swaziland (Rock of Hope), Namibia (Out-Right Namibia) and Botswana (Lesbians, Gays and Bisexuals of Botswana) to develop proposals and budgets for activities to mark the International Day against Homophobia and Transphobia (IDAHOT), commemorated annually on 17 May, for which ARASA provided small grants.

The activities, implemented under the theme of "Freedom of Expression" aimed to celebrate diversity in sexual orientation and gender identity and raise visibility and awareness of challenges related to freedom of expression faced by sexual and gender minorities. The activities included public marches, press conferences, radio debates, workshops, filming and screening of documentaries and entertainment shows. An alternative Pride event, "Khumbulani Pride", was hosted in the township in Cape Town, South Africa. Various materials, including flyers and T-shirts were distributed. All partners recorded that their activities attracted public attention and media coverage.

Challenges experienced by the in-country organisations during the implementation of the activities included delayed confirmation of funding by some donors contributing to the activities, which delayed the distribution of invitations and probably impacted on attendance of the media. The limited amount of funding

available also limited the scale and number of activities. Advanced planning, planning activities during the day as opposed to the evenings and involvement of more members of the organisations in planning and implementation could ensure greater success.

Safety and security were a major concern for most organisations. In some instances, the organisations ensured that the venue was chosen with safety considerations in mind (such as ensuring it was a private venue that was not open to the public) and securing the support of the police. Other organisations engaged the services of volunteers who were specifically responsible for security. Some organisations mentioned that they will ensure that future events are held during the day as this greatly enhances the safety of those who attend.

The main challenge encountered by ARASA in regards to this activity was the delay in submission of narrative and financial reports by grant recipients. During the next quarter, the LGBTI Programme Officer will follow up individually with the organisations to assess what is causing the delay and what support can be provided to ensure the reports are submitted without further delay.

Output 1.13: Training and advocacy interventions documented and profiled

A Communications Strategy has been drafted and circulated to ARASA staff for input. The strategy identifies ARASA's communications goals and objectives, internal and external audiences, key messages, mediums and platforms to be used for communication as well as how ARASA will work with the media to communicate various advocacy and other messages. The document will be finalised early in 2015.

A Style Guide, which articulates ARASA's corporate image and identity and outlines how and when this style should be used, has been finalised and shared with consultants engaged to develop various materials.

Four editions of the [ARASA Newsletters](#) were circulated in 2014. The first edition focused entirely on the APF while a second issue was distributed directly after the International AIDS Conference in August while the last two editions were circulated in November and December respectively.

The ARASA newsletter has ninety five subscribers and is additionally circulated to all partners, trustees and donors as well as the AIDS and human rights related email lists such as the ITPC list, the PATAM list, the AIDSRights list and the Athena list, which have several thousand members each.

The newsletter has ninety five subscribers and is additionally circulated to all partners, trustees and donors as well as the AIDS and human rights related email lists such as the ITPC list, the PATAM list, the AIDSRights list and the Athena list, which have several thousand members each.

Outcome 2: Service providers provide acceptable, accessible, affordable and quality SHRH, HIV and TB care and support services for people living with HIV and TB and key

populations most at risk

Output 2.1: Training delivered (online and in-country workshops) to service providers

In 2014, a short course on human rights and harm reduction for people who inject drugs for service providers (health care workers and law enforcement officers) was developed and will be administered during the first half of 2015.

Outcome 3: Potential influencers engage in legal, policy and social change that promotes access to acceptable, affordable, quality health services; particularly for people living with HIV and TB and key populations at higher risk of HIV and TB

Output 3.1: Regional meetings convened with potential influencers

In November, ARASA, in collaboration with the Media Institute for Southern Africa (MISA) and the Southern Africa Editors Forum (SAEF) hosted a Regional HIV, TB, Human Rights and Media dialogue for thirty three journalists, editors and representatives of MISA chapters, networks of people living with HIV, groups at higher risk of HIV and human rights organisations from various countries in the region.

"[The workshop was] very useful and an eye opener towards what civil society is doing on the ground. Re-enforcement that media and CSOs are watchdogs".
Journalist from Namibia

"[The workshop was] useful because it has helped me to build the network and realise fully the importance or need for the media and CSOs to work together, holding the governments accountable." Journalist, Malawi

The dialogue aimed to promote accurate and responsible reporting on barriers to acceptable, affordable and quality healthcare services, particularly for people living with HIV and TB and key populations that are at higher risk of HIV and TB. It also aimed to share practical examples of collaboration between civil society and the media and explore ways of strengthening collaboration between civil society and the media to hold governments accountable to their commitments to protect the right to health of all citizens.

Output 3.2: Networks facilitated for potential influencers

An email list was created for the participants of the media dialogue to facilitate on-going communication, engagement and information sharing among the participants of the meeting. In 2015, ARASA, MISA and SAEF will continue to explore opportunities for collaboration to strengthen the collaboration between the media and civil society that promotes a rights-based response to HIV and TB in the region. Amongst these is the plan to conduct a short course on HIV, TB and human rights for media professionals.

Various resources, including the ARASA 2014 HIV, TB and Human rights in Southern and East Africa report and material on HIV criminalisation were shared with the participants.

Output 3.3: Community dialogues facilitated with potential influencers

During the period under review, two hundred and ten political, religious and traditional leaders as well as community members were reached through community dialogues hosted as part of the regional LGBTI programme in collaboration with SAfAIDS and in-country LGBTI partners in Malawi, South Africa, Zambia and Zimbabwe.

The community dialogues are designed to explore ideas of sexuality, sexual diversity, gender orientation and human rights as well as exclusion and violence targeted at LGBTI people and how these impact on the HIV response at the individual and community levels. The aim of the dialogues is to contribute to catalysing tolerant societies, respectful of diversity and built on principles of protecting and promoting human rights, thus contributing to the breakdown of barriers, which limit access to SRHR services for LGBTI people.

SAfAIDS was identified as a strategic partner for ARASA to partner with in the conducting of these dialogues as they have been engaging traditional, religious and political leaders as champions who engage communities on the protection of key populations at higher risk of HIV through the "Leadership is Protecting All. Protecting All is Leadership Programme".

Two community dialogues were hosted in Johannesburg and Hammanskraal (Tshwane), South Africa in March in collaboration with the South African Council of Churches (SACC). The dialogues were attended by church elders, priests, youth, representative of organizations of people living with HIV and several LGBTI people. The participants discussed the church and human rights, religion and sexual and reproductive health, the role of the church in the fight against gender based violence and what the churches can do to end lesbo-phobic violence in communities. The participants agreed that platforms such as these are crucial and needed. Some participants shared their own experiences of raising homosexual children and mentioned that it is difficult to be open and relay these messages freely within the church, as they fear rejection by the church for raising issues that are still considered taboo. Participants recommended that SACC follow up with a training on SOGI for those who participated in the dialogues and host a series of activities to be implemented and coordinated by and for church leaders to respond to hate crimes against lesbians.

"My grand child is a boy, but his movement is lady-like and his cousins indicated that he is gay... I told them, we do not have such in [this] family... I was very scared to talk to anybody about this issue in the church fearing their reaction". Participant, Johannesburg, South Africa

"We were able to bring people from churches and outside LGBTI organisations under one roof to dialogue and to come up with strategies of addressing homophobia." Religious leader, South Africa

The dialogue in Malawi was hosted in Mponela village on 14 March. A village chief, trained by SAfAIDS as one of their champions facilitated the

dialogue, which commenced with a presentation on the National SRH policy and a discussion on the understanding of the participants of access to sexual and reproductive health and links to the realization of human rights. Participants identified groups of people who often face stigma and discrimination in their communities, including LGBTI people. Although several participants were unhappy about being called to a meeting to discuss issues affecting LGBTI people, the chief explained that, whether individuals feel uncomfortable discussing the rights of LGBTI persons or not, the reality is that they do exist and are marginalised and rendered invisible because they fear rejection from the public and the communities in which they live.

The community dialogue in Zambia was hosted on 21 and 22 March. The participants understood sexual and reproductive health rights as meaning that individuals should be able to enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy and that they are able to regulate their fertility without adverse or dangerous consequences. They discussed the harmful impact of negative stereotypes against certain groups of people and how this fuels stigma, discrimination and homophobia. It was clear that in this context, societal attitudes and traditional structures support and fuel discrimination, subordination and marginalisation of women and minority groups. Traditional and religious leaders were silent on their role in addressing stereotyping, stigma, discrimination and homophobia as a result of the restrictive laws that criminalise unnatural offences. This dialogue illustrated that community engagement on the rights of all citizens and the role of leaders in addressing violence and violations against LGBTI needs to be further explored.

The dialogue in Zimbabwe was held in Mhondoro village on 21 March and was facilitated by Councillor Rangwani, who also heads the Simbarashe Network of People Living with HIV. He initiated the discussion by explaining how sexual networks work and how they can include people who engage in same sex sex. Some participants expressed that they felt uncomfortable discussing same sex relationships out of fear of being arrested. In response to this Councillor Rangwani explained that, although political leaders may have their agendas, they had a responsibility to ensure that all those who need health care receive it regardless of their actual or perceived sexual orientation. During the course of the dialogue, it became evident that there are still myths and misconceptions about sexual orientation and gender identity as well as LGBTI individuals, which continue to fuel stigma and discrimination.

"Law is the mandate of government but our mandate is guaranteeing health." Councillor Richman Rangwani, Zimbabwe

During the commemoration of the International Day against Homophobia and Transphobia held at the Netherlands Ambassador's residence in Zimbabwe, [Councillor Richman Rangwani spoke](#) about the relevance of the community dialogues on his community.

"If we have all this information in the community where I am coming from, things will be a lot different I can tell you. SAfAIDS came to my community and they have managed to talk to 250 or more headmen and let me tell you this, they understand. The problem is that the people do not have information about this matter." Councillor Richman Rangwani, Daily News.

Following his public statements, Councillor Rangwani was arrested but released shortly thereafter. He has also faced harassment in his community and as a result has been relocated to a safe house through support provided by SAfAIDS.

The dialogues underscored that community engagement is a vital tool for addressing not only homophobia and violence targeted at transgender individuals, but also community perceptions of individuals who do not gender conform. The community dialogues were effective as the majority of participants acknowledged that violence against LGBTI people is a common concern that requires everyone's efforts to curb and committed to addressing homophobia and violence when it occurs. Given the high levels of homophobia and transphobia in communities in the region, SRHR provides a common ground and entry point to discuss sensitive issues related to the SRHR of LGBTI people. Community dialogues should be seen as a long-term transformative process which requires continuous dialogue with and engagement of community members on human rights, sexual orientation and gender identity issues. It is also critical to provide technical and financial support to progressive political, religious and traditional leaders, who are an important pillar in informing community views and perceptions on LGBTI issues. In less hostile environments such as Malawi, it is important to bring the human experience of LGBTI people to the dialogues so that they can clearly articulate their circumstances and potential solutions.

Outcome 4: Policy makers (national, regional and international) enact laws and policies, or engage in law and policy reform, that enables a human rights based response to SRHR, HIV and TB, and supports access to acceptable, accessible, affordable, quality health services

Output 4.1: Advocacy campaigns spearheaded and supported

During this period, ARASA continued to distribute the "Tuberculosis in South Africa's Gold Mines: A United Call to Action" [report](#) produced and launched in December 2013 in collaboration with RESULTS UK. ARASA focused on strengthening strategic alliances with key partners such as RESULTS UK and Aeras in an effort to explore resource mobilisation for TB in the mines advocacy as well as strengthening networks with regional and national civil society and former mine-worker associations.

ARASA provides ongoing technical support to the Southern African Miners Associations (SAMA) to draft funding proposals and link them to other strategic partners who can support their efforts. In February the Advocacy Team Leader attended the Alternative Mining Indaba in Cape Town.

The Funding for Health campaign continued to focus on increasing innovative financing

mechanisms for sustainable funding for HIV, TB and other health challenges in the region. By reaching out to national partners who have been instrumental in previous advocacy efforts in this regard, ARASA has been supporting research by the Open Societies Foundation to explore alternative avenues to collaborate with civil society to bolster the 'Funding for Health' advocacy, and to expand it beyond Global Fund replenishment in an effort to provide civil society with a set of tools and advocacy options to target their domestic 'Funding for Health' advocacy priorities. The research will map the range of innovative financing mechanisms that could be considered by governments to support health and rights and assess the risks and benefits of the different mechanisms.

National partners will assist with the research and will work with ARASA to establish a regional strategy to take this agenda forward.

As part of its regional LGBTI advocacy, ARASA responded to a request by SiSi Kwa Sisi Foundation, one of its partners in Tanzania, to support them in responding to a notice of deregistration by the Ministry of Community Development, Gender and Children on grounds that they were promoting homosexuality in Tanzania. This followed a raid at their office and removal of their registration documents from the premises. ARASA assisted SiSi Kwa Sisi to draft a letter appealing to the Ministry not to deregister the organisation in March. A response to this letter was received on 4 April, informing the organisation that they were in contravention of S154 of the Penal Code and section 31 of the NGO Act No. 24 of 2002 and that they had been deregistered. Following consultation with various stakeholders including the Ministry of Health, UN agencies and civil society, the organisation changed its name to Community Health Education Services & Advocacy (CHESA) and continues to operate with an expanded mandate to address challenges facing other key populations at higher risk of HIV in addition to LGBTI.

Technical support was also provided to partners implementing advocacy interventions in Malawi, Botswana and Uganda to support litigation efforts and raise awareness of the problematic provisions of various laws, including the Anti-Homosexuality law and the HIV law in Uganda.



In December, ARASA supported the Sexual Rights Centre (SRC) in Bulawayo, Zimbabwe as well as

the Kenya Sex Workers Alliance (KESWA) to implement activities to mark the International Day to End Violence against Sex workers on 17 December as part of its efforts to highlight legal and policy barriers to accessing treatment, care and support services for key populations. The events received significant media coverage, including interviews with sex workers following the event to discuss the impact of sex work in the lives of many Kenyan families, challenges faced by sex workers as well as the achievements of KESWA's advocacy efforts. During an opinion poll broadcast in the media members of the public noted that the government should create an environment for sex workers to conduct their business without facing any dangers given their contribution to the development of the country. Further, an opinion poll on whether sex work should be decriminalised targeting viewers during the interviews revealed that 70% of respondents supported the decriminalisation of sex work.

ARASA produced and distributed media briefs including statements on various priority advocacy issues such as criminalisation of HIV transmission and exposure, the International Day against Homophobia and Transphobia, the Ugandan Anti Homosexuality Bill and the right to freedom of expression in Zambia amongst others. The following statements were issued during this period:

- * [African civil society condemns the signing of the Uganda Anti-Homosexuality Bill into law](#). The statement was issued on 26 February and covered in radio interviews with Radio Kudu in Namibia and SABC radio from Polokwane, South Africa and was also featured in 5 online posts (including online newspapers and the websites of other organisations);
- * [AIDS and Rights Alliance for Southern Africa Commends Zambian Court for Protecting Free Speech in Zambia](#). The statement was issued on 26 February and featured in 3 online posts (including online newspapers and the websites of other organisations);
- * [ARASA awards organisations recognised for defending human rights](#). The statement was issued on 16 April and covered in radio interviews with Kosmos Radio, Namibia. The director of GALZ was interviewed on eNCA and the director of Engender Rights Centre for Justice was interviewed by CBC TV and featured in 3 online posts (including online newspapers and the websites of other organisations);
- * [AIDS and Rights Alliance for Southern Africa Calls on Governments to Protect the Right to Freedom of Expression of LGBTI](#). The statement was issued on 16 May and covered in a radio interview on Channel Africa News as well as featured in 5 online reports (including online newspapers and the websites of other organisations); and
- * [Civil Society Organisations Call on the President of the Republic of Uganda to Refuse to Sign Controversial Ugandan HIV/AIDS Prevention and Control Act, 2014](#). The letter

was issued on 23 May and featured in 7 online posts (including online newspapers and the websites of other organisations);

- * [ARASA commends the Namibian Supreme Court on its judgment in the case of women living with HIV sterilised without informed consent](#). The statement was issued on 4 November and it was used by the Namibian Sun as well as the Namibia Press Agency.
- * [ARASA commends the Gaborone High Court for protecting the rights to freedom of expression, association and assembly in Botswana](#). The statement was issued on 17 November was distributed by SAPA and reposted onto the BONELA Facebook page.

During the period under review, one thousand two hundred and two media articles referring to the work of ARASA partner organisations were recorded through the Meltwater News monitoring system. There were fifty articles referring to ARASA and/or its work.

Output 4.2: National and regional meeting convened with policy makers

Friends of Rainika organised, with financial support from ARASA, a dialogue in collaboration with SAfAIDS, Engender Rights Centre for Justice, Mens' Health Network, Trans Bantu Zambia and TALC in Zambia. The main focus of the dialogue was to raise awareness of the human rights violations experienced by LGBTI persons, to dispel myths regarding LGBTI persons and to share best practices. A joint policy paper as well as a fact sheet on human rights violations in Zambia regarding LGBTI individuals were drafted to be used as awareness raising and advocacy tools. Members of Parliament invited to the dialogues did not attend due to the impending by-elections and their fear of harming their public image by attending the meeting. Friends of Rainika will have a follow up meeting in 2015 to move the outcomes of this meeting forward, with an emphasis on identifying strategies to engage policy- and decision-makers.

On 20 November, Transgender Day of Remembrance (TDOR), ARASA supported Iranti-org and Trans and Intersex Africa to organise a dialogue at Constitutional Hill in Braamfontein, Johannesburg with the Department of Education and the Department of Social Development, as well as gender non-conforming learners from several schools to discuss transphobia faced by transgender students in educational facilities. The dialogue was attended by 150 participants, including representatives from the Department of Education. A follow-up meeting will be hosted in 2015 to follow-up on the dialogue.

Output 4.3: Representation/advocacy at strategic fora (national, regional, international)

During this period, the Director continued to serve as co-chair of the UNAIDS Human Rights Reference Group and as co-chair of the Human Rights Reference Group of the Global Fund to Fight AIDS, TB and Malaria.

ARASA also remained a member of the SADC HIV and AIDS Technical Advisory Committee and was

represented at the Technical Advisory Committee on 14 October at Victoria Falls, Zimbabwe by the Deputy Director.

The organisation also retains its observer status at the African Commission on Human and People's Rights. In June, the Advocacy Officer attended a Consultative Technical Meeting hosted by the Committee for the Protection of the Rights of People Living with HIV and Those at Risk, Vulnerable To and Affected by HIV in Africa (PLHIV Committee) of the African Commission on Human and Peoples' Rights in Pretoria, South Africa. The meeting considered challenges created by punitive legal environments and opportunities as well as best practices for a rights-based approach to the HIV response and protection of the rights of PLHIV and people at risk of HIV. A resolution, which would initiate the study was discussed with the aim of tabling it for adoption by the Commission at its 16th Extraordinary Session in July 2014 in Kigali, Rwanda. The participants also discussed the establishment of a group of experts who would conduct the study and develop related supplementary legal instruments and advocacy tools. ARASA participated in an informal group that was established during the meeting to come up with guidelines for state reporting on the Protection of the Rights of People Living with, Vulnerable to and Affected by HIV (Article 62).

In July, three ARASA staff attended the 'Beyond Blame: Challenging HIV criminalisation' pre-conference, hosted a day before the opening of the International AIDS Conference, held in Melbourne Australia to discuss ways to end the overly broad criminalisation of HIV non-disclosure, exposure and transmission.

Seven ARASA staff members attended the 20th International AIDS Conference and facilitated and participated in various sessions including hosting skills sharing workshops. Three posters on cross-sectoral collaboration for LGBTI advocacy, patient-centred approach to HIV/TB prevention, care and support and the human rights and treatment literacy training in Malawi were presented during the conference. ARASA also co-hosted the Human Rights Networking Zone with the Canadian AIDS Legal Network and the Open Society Foundations at the Global Village, covering topics such as HIV criminalization, women's rights in the AIDS response, "treatment as prevention", sex work, disability and HIV as well as drug policy.



Throughout the conference, ARASA staff supported the publishing of a daily conference newsletter, [Mujeres](#) printed by the AIDS Legal

Network.

During the conference, the Director represented ARASA at a meeting of the Conference Coordinating Committee, which is the highest governing body for the International AIDS Conference and is responsible for the theme, vision, policies, budget guidelines and overall programme of the conference, following an invitation to serve as African Community Partner of the 21st International AIDS Conference to be held in Durban in 2016.

The Advocacy Team Leader represented ARASA during the 45th Union World Conference on Lung Health, held from 28 October - 3 November in Barcelona, Spain and delivered an oral presentation on patient-centred responses to TB, which are focused on looking out for the 'care giver'. She also chaired a session entitled, "Preparing frontline health workers for community-led change". ARASA has been invited to join the Union's Ethical Advisory Board for a three year term.



ARASA staff also participated in various regional and international meetings to network, disseminate advocacy messages or share ARASA's experiences in implementing training and advocacy activities.

Reflections, challenges and lessons learned

Although change towards the achievement of ARASA's overall objective of ensuring that 'legal policy and social environment exists in southern and east Africa (18 countries) in which people living with HIV and TB and key populations most at risk access acceptable, affordable and quality SRHR, HIV and TB prevention treatment and care services', is slow, incremental and not easy to measure within the space of a few months, ARASA is proud of certain milestones achieved in 2014, which confirm that we are proceeding steadily towards contributing to this objective.

In 2014 ARASA focused its activities on progress towards the achievement of outcomes 1, 3 and 4 as provided for in its [results framework](#). At the outcome results level encouraging signs of progress are being recorded:

Outcome 1: Civil society on a national level advocates for acceptable, accessible, affordable and quality SRHR, HIV and TB care and support services for people living with HIV

and TB and key populations most at risk

During the period under review, 1 202 media articles referring to the work of ARASA partner organisations were recorded through the Meltwater News monitoring system compared to 118 articles in 2013. This marks a significant increase in the profile of the advocacy work of partners at the national level to which ARASA has contributed through both technical and financial support provided to partners to engage in capacity building and advocacy activities.

There is also evidence that the capacity strengthening provided by ARASA through the Training of Trainers (ToT) Programme is resulting in the acquisition, dissemination and sharing of new skills and knowledge by ARASA partners across the region. The findings of an impact assessment of the ToT Programme, conducted during the 2014 APF in April, showed that ARASA partners find the ToT programme useful and have used the acquired skills to implement HIV, TB and human rights capacity strengthening and advocacy interventions at the national level. The survey also found that after participating in the ToT, the majority of participating partners were “most likely” to change their positions on ‘controversial’ issues such as criminalisation of wilful transmission.

There has also been a steady increase in the number of participants who successfully complete the ToT Programme from 21 in 2012 to 28 in 2013 to 33 in 2014. This can be attributed to the fact that the Training Team has strengthened their efforts to ensure that the trainees receive the necessary support to complete their assignments through guidance on where to find the resources and information required to complete assignments and linking trainees to the relevant institutions and NGOs at the national level. The aim of these assignments is to create a platform for the trainees to cascade learning to their colleagues and communities by sharing the basic concepts of human rights, HIV, SRHR, TB and advocacy, building relationships with other ARASA partners and human rights institutions as well as to provide the trainees with an opportunity to practise their facilitation skills.

Baseline evaluations completed prior to each ToT Programme module and evaluations completed after each module show a marked increase in the participants’ comprehension and ability to articulate key HIV, TB and human rights concepts as well as to design and implement advocacy interventions. For example, prior to participating in the first module 67% of participants rated their skills and knowledge between 2 and 3 (on a scale from 1 to 5, with 1 being lowest and 5 highest). After the module, the rating improved significantly with 93% of participants rating their skills between 4 and 5. Prior to the second module 64% of participants rated their skills between 2 and 3, which improved to 87% stating that their skills on the subjects covered were between 4 and 5 at the end of the module.

The increase in comprehension and ability to articulate key HIV, TB and human rights concepts as well as design and implement advocacy interventions is also evident from the high level of quality of the human rights assignments

submitted by trainees as a pre-requisite for successful completion of the ToT programme as well as from the increase in applications for small grants (from 8 in 2013 to 15 in 2014) and the quality of the work implemented with support of the small grants programme. For example, as documented in Annexure B: List of Small Grants Recipients and Progress Updates, UGANET trained 20 inmates (10 women and 10 men) on basic legal and human rights issues including how to identify cases of rights violations which may need a lawyer’s immediate attention. These paralegals supported the provision of legal aid to 15 prisoners in the central region during this period. As a result of this work, Bashir, a primary care-giver for his mother who is living with HIV was granted bail after a warrant to produce him in court was secured by UGANET. Florence, a female inmate living with HIV was also able to access medical care and was switched to an appropriate antiretroviral regimen after the case was brought to UGANET’s attention. UGANET has also reported using the skills and information gained during the ToT to appeal the judgement in the case of Rosemary Namubiru, a nurse living with who had a workplace accident in which a toddler was exposed to HIV. In November, the [High Court in Kampala reduced Rosemary Namubiru’s three-year prison sentence](#) to time served and allowed her to go free. Further, UGANET has been able to use the impact of the small grant to leverage additional funding from the Open Society Initiative of East Africa (OSIEA) to continue this project in 2015.

In Malawi the Umunthu Foundation’s work in prisons funded by a small grant last year will now continue for 3 years in terms of a memorandum of understanding signed with the Malawi Prison services.

Outcome 3: Potential influencers engage in legal, policy and social change that promotes access to acceptable, affordable, quality health services particularly for people living with HIV and TB and key populations at higher risk

Advocacy and litigation efforts supported by ARASA both technically and financially have contributed to advances in the protection of human rights throughout the region in national responses to HIV and TB. Developments in the legal environment over the past year have provided cause for optimism and highlighted that persistent capacity strengthening and advocacy on human rights in the context of HIV and TB can contribute to a Southern and East Africa in which all people are able to access and enjoy their fundamental human right to health.

In February, the Lusaka Magistrate’s Court upheld the right to freedom of expression in Zambia after the court found that the government had failed to prove its case of soliciting for immoral purposes against Zambian human rights and HIV activist, Paul Kasonkomona, director of ARASA partner, Engender Rights Centre for Justice. Kasonkomona was charged after arguing on a television programme that the national response to HIV will only be effective if the human rights of all people, including the rights of LGBTI are respected, protected and upheld. The State has appealed Kasonkomona’s acquittal and the matter is currently before the Zambian High Court.

Also in February, the Harare Magistrate's Court found in favour of the GALZ Chairperson, Martha Tholanah, who was charged with running an "unregistered" organisation. Charges had been brought against Tholanah in August 2012 after police raided and conducted a search at the GALZ offices in Harare. The prosecutors claimed that Tholanah unlawfully took part in the management of GALZ by gathering the organisation's members and engaged in gay and lesbian activities in contravention of the PVO Act. The court held that GALZ is not obliged to register under the PVO Act and therefore the State could not prosecute the organisation as the High Court order exempting it from registering is still binding.

In August, the Constitutional Court of Uganda nullified the Anti-Homosexuality Act in a move that was hailed as a major victory by LGBTI people and human rights activists. The court held that there was no quorum for the vote and that the Speaker of Parliament acted illegally by not accepting objections to the Act. The discriminatory law, passed in February 2014, provided for a life sentence for people who are guilty of "the act of homosexuality" and "aggravated homosexuality", where living with HIV was an aggravating factor. In addition, organizations that "promote homosexuality" could have had their registration revoked and their directors imprisoned for up to 7 years.

On 22 August 2014, the Botswana High Court ordered the government to provide anti-retroviral (ARV) treatment to foreign prisoners living with HIV at the state's expense. The court held that the denial of ARV treatment to foreign prisoners violated their constitutional rights. The court further affirmed that providing ARV treatment to all prisoners who need it is critical to effectively addressing HIV. As a basis for its decision, the court highlighted the importance of ensuring that all prisoners have access to ARV treatment, not only for their own health, but also to protect other prisoners from acquiring HIV and other opportunistic infections, such as tuberculosis.

In November, the Namibian Supreme Court affirmed the decision made by the High Court in July 2012 that three women living with HIV were sterilised without informed consent in public hospitals. Since 2009, ARASA has partnered with the Namibia Women's Health Network (NWHN), the Legal Assistance Centre and other civil society organisations in Namibia to promote the, 'Non-negotiable: My Body. My Womb. My Rights' campaign, targeted at ending the sterilisation of women living with HIV without informed consent in Namibia.

Also in November, the Botswana High Court protected the rights to freedom of expression, association and assembly in Botswana after the court found that LGBTI persons in Botswana have the right to register their own organisations in a precedent setting ruling. The judge stated that it is not a crime to be homosexual or to advocate for legal reforms, explaining that refusal to register LEGABIBO, an ARASA partner, violated the rights of LGBTI people to freedom of expression, freedom of association and freedom of assembly as enshrined under Sections 3, 12 and 13 of the Constitution of Botswana.

Outcome 4: Policy makers enact laws and policies, or engage in law and policy reform, that enables a human rights based response to SRHR, HIV and TB and supports access to acceptable, accessible, affordable, quality health services

Developments in law and policy reform have also been contributed to by capacity strengthening and advocacy undertaken or supported by ARASA.

In May 2014, the African Commission of Human and People's Rights adopted a landmark resolution, '[Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity](#)' at the 55th Ordinary Session held in Luanda, Angola.. The resolution calls for the protection of human rights regardless of actual or perceived sexual orientation or gender identity and rejects discrimination based on any ground.

At the national level, 2014 also saw the amendment of the Mozambican Penal Code of 1954, in terms of which "those who habitually engage in vices against nature", who could be imprisoned for up to three years. This outdated penal code was always regarded as vague because there was no explicit mention of homosexuality or sodomy and no indication as to the meaning of 'engaging in vices against nature'. In 2014, the Mozambique government finally amended the Penal Code to remove this clause.

Annexure A: List of ARASA partners per country as at 31 December 2014

Angola

1. Associacao de Reintegracao dos Jovens / Crianças na Vida Social (SCARJOV)

Botswana

2. Botswana Network on Ethics, Law and HIV/AIDS (BONELA)
3. Lesbians, Gays and Bisexuals of Botswana (LEGABIBO)
4. Rainbow Identity Association (RIA)
5. Men for Health and Gender Justice Organisation
6. Pilot Mthambo Centre for Men's Health

Comoros

7. Action Sida

Democratic Republic of the Congo

8. Protection Enfants Sida (PES)
9. Rigiac Sida Sannam

Kenya

10. Kenya Ethical and Legal Issues Network (KELIN)
11. Lwala Community Alliance

Lesotho

12. Adventist Development and Relief Agency (ADRA)
13. Development for Peace Education (DPE)
14. Lesotho Network of PLWA (LENEPWHA)
15. Phelisanang Bophelong

Madagascar

16. Sambatra Izay Salama (SISAL)
17. Youth First

Malawi

18. Centre for Development of People (CEDEP)
19. Centre for Human Rights and Rehabilitation (CHRR)
20. Coalition of Women Living with HIV/ AIDS (COWLHA)
21. Grassroots Movement for Health and Development (GMHD)
22. Ladder for Rural Development
23. Passion for Women and Children
24. Research for Equity and Community Health Trust (REACH Trust)
25. Youth and Children Rights Shield (YOCRIS)
26. Malawi Network of Religious Leaders living with or personally affected by HIV/AIDS (MANERELA+)
27. Centre for Girls and Interaction, (CEGI)

Mauritius

28. Dr. Idrice Goomany Centre
29. Prévention Information Lutte contre le SIDA (PILS)

Mozambique

30. Associacao KINDLIMUKA
31. Associacao Mulher, Lei e Desenvolvimento (MULEIDE)

32. Association for Help and Development (PFUNANI)
33. Mozambican Network of Religious Leaders Living with HIV and AIDS (MONERELA+)
34. Mozambican Treatment Access Movement (MATRAM)

Namibia

35. AIDS Law Unit of the Legal Assistance Centre
36. Rights Not Rescue Trust (RNRT)
37. Tonata PLWHA Network
38. Voice of Hope Trust

Seychelles

39. HIV/AIDS Support Organisation of Seychelles (HASO)

South Africa

40. African AIDS Vaccine Programme
41. AIDS and Human Rights Research Unit, Centre for the Study of Human Rights, University of Pretoria
42. AIDS Legal Network
43. Community Health Media Trust (CMT)
44. Human Rights Development Initiative (HRDI)
45. Section 27
46. Treatment Action Campaign (TAC)
47. Unit for behavioural studies on HIV and Health (UNISA)
48. Transgender and Intersex Africa
49. IRANTI-Org

Swaziland

50. Population Services International (PSI)
51. Swaziland Positive Living (SWAPOL)
52. Women and Law in Southern Africa Research Trust (WLSA)

Tanzania

53. Children Dignity Forum (CDF)
54. Children Education Society (CHESO)
55. Community Participation Development Association Tanzania (COPADEA-TZ)
56. Network of Young People living with HIV and AIDS (NYP+)
57. LGBT Voice Tanzania
58. Southern Africa Human Rights NGO Network (SAHRINGON) – Tanzania Chapter
59. Tanzania Network of Women living with HIV (TNW+)
60. Tanzania Sisi Kwa Sisi Foundation (TSSF)
61. Centre for Widows and Children Assistance (CWCA)

Uganda

62. Center for Health, Human Rights and Development (CEHURD)
63. Uganda Network on Law, Ethics and HIV/AIDS (UGANET)

Zambia

64. Copperbelt Health Education Program (CHEP)
65. Engender Rights Centre for Justice (ERCJ)
66. Friends of RAINKA
67. Generation Alive (GAL)
68. Prisons Care and Counselling Association (PRISCCA)
69. Treatment Advocacy and Literacy Campaign (TALC)
70. Trans Bantu Association of Zambia
71. Youth Vision Zambia
72. Zambia Association for the Prevention of HIV and Tuberculosis (ZAPHIT)
73. Zambia Network of Religious Leaders Living with HIV and AIDS (ZANERELA+)

Zimbabwe

74. Gays and Lesbians of Zimbabwe (GALZ)
75. Network of Zimbabwean Positive Women (NZPW+)
76. Women and Law in Southern Africa Research Trust WLSA
77. Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender (ZACRO)
78. Zimbabwe Lawyers for Human Rights (ZLHR)
79. Zimbabwe National Network of People living with HIV (ZNNP+)

Regional

80. Southern Africa Development Community Parliamentary Forum HIV/AIDS Programme (SADC PF)
81. Southern Africa HIV & AIDS Information Dissemination Services (SAFAIDS)
82. Network of African People living with HIV, Southern Africa (NAPSAR+)

Annexure B: List of Small Grants and Results achieved

Organisation	Country	Project title	Results
Uganda Network on Law, Ethics and HIV/AIDS (UGANET)	Uganda	"Addressing human rights, HIV and TB issues of prisoners in Uganda"	<p>A needs assessment on human rights and access to justice for prisoners living with HIV and TB in Uganda was conducted using quantitative and qualitative approaches. The findings of the needs assessment were collated in an issue paper titled "The Health Situation in Kampala Extra: HIV/AIDS & TB, Human Rights and Access to Justice" and used during a dialogue with 15 prison staff and policy makers on the HIV, TB and human rights situation of prisoners.</p> <p>Ten lawyers employed as UGANET staff members were trained on HIV, TB and human rights in prisons to cascade knowledge of these issues to other UGANET staff to ensure that they have the appropriate information to engage with prison officials and inmates. The training also included criteria for identifying inmates in the two prisons for training. Subsequently, twenty inmates (ten women and ten men) were trained as paralegals on basic legal and human rights issues including how to identify cases of rights violations, which may need a lawyer's immediate attention. The female inmates agreed to meet once a week to explore ways to assist new inmates living with HIV and/or TB as well as those needing assistance to access to justice and health care. The male inmates agreed to submit a monthly report on access to justice and health rights to UGANET through their leader. The paralegals also formed a post-test club to continue networking and supporting one another.</p> <p>Three sensitisation sessions (two in the women's prison and 1 in men's prison) were conducted with over 250 inmates. Challenges related to access to justice and health rights were discussed. The prisoners noted that the main challenges they faced were that appeals were not being lodged due to expensive court fees, lack of nutrition and hard labour for inmates living with HIV and inmates with mental disabilities remained on remand for a long time awaiting the Minister's Order, which was rarely given. It was resolved that UGANET would convene dialogues with key prison officials, officials in the Ministry of Justice and Constitutional Affairs and Uganda Prisons Service Staff. Subsequently, two dialogues were conducted and 4 one-on-one meetings hosted with 40 key prisons staff including the Prisons Legal Officer, Officers in Charge and the Deputy Officers in Charge of Murchison Bay and Luzira Women's Prison to discuss the concerns shared by the prisoners.</p> <p>The project also facilitated the provision of legal aid to prisoners in the central region as 15 clients were attended to during this period. Subsequently, UGANET has undertaken to file 100 notices of appeal as the majority appeals requested had not been filed. The efforts to provide legal aid to the prisoners has already yielded results as illustrated by the following cases:</p> <ul style="list-style-type: none"> * Florence, a HIV positive female inmate was switched onto a different ART regimen when she was arrested, but suffered severe side effects. When UGANET learned of the case, prison officials and doctors were not attending to the situation. Following pressure from UGANET, Florence was taken Mulago referral hospital for treatment. * Nanyonga, a single mother of three children living with HIV, was sentenced to 20 months in prison for obtaining money by false pretence. When UGANET met her in Luzira prison, she was very worried about her health and children and wanted to appeal against the sentence and the conviction although she did not know how to do this. UGANET successfully connected her to her children and relatives and met with the prison officers about her health. Subsequently, she was allowed to see a doctor and UGANET wrote to the magistrate who convicted her to have her judgment typed. UGANET has received the judgment and we lodged her appeal in the High court of Uganda. The hearing is set to commence soon. * Bashir was charged with common nuisance c/s 160 of the penal code and tortured by police. He also did not know when he will be appearing in court and was very concerned about this as he was a primary care taker of his mother who was living with HIV. Through UGANET's intervention a warrant to produce him in court was secured and he was granted bail on 17 November. <p>UGANET also used the skills and information gained during the ToT to appeal the judgement in the case of Rosemary Namubiru, a nurse living with who had a workplace accident in which a toddler was exposed to HIV. In November, the High Court in Kampala reduced Rosemary Namubiru's three-year prison sentence to time served and allowed her to go free.</p> <p>UGANET has secured funding from the Open Society Initiative of East Africa (OSIEA) to continue their work in prisons in 2015.</p>

Centre for Health, Uganda Human Rights and Development (CEHURD)	"Human rights advocacy to reduce stigma against persons living with HIV and TB"	<p>The project successfully increased demand for and uptake of HIV, TB and SRHR services in the Bulikwe district by hosting 2 HIV, TB and human rights awareness sessions, which increased the awareness of communities and health care workers on barriers to access to HIV and TB services. This initiative also strengthened linkages between the community and local health service providers and afforded the community an opportunity to provide feedback on the services they receive. Community-based drama groups and radio stations enhanced the dissemination of message on HIV, TB and human rights. Further, 2,000 community members were reached with information on various services provided at local health centres during two health camps hosted in collaboration with networks of PLHIV. The camps also provided screening for various diseases, treatment of minor ailments, counselling and referral to health care centres. The involvement of PLHIV and testimonials of living with HIV helped reduce HIV-related stigma and attracted new members to the networks. The project received support and buy-in from key stakeholders such as community-based organisations, the District Community Development Officer, the District Health officer, the District HIV Focal Person and the District Health Educator, which contributed to its success. Following the awareness sessions, a Member of Parliament Hon. Dora Mpiima, spoke on two community radio stations to encourage participation in the health camps and encourage community members to seek health care, donate blood and test for HIV.</p> <p>Various radio stations and community mobilisation tools such as announcements through megaphones were utilised to promote the health talks and disseminate information aimed at encouraging community members to seek healthcare services.</p> <p>See for information on the project:</p> <ul style="list-style-type: none"> * https://www.flickr.com/photos/125285819@N05/sets/72157646502325647/ * https://www.youtube.com/watch?v=PcWxZydhTQo&feature=youtu.be * http://www.cehurd.org/2014/08/the-cehurd-bulikwe-health-camp-10-point-observation/ * https://www.facebook.com/cehurdugand/a/posts/685000811584300 * https://www.youtube.com/watch?v=EtPGsE_7qnY&feature=youtu.be
Network for Young People Living with HIV/AIDS (NYP+)	"Strengthening access to Sexual Reproductive Health and Comprehensive HIV knowledge among young people"	<p>In an effort to increase the uptake of HIV counselling and testing services as well as adherence to antiretroviral treatment by young people living with HIV NYP+ implemented activities to strengthen SRHR education and access to information for in and out of school youth in Mufindi District in Tanzania.</p> <p>NYP+ hosted a three-day training on SRHR for twenty five out of school youth (seventeen female and eight male) as well as a three day training on SRH and HIV for twenty six teachers and representatives of NGOs. Subsequently, health talks aimed at identifying gaps and raising awareness on SRHR and HIV issues for young people were conducted for young people in three secondary schools, reaching one hundred and sixty students (one hundred and nine female and fifty one male). Sensitisation meetings were also conducted with one thousand four hundred and one adults and out of school youth (seven hundred and sixty four female and six hundred and forty six males).</p> <p>T-shirts and fliers with SRHR and lifeskills messages were distributed to young people during the abovementioned activities.</p>
Kenya Legal and Ethical Issues Network on HIV/AIDS (KELIN)	"Capacity building on HIV, human rights and the law for sex workers in Kisumu County"	<p>KELIN trained 25 sex workers on HIV, human rights and the law, with a focus on Article 43 of the Constitution, which guarantees the highest attainable standard of health and Article 27, which guarantees freedom from discrimination. The participants were also trained on documenting human rights violations, seeking redress and conducting successful advocacy campaigns to ensure the promotion, respect and protection of the rights of key populations. A key outcome of the training has been a strengthening in the supportive relationship between law enforcement officials and sex workers in Kisumu County. While sex workers are able to provide information related to various crimes, the police protect sex workers from violence and harassment perpetrated by their clients.</p>

Rachel Malowe, a sex worker in Kisumu County shared how the training has impacted her life: "Sometime in October 2014 I got a client who was a police officer. We negotiated, agreed and went to his house. After I provided him with the services, he declined to pay me. When I demanded the payment he urinated into a container and forced me to drink his urine. I did not want to but he assaulted me and I had to drink his urine. He then chased me away. After about two weeks I met Salima Atieno who was one of the beneficiaries of the APASA-supported project. She informed me of my rights and encouraged me to report the incident to the police. The officer was from Nyamasaria Police station and I was afraid to report the case at that station, so I called Chief Inspector Wilson Edung who is a champion for the rights of sex workers and informed him of my predicament. Chief Inspector Edung reported my case to the regional commander. I have since been informed that the police officer has been sacked."

Compared to other counties in the country, sex workers in Kisumu are able to report rights violations to law enforcement and have police act on this. Further, sex workers in other counties have been arrested for carrying condoms, however, in Kisumu County the police have started to assist in the distribution of condoms and provide security for sex workers participating in the 'Moonlight HIV Testing and Counselling' programme. A KELIN trained pro bono lawyer and a male and female sex worker participated in a talk show on radio Lolwe, which reached approximately one thousand people. At school. The goal of the project was to leverage community assets to empower out-of-school girls to be their own agents of safety, well-being and success.

Lwala Health Centre Community Kenya "Salama Pamoja (Safety Together)"

Lwala Community Alliance (LCA) successfully retained and trained 5 mentors from the community, held mentoring sessions, community advocacy forums, a sporting forum and workshops. They also promoted re-enrolment in school and linked the mentees to relevant vocational programs of their choice provided by LCA.

With the support of APASA, the Salama Pamoja programme reached over 141 girls from 5 sites (Sumba, Minyenya, Kuna, Kadianga and Lwala villages) during 16 mentoring sessions, surpassing the initial target within North Kamagambo. Eighty six of the girls attended 85% of the mentoring sessions. There are reports of the young women sharing the knowledge gained with their entire households, including their husbands, children and extended families. Fifty four girls reported accessing some method of family planning as a result of the knowledge gained. Further, the project contributed to changing the attitude of the chief of the area toward young women. After some initial challenges, the chief has now become a strong proponent of the girl child and even the work that LCA is doing as he shared this with village chiefs, elders, and other community leaders at various community events.

The 15 girls who were trained as advocate leaders through a 3-day training conducted two community awareness raising sessions for out of school girls who have experienced violence and referring them to LCA to refer them to service providers who can address their needs.

Two hundred and ninety five community members and leaders including the area chief, his assistants, village elders, church leaders, officials from the Ministries of Health, Education, Gender, Social Services and Children's Rights as well as local organisations working with youth were reached through two community advocacy forums

Two graduation ceremonies were hosted for the girls mentored through the Salama Pamoja project. The Salama Pamoja team worked with to identify whether they wanted to re-enrol in school or choose an income generating activities they would like to learn about. Following a one-day workshop attended by 80 of the graduates, with the aim of reinforcing their decisions in regards to selecting vocational training at the Lwala Community Alliance or re-enrolment in school. The workshop also provided information to the girls who chose to re-enrol on how to succeed in school, especially for the girls who are also mothers. Subsequently, one girl returned to school in 2014 and nine others intended to re-enrol in 2015.

As a result of the success of activities implemented with support from this grant, LCA has attracted funding from two new donors for the 2015-2016 financial year to continue supporting the Salama Pamoja program for out-of-school girls.

Umunthu Foundation	Malawi	<p>"Promoting fundamental human rights of the marginalised and vulnerable groups of persons incarcerated in prisons"</p> <p>This project sought to:</p> <ul style="list-style-type: none"> * promote prisoners' rights to access health care, treatment and support; * promote treatment adherence amongst prisoners living with HIV and TB; and * strengthen primary justice service providers' knowledge and skills on prisoners' human rights. <p>A needs assessment conducted in the inception phase found that HIV services including counselling and testing are not adequately provided in prisons and as a result most prisoners do not know their HIV and TB status. In addition, the District Health Officials do not have adequate commodities and resources to provide health services in prisons resulting in inconsistent access to HIV, STI and TB testing and screening for the prisoners. Prisoners living with HIV suffer from malnutrition, which renders their antiretroviral therapy drugs less effective.</p> <p>During the course of the project free paralegal services were provided to prisoners and several cases were as a result referred for judicial review of conviction and sentencing. In addition, twenty two prison officers, Regional HIV/AIDS Coordinators from the Malawi Prison Service, police officers, and health care workers from the District Health Office and paralegal officers from partner organisations were trained on HIV, TB and human rights. HIV counselling and testing services were provided for four hundred and sixty one inmates and as a result eighteen inmates who would not otherwise have known their status were referred for antiretroviral therapy.</p> <p>The grant enabled Umunthu to expand its work in prisons and as a result it is now a member of the network of organisations working in prisons in</p>
Pleaders of Children and Elderly People at Risk (PEPAR)	DRC	<p>"Capacity building of local human rights organisation leaders on human rights and HIV and AIDS"</p> <p>The project goal was to strengthen the capacity of leaders of human rights organisations in war-affected North and South Kivu provinces, where people experience on-going human rights violations and are at higher risk of HIV, to advocate and lobby for the protection of human rights and to disseminate HIV prevention messages to people living with and affected by HIV.</p> <p>Two HIV, human rights and advocacy trainings (basic and advanced) were conducted in May for thirty six representatives from various communities as well as leaders of HIV and human rights NGOs from the two regions.</p> <p>As a result of the training participants were able to:</p> <ul style="list-style-type: none"> * better understand of the link between HIV / AIDS and Human Rights; * identify laws and policies that should be in place to ensure a more effective response to HIV and AIDS in the DRC; and * more effectively advocate for the protection of human rights in the context of the HIV response. <p>Participants at the training established the Congolese Civil Society Network on HIV and Human Rights to address the high rates of gender based violence in the form of the use of rape as a weapon of war, high levels of stigma and discrimination faced by people living with HIV, the survivors of gender based violence and albinos and issues of poor governance.</p> <p>Challenges faced in the execution of this project included harassment by agents of the Congolese State. Members of the Directorate General of Customs and Excise insisted, illegally, on the payment of import taxes on the training materials and members of the National Intelligence Agency disrupted the training and insisted on knowing why they had not been invited.</p> <p>Demand for participation in the training by civil society organisations far outweighed the number of participants able to be accommodated and there was a call from civil society in North and South Kivu to continue with trainings of this nature to strengthen the capacity of civil society leaders and organisations in the field of human rights and HIV.</p>

Prevention Information Lutte Contre le SIDA (PILS)	Mauritius	“Training in advocacy, human rights and focus group discussions for Key Affected Populations and partner NGOs”	<p>The project aimed to strengthen the capacity of key populations at higher risk of HIV to know their human rights and increase their involvement in the design and implementation of projects by PILS and its partners NGOs as well as to increase the capacity of partner NGOs to advocate effectively in coalitions as well as on issues affecting their specific constituency.</p> <p>Five consultative meetings were held with one hundred and one members of various key populations groups including fourteen men who have sex with men; twenty people living with HIV; twenty five people who inject drugs; twenty sex workers and sixteen transgender people. At the end of each meeting a representative of the group was elected to present their issues and recommendations at the national stakeholders meeting convened at the end of June to feed into the country dialogue process for the country’s Global Fund application. The grant has enabled PILS to ensure that there was comprehensive consultation with key populations for the country dialogue process as no resources were available for this through the Country Coordinating Mechanism (CCM). “So far, this has been the most inclusive process that has happened in Mauritius for a national program and it would have not been possible without this grant as there was no budget available under the CCM.”</p> <p>A 4-day training for Key Affected Populations (KAP) on human rights and advocacy was held to strengthen the capacity of KAP to actively participate in national response. This platform also gave participants an opportunity to network and share experiences as well as challenges in doing advocacy work and to plan for more co-ordinated advocacy.</p>
Engender Rights Centre for Justice (EGRCJ)	Zambia	“Stopping the War on Human Rights Violations of Sex Workers”	<p>The project aims to create an enabling legal and social environment where sex workers rights are protected by ensuring that police officers in Lusaka respect sex workers rights and the sex worker movement is strengthened through conducting :</p> <ul style="list-style-type: none"> * legal and human rights literacy sessions as well as consultative and knowledge sharing meetings with sex workers and their clients in Lusaka; * organizational development training with board members, staff and members of EGRCJ; and * policy dialogues with the Zambia Human Rights Commission and the Police Service. <p>The grant was awarded in April as part of the ARASA HIV, TB and Human Rights Award presented to EGRCJ. Implementation of the project was delayed however as the organisation did not yet have its own bank account and attempts to disburse the grant through a fiscal agent did not succeed as a result of the management fee proposed by the fiscal agent being too high. The situation was resolved through the organisation opening its own bank account and the first tranche of the grant was transferred in December 2014. Activities will thus commence at the beginning of 2015 and will be reported on in the 2015 Annual Report.</p>
Gay and Lesbians of Zimbabwe	Zimbabwe	“Inclusion is the Agenda”	<p>This project reached its mid-way point on 31 December and will conclude in July 2015, however, several achievements have already been recorded.</p> <p>Through this project, GALZ established a task force of 8 representatives of PLHIV, faith-based organisations, youth groups and GALZ, tasked with contributing to the Global Fund and PEPFAR resource allocation processes in Zimbabwe. Following their consultations, the task force submitted a report with recommendations on the inclusion of key populations, CSO participation in funding processes and investing in high impact HIV-related interventions to the head of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) team in Zimbabwe and the Global Fund Country Coordinating Mechanism (CCM) HIV Sub-committee chairperson. The head of the PEPFAR team and the chairperson of the CCM HIV subcommittee were also invited to a SOGI and health financing dialogue, which was attended by 26 participants from civil society and media houses. The dialogue discussed development aid systems and processes in an effort to create a dialogue on how civil society can participate meaningfully in donor resource allocation processes for HIV/AIDS in Zimbabwe.</p> <p>The grant also supported the meaningful engagement of GALZ in various human rights, HIV and other mainstream spaces such as Zimbabwe Lawyers for Human Rights (ZLHR) Symposium, youth conference at the University of Pretoria and SADC gender protocol barometer review process to ensure that the experiences and challenges faced by LGBTI persons and how these are related to the broader human rights struggle in Zimbabwe are considered. Further, the grant supported the distribution of 138 copies of 2012-2013 Violations report to government offices, Parliament, Police, Zimbabwe Human Rights and Gender Commissions, bilateral partners, embassies and partner human rights organisations.</p>

In addition, GALZ documented 28 rights violations ranging from blackmail, poor service delivery, threats and police harassment of its members. These cases were cited in the training of media professionals and interaction with other non-LGBTI stakeholders. GALZ raised awareness of the needs of the LGBT community among various stakeholders such as the Zimbabwe NGO Forum, Oxfam, ZNNP+, AFSC and Simbarashe National Network of People living with HIV (Mhondoro) through door-to-door visits. The grant also supported media monitoring activities, noting that twenty four articles relating to SOGI issues were published in the local papers between June and November. The vast majority of the articles were about politicians being accused of being gay or accusing others of being gay. The findings of the media monitoring exercise were used as a basis for a media training workshop on SOGI issues, attended by 25 journalists from different media houses including News Day, Kwayedza, H-Metro, Parade, Harare News, Zimbabwe Broad-casting Corporation, The Herald, Radio France, Voice of Zimbabwe and a few freelance journalists.

A key outcome of the workshop was a commitment from the journalists to be sensitive with names when reporting on LGBTI issues because of the homophobic environment. GALZ recognised that a lot of work still needs to be done to address attitudes, not only among journalists but also in the broader community. During the remainder of the project, GALZ will monitor media coverage and writing by the journalists who attended the workshop to assess whether there has been a change in their approach to LGBTI-related stories. The need to partner with mainstream organisations to engage the media was also noted as one journalist from The Herald commented that: "If I had known that it was GALZ, I would not have come. But I am glad

