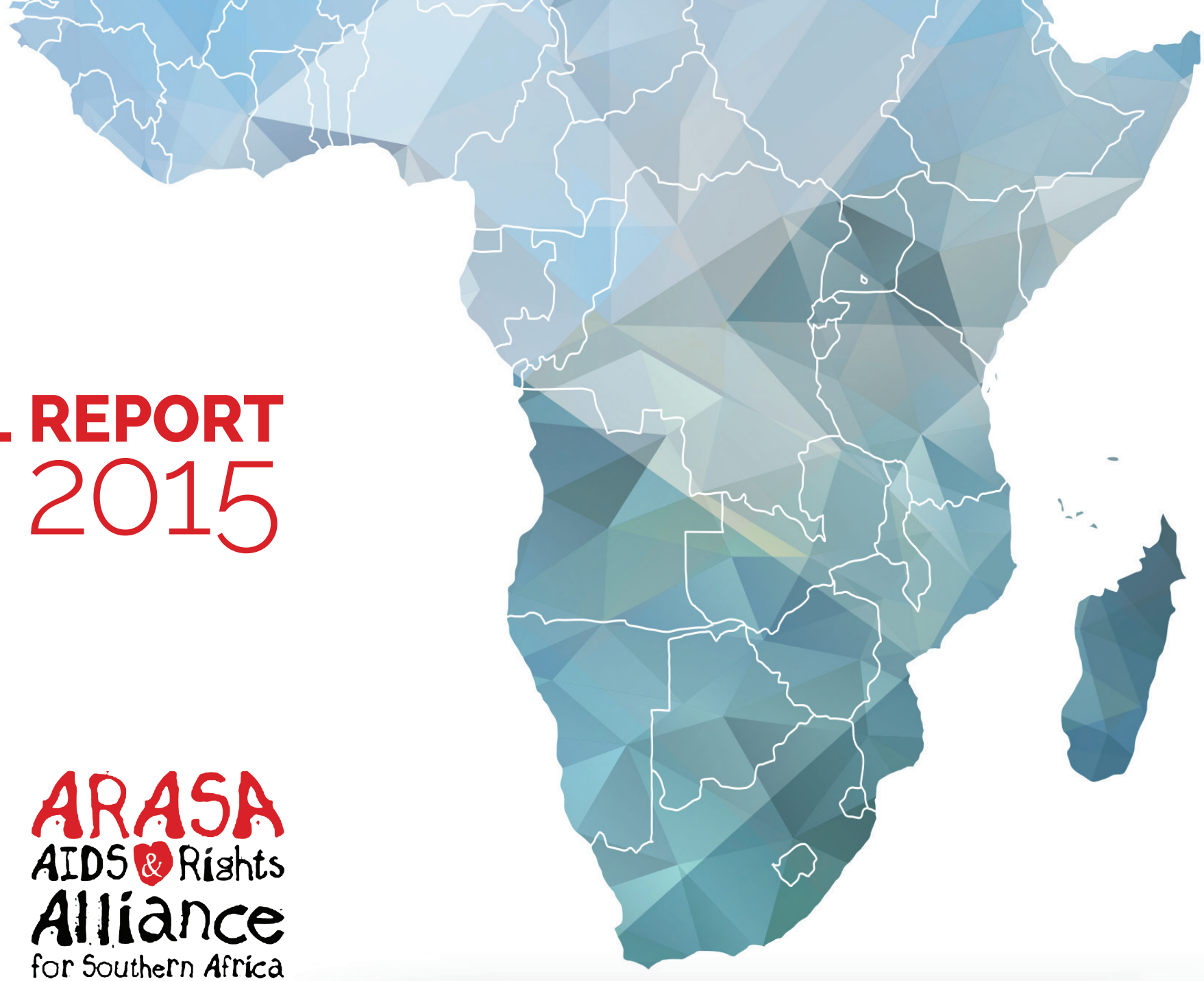
ANNUAL REPORT 2015



ARASA
AIDS & Rights Alliance for Southern Africa

www.arasa.info https://www.facebook.com/ARASA-45271732304/ _ARASAcomms

ACKNOWLEDGEMENTS

The support of the following donors for the work of ARASA and the production of this report is gratefully acknowledged:
WHO (UNAIDS) / AIDS Fonds / SIDA / HIVOS (RNE) / Robert Carr civil society Networks Fund / Levi Strauss Foundation / Tides Foundation (ITPC)

For further information about ARASA please contact:
Michaela Clayton (Director) or
Lesley Odendal (Communications Lead)
ARASA,
PO Box 97100,
Maerua, Windhoek, Namibia
Tel: 264 61 300381 Fax: 264 61 227675
Email: michaela@arasa.org.na /
communications@arasa.info
Website: www.arasa.info

VISION

A southern and east Africa in which all people are able to access and enjoy their fundamental human right to health.

MISSION

- ARASA promotes a human rights approach to HIV, TB and sexual and reproductive health rights (SRHR) in southern and east Africa, by utilising its strategic partnership of civil society organisations (CSOs) for capacity strengthening and advocacy.
- ARASA's partners bring diverse skills and perspectives from communities and areas of interest, which enables it to stay informed and elevate key human rights issues to national, regional and global level to influence policy.
- ARASA strengthens partners' capacity at country and community level, to ensure a strong understanding and development of consensus on human rights issues emerging at these levels, as well as evidence-informed community-driven advocacy.

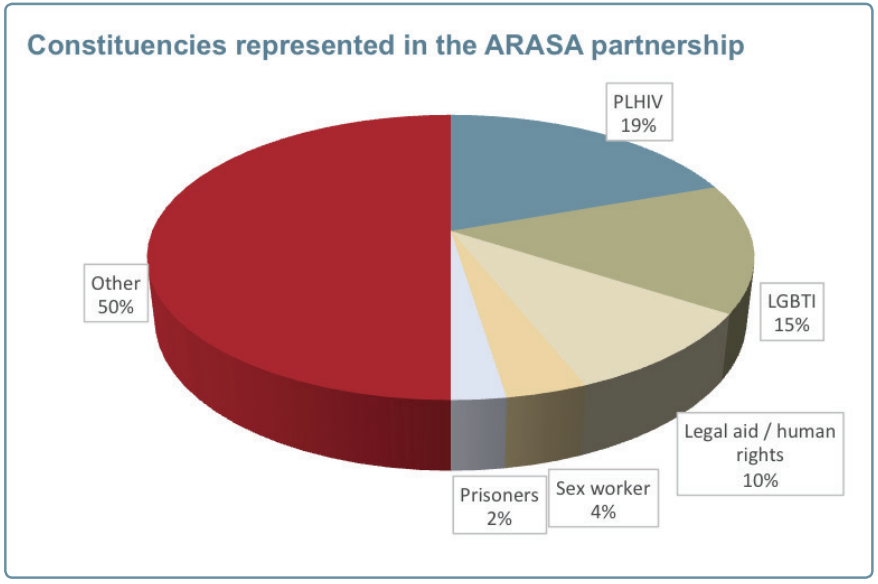
CONTENTS

OVERVIEW

The AIDS and Rights Alliance for Southern Africa (ARASA), established in 2002, is a regional partnership of 89[1] non-governmental organisations (NGOs) that work together in 18 countries: Angola, Botswana, Comoros, Democratic Republic of Congo, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Our goal is to promote a human rights approach to HIV, AIDS and tuberculosis (TB) in Southern and East Africa, through capacity building and advocacy. ARASA partners comprise a diverse mix of well-established organisations and less well-established ones from an assortment of constituencies, such as advocates, key population interest groups and people living with HIV.

Solidarity and shared responsibility for advancing social justice in the region is the basis of the partnership, 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 to address human rights responses to issues of HIV and TB in Southern and East Africa.

1 As at 31 December 2015



ARASA works to contribute to the following four outcomes:

1. Civil society (on 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;
2. (Intermediary Outcome: ARASA partner CSOs have improved capacity to advocate and strengthen capacities of other CSOs);
3. Service providers provide 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;
4. 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
5. 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 sexual and reproductive health and associated rights (SRHR), HIV and TB, and supports access to acceptable, accessible, affordable, quality health services.

GOVERNANCE

Oversight to ensure the organisation fulfils its mandate is provided by a Board of Trustees.

At the 2015 Annual Partnership Forum (APF), the partners elected an additional two board members as representatives of partners to serve on a two-year rotational basis as provided for in the amended deed of trust. This brought the trustees to a total of eight board members.

Current members of the Board of Trustees are:

1. Chair: Kaumbu Mwondela (Independent)
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)
7. Reverend McDonald Sembereka (MANERELA)
8. Kyomya Macklean (UHRN)

April saw the 2014 annual report and financial statements approved, and the Board of Trustees also signed off on the 2015 annual work-plan and budget.

HUMAN RESOURCES

The skills, experience and expertise of the staff members enables ARASA to deliver on its objectives. As at 31 December 2015, ARASA employed the following 12 full time staff members:

1. Michaela Clayton: Director, Windhoek, Namibia
2. Felicita Hikuam: Deputy Director, Windhoek, Namibia
3. Selma Kamati: Finance Manager, Windhoek, Namibia
4. Hertha Nekwaya: Finance and Administrative Officer, Windhoek, Namibia
5. Jacob Segale: Training and Capacity Strengthening Team Leader, Johannesburg, South Africa
6. Lynette Mabote: Advocacy Team Leader, Cape Town, South Africa
7. He-Jin Kim: LGBTI Programme Officer, Cape Town, South Africa
8. Maggie Amweelo: Monitoring and Evaluation (M&E) Officer, Windhoek, Namibia
9. Lisias Mashuna: Office Assistant, Windhoek, Namibia
10. Nthabiseng Mokoena: Training and Capacity Strengthening Officer, Johannesburg, South Africa
11. Mutaleni Nadimi: Communications Officer, Windhoek, Namibia
12. Nelago Amadhila: Advocacy Officer, Windhoek, Namibia

Part-time employees include Lea Stefanus (Administrative Assistant, Windhoek), Eva Garises (Office cleaner, Windhoek) and Xolelwa Patricia Yali (Office cleaner, Cape Town).

Sadly Loide Lipinge, who worked as the Office Administrator, passed away at the end of April.

Loide lipinge

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 study at the following institutions:

- Bachelor of Laws, University of Namibia
- LLM in human rights and humanitarian law, Aberystwyth University
- Masters in Business Administration, Regent Business School
- Planning, Monitoring, Evaluation and Learning course at Community Development Resource Association

FINANCIAL SUSTAINABILITY

Despite a decline internationally in donor funding for HIV and human rights work, ARASA continues to enjoy the support of donors and to maintain a relatively diverse funding base.

WHO (UNAIDS)	**N$ 218 443**
AIDS Fonds	**N$ 456 480**
SIDA	**N$ 15 266 831**
HIVOS (RNE)	**N$ 1 769 772**
Robert Carr civil society Networks Fund	**N$ 4 209 050**
Levi Strauss Foundation	**N$ 1 137 950**
Tides Foundation (ITPC)	**N$ 1 078 945**

An external audit for the 2015 financial year was completed in March 2016 by Stier Vente Associates, for which ARASA received an unqualified audit report.

In addition, ARASA was able to secure funding from the Global Fund to fight AIDS, TB and Malaria for the first time. This funding will support a three year regional programme to be implemented in ten countries in West, East and Southern Africa by ARASA, Enda Santé, the Southern African Litigation Centre, KELIN and UNDP, commencing in January 2016. This programme will seek 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.

ARASA also secured financial support from the Levi Strauss Foundation (US$100 000 over two years) and Robert Carr civil society Networks Fund (RCNF) and Global Fund (US$375 000 for 2016 for work to increase the engagement of key populations in funding platforms and processes as well as US$2 208 000 over three years) together with the International Treatment Preparedness Coalition (ITPC), in 2015.

KEY ACHIEVEMENTS PER OUTCOME

Outcome 1: On a national level, civil society advocates for quality, acceptable, accessible and affordable SRHR, HIV and TB care and support services for people living with HIV and TB, and key populations most at risk.

Through a series of capacity strengthening interventions, including a regional Training of Trainers (ToT) Programme, ad-hoc trainings in response to requests from partners, online short courses and partner exchange internships ARASA strengthened the capacity of representatives from civil society and community groups in Southern and East Africa on HIV, TB and human rights advocacy.

TRAINING OF TRAINERS PROGRAMME DELIVERED

For the first time since the inception of the ToT in 2008, two Members of Parliament and one visually impaired person participated in the ToT. ARASA's regional partner, Disability HIV and AIDS Trust (DHAT), printed the training materials in braille to ensure that the visually impaired participant was able to use the same materials as other participants. The participation of the members of Parliament and visually impaired participant enabled ARASA to diversify the profile of participating organisations and strengthen the HIV, TB and human rights advocacy capacity of organisations of people with disabilities as well as lawmakers.

The fourth module of the ToT programme concluded with a graduation ceremony and an awards evening. Six ToT participants and one ARASA staff member (Nthabiseng Mokoena) received awards, which included *Trainer of the Year*, *Trainer's Trainer of the Year* and *Facilitator of the Year.*

Through a series of assessments, ARASA found that the ToT programme contributed to improvements in the capacity of participants to advocate for access to quality sexual and reproductive health and rights (SRHR), HIV and TB services for people living with and at higher risk of HIV and TB. The participants also reported that they have the capacity to train other CSOs and community members on HIV, TB and human rights advocacy.

An assessment conducted before and after the first ToT workshop found that 91% of participants rated their skills or knowledge on the basics of HIV, TB and human rights at five (on a scale from one to five, where one is having no knowledge or skills and five is having a lot of knowledge or skills on the topic) after the training, compared to 81% of participants who rated their skills and knowledge a two before the training. 86% of participants reported that they felt prepared to train activists, support groups, communities and other stakeholders after participating in the training, while 73% of participants reported feeling well prepared to take on advocacy on HIV, TB and human rights issues on this topic.

The assessment from the treatment-literacy module showed an increase in rating of their knowledge of 78% of participants after the training (21 out of 27 responses), compared to 48% of participants at the beginning of the module (13 out of 27 responses).

Improvements in the capacity of participants to advocate for access to quality SRHR, HIV and TB care and support services for people living with and at higher risk of HIV and TB and can strengthen capacities of other CSOs was also measured through various assignments and tests throughout the year. The first assignment required that participants write a 3 000 word essay reviewing HIV-related laws, policies and programmes in their countries. The assignments scored between 65 and 89 out of 100 based on criteria, which included the use of up-to-date evidence and data to support arguments and citing references for all statistics, reports and other sources. The submissions also included a significant number of case studies and examples to illustrate the abuse of human rights of people living with HIV and key populations such as arbitrary arrests of sex workers in Uganda, Zambia and Kenya.

The second assignment required that the participants submit a report (along with sources for verification such as photographs and attendance registers) of a training conducted for colleagues in their organisation and/or community members. In response, 91% of participants (33 out of 36 participants) reported that they used the skills they gained on the basics of HIV, TB and human rights to provide training to their colleagues and/or communities. Further, participants from Uganda, Zambia, Mauritius, Malawi and Namibia reported that they trained other organisations working in their communities.

The success of the ToT was also evident in that 50% of the participants submitted good quality small grant applications (14 applications in total, of which two were joint applications). The applications exhibited the knowledge in key human rights issues and M&E that they learned from the ToT, and the improved skills in being able to implement grants by using the training and advocacy skills gained from the ToT.

Comments from respondents since participating in the ToT:

"My work is more efficient and effective. I am challenging myself more in my career development and I am also better equipped to train others and facilitate sessions. My programming, training and facilitation skills have grown a lot."

"ARASA inspired our thought processes. We have a different approach to sex workers, LGBTI and drug consumers. Previously we would stigmatise these key populations; now, despite our tradition and religion, ToT has taught us to love them, and approach them and respect people's choice in sexual orientation. These groups deserve the basic human rights of respect, dignity and worth."

"I have been totally transformed since participating in the ToT. I am a community leader who now is able to work as a human rights advocate, in particular, for the marginalised and key populations. Mainstream of GBV, HIV, TB and SRH programmes for the organisation now include basic essential information that promote engagement, participation and involvement of key populations, since they have, for a very long time suffered prejudice from the community."

ARASA facilitated several ad-hoc trainings for people living with HIV and key populations at higher risk of HIV in response to requests from partner organisations such as the Global Network of People living with HIV and AIDS (GNP+), Swaziland Network of People living with HIV (SWANEPHA), Women's Solidarity Namibia, Namibia Women's Health Network and Tirisano Centre of the University of South Africa/ Swedish Workplace HIV programme. The participants of these workshops reported feeling confident in their new knowledge related to HIV, TB and human rights. They mapped advocacy issues, such as gender-based violence, forced sterilisation and access to antiretroviral treatment, which they intend to address in their communities.

ONLINE COURSES DELIVERED

Three online short-courses on HIV, human rights, sexual orientation and gender identity (SOGI), HIV, TB and human rights in prisons and Intellectual Property Barriers in African countries were administered for 66 participants from across Africa. The majority of participants reported that they were satisfied with the courses and would recommend them to others. They also found the training site easy to use and well organised and expressed an appreciation for the course documents and referral to other websites and resources.

The participants who submitted the final assignments for the SOGI course and prisons courses, received a score aggregate of over 75% indicating an improved capacity to advocate on SOGI and HIV, TB and human rights in prisons. A participant from Kenya explained that: "Revising for the quizzes helped me internalize the course content. Because of the short course I am better placed to advocate for the rights of the LGBTI community in my country."

HIV, TB AND HUMAN RIGHTS CAPACITY STRENGHTENING AND ADVOCACY PROGRAMMES SUPPORTED

During the period under review, ARASA provided financial and technical support to partner organisations hosting *HIV, TB and human rights capacity strengthening and advocacy country programmes* in Zambia, Zimbabwe and Tanzania.

At the end of May 2015, ARASA concluded two years of financial and technical support to the Treatment Advocacy and Literacy Campaign (TALC) to implement the **Country Programme in Zambia**.

Key achievements of the programme over the two years include:

- The training of 20 Community Health Advocates (CHAs) on HIV, TB and human rights issues. In turn, the CHAs trained community members including health care providers, youth and key populations and raised awareness of HIV, TB, SRHR and human rights issues, including intellectual property rights and access to medicines, prevention of vertical HIV transmission, rights based responses to TB in the mining industry and SOGI.
- Health talks, conducted at schools, prisons and clinics, reached several hundred people and several thousand female and male condoms were distributed at pubs and other venues.
- Community dialogues, facilitated by the CHAs also focused on the mitigation of teenage pregnancies, HIV infections amongst adolescent girls and the family planning needs of women living with HIV. Further, the CHAs convened policy dialogues at the provincial level with community members, policy and decision makers as well as representatives of people living with HIV networks and key populations groups.
- Advocacy initiatives implemented at the national level 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.

  The Country Programme conducted an informal assessment on access to cervical cancer screening and treatment by women living with HIV in an effort to increased awareness and demand for SRH services, particularly screening and treatment of cervical and breast cancer in rural areas. Through health talks at Mother and

Child Health clinics, outreach sessions at churches, schools, support groups and markets as well as door-to-door awareness raising sessions, 50 women were reached. Of these, 15 women reported seeking cervical cancer screening as a result of participating in the awareness raising sessions.

In addition to the outreach sessions, a 13 week radio programme with two medical experts and a cervical cancer survivor/treatment advocate was broadcast in Bemba and English on radio Icengelo, reaching 70% of radio listeners in Copperbelt province. Advocacy targeted at the Centre for Infectious Disease Research (CIDRZ) by the Country Programme resulted in the resumption of cervical cancer services, which were suspended for over a year, at the Nangongwe clinic in the Kafue district.

- Another achievement of the programme was the involvement of the Coordinators in a leading role in the Global Fund new funding model application process. Through the formation of a technical working group comprising ARASA partners, a proposal, with special focus on key populations, was submitted to the Global Fund.

No funding had been secured to continue the programme in its original format. However, efforts are being made by TALC and other ARASA partners to integrate the activities of the Country Programme and CHAs into their organisational activities.

During this period, the **Zimbabwe Country Programme,** hosted by SAfAIDS and the Zimbabwe Network of People living with HIV and AIDS (ZNNP+), entered the second year of implementation, which will end on 31 May 2016. Since its inception, the Country Programme has secured support from various stakeholders, which has contributed towards the repositioning of HIV, TB, human rights and health advocacy issues on the national development agenda.

The Country Programme conducted a rapid assessment with 223 people from selected key population groups such sex workers, LGBTI and people living with HIV as well as community leaders (including religious leaders) and volunteers to validate the advocacy issues identified by the partners during the initial consultation workshop at the inception of the programme. Amongst others, the assessment found that stigma and discrimination remains a key challenge for people living with HIV and other key populations, particularly sex workers and the LGBTI community. The legal and policy environment, particularly the criminalisation of adult consensual same sex sexual conduct presents a barrier for organisations to implement interventions that seek to promote access to health service for LGBTI communities. Limited funding has also weakened the public health system as well as the capacity of civil society organisations, partnerships and other community based structures to implement interventions at community level.

Guided by a Programme Advisory Committee (PAC), consisting of ARASA partner

The success of the launch resulted in an increase in community and stakeholders' awareness on the situation of HIV related stigma and discrimination in Zimbabwe. This should contribute to action from government, civil society organisations, policy makers and people living with HIV themselves, in terms of measures to combat HIV-related stigma and discrimination.

organisations in Zimbabwe, the programme focused on community level activities to increase the awareness of community members of HIV, TB and human rights issues and build a critical mass of support to demand that these issues be addressed. The programme also focused on resource mobilisation to ensure the sustainability of the programme when ARASA support ends in 2016.

Twenty Community Health Advocates (CHAs) participated in various trainings, which also provided a platform for the CHAs to lead HIV, TB, human rights and advocacy capacity building efforts as principal facilitators. There has been a marked improvement in the capacity of the CHA's to articulate HIV, TB and human rights concepts since they joined the programme in 2014.

Throughout the year, the CHAs engaged community leaders in five provinces to mobilise community members on issues of HIV, TB and human rights. As a result, the Mayor and Director of Health Services in Mutare allowed the CHAs to work with all the Council clinics in the city, which highlights how the programme and CHAs have been accepted by their communities, including the most influential structures from village to provincial level.

The programme launched the *Zimbabwe People Living with HIV Stigma Index Report*, which was spearheaded by ZNNP+ during an event attended by the Ministry of Health and Child Care, National AIDS Council (NAC), policy makers and other AIDS Service Organisations (ASOs). The Minister of Health and Child Care, Dr David Parirenyatwa, the Guest of Honour, gave the key note address which emphasised the need to eliminate self-stigma and address HIV-related challenges including stigma that affect key populations. The success of the launch resulted in an increase in community and stakeholders' awareness on the situation of HIV related stigma and discrimination in Zimbabwe. This should contribute to action from government, civil society organisations, policy makers and people living with HIV themselves, in terms of measures to combat HIV-related stigma and discrimination.

The Country Programme also focused on strengthening its engagement of the media with the aim of strengthening their ability to raise awareness of human rights and advocacy

issues. Various media houses such as Zimpapers/Star FM, Masvingo Mirror (The Mirror), News of the South, Wezhira Community Radio and the Newsday participated in workshops hosted by the Country Programme. As a result, various soundbites were broadcasted and newspaper articles were published. See www.thestandard.co.zw/2015/09/07/mugabe-forced-to-host-gays-lesbians/ and https://www.newsday.co.zw/2015/09/03/hiv-related-stigma-still-rife-in-zim/). This signals a growing relationship with the media, which helped raise aware of the general public on HIV and TB-related stigma and discrimination, especially facing key populations.

In 2015, ARASA signed an agreement with Community Health Education Services & Advocacy (CHESA) to coordinate the implementation of the **Tanzania Country Programme,** supported by ARASA with technical and financial resources. In February 2015, ARASA supported the convening of a Stakeholder's Consultation meeting in Dar es Salaam to introduce the programme and facilitate consensus on the priority advocacy issues for the Programme.

Following the Consultation meeting, the ARASA partners in Tanzania constituted a Programme Advisory committee (PAC), which guides the programme and provides oversight to ensure the work plan is implemented. In August a Coordinator and an Officer were recruited to spearhead the implementation of the Country Programme. A workplan and budget for year one were approved and at the end of September, 23 representatives from the ARASA partner organisations were trained on the basics of HIV, TB and human rights advocacy and treatment literacy. Of these, 15 were selected to attend the advanced training in October and will be placed in health care centres in their communities to monitor access to services as Community Health Advocates.

SMALL GRANTS DISBURSED FOR LOCAL ADVOCACY OR TRAINING ACTIVITIES BY PARTNERS

In 2015, ARASA provided grants to various initiatives, including to Trainer of Trainers, the Human Rights award, Key Population financing and Access to Medicines grants.

ToT Small Grants: ARASA provided grants to the value of US$60 000 to organisations in Malawi[1], Kenya[2], Swaziland[3], Tanzania[4] and Zambia[5] whose representatives successfully completed the ToT programme in 2014, to implement projects to address HIV, TB and human rights challenges in their communities. The projects ranged from advocating for disability-inclusive counselling and HIV testing services in Lilongwe, Malawi, to an online reporting tool to document HIV-related human rights violations in Kenya, advocating for increased access to healthcare services by men who have sex with men (MSM) and women who have sex with women in Kitwe, Zambia, and capacity building on human rights and the law for sex workers and MSM in Dar es Salaam, Tanzania. In February, a pre-implementation workshop was hosted for the project officers and finance officers of all grantees with the aim of strengthening the financial and project management capacity of the grantees and focused on providing technical support for the revision of the activity/work plans. ARASA also provided financial, programme management and M&E support to the grantees on an on-going basis throughout the year through field visits, emails and phone calls.

ARASA Human Rights Award Grant: KELIN from Kenya received a US$ 10 000 grant as part of their 2015 ARASA HIV, TB and human rights in Southern Africa award, presented to them during the APF in April. The funds were used to implement a project aimed at enhancing the HIV response by protecting human rights through the use of an online reporting tool to document HIV-related human rights violations.

Engagement of Key Populations in Funding Platforms and Processes Grants: With support from the Robert Carr civil society Networks Fund, ARASA and ITPC provided three grants to the value of US$ 170 000 to key populations and human rights activists in Botswana, Malawi and Tanzania to strengthen their meaningful engagement in the processes and platforms of the Global Fund and the United States President's Emergency Fund for AIDS Relief (PEPFAR) in Botswana. The partners in all 3 countries reported that their project achieved significant impact and created a unique opportunity for meaningful engagement of key populations in the processes and platforms of the Global Fund and PEPFAR.

This grant has been able to benefit human rights and treatment activists as well as key populations at higher risk of HIV by increasing funding allocations for programmes, services and commodities for key populations at higher risk of HIV by the Global Fund (GF) and PEPFAR. In Botswana, over 26% of the total GF Grant allocation is for KP programming, interventions towards the creation of an enabling legal environment and community systems strengthening. Considering that there was 0% allocation for key populations and only U$200 000 in the HIV grant for creating an enabling legal environment, this is a significant improvement. Nana Gleeson from BONELA explained that: *"Being able to feed into the development of the budget and performance framework, ensuring that it stayed true to the proposed activities as described in the approved concept note during grant making, especially for the KP and Community Systems Strengthening modules. For Botswana the final total allocation of the TB/HIV*

[1] Disability HIV and AIDS Trust (DHAT)
[2] Kenya Sex Workers Alliance (KESWA)
[3] Woman Together Swaziland
[4] Community Health Education Services & Advocacy (CHESA)
[5] Christian Aid Ministries

grant was $23.6million. Out of this, the Global Fund approved the following amounts for KP programming: For Sex workers, there was an allocation of $1.6 million, for MSM and Transgender persons $9million was allocated, while interventions towards the creation of an enabling legal environment, received $1.09million. This accounts for just over 15% for the total country allocation and if one includes the allocation for CSS at $2.6million. In total, this accounts for just over 26% of the total country allocation. Considering that there was 0% allocation for key populations and only U$200 000 in the HIV grant for creating an enabling legal environment, this is a significant improvement".

Further, several of the KP partners in Botswana were selected as sub-recipients of the GF grant, which they had not been before. Some of the project partners were also approved to receive PEPFAR funding to implement interventions targeted at key populations. In Malawi, there was a ten-fold increase in funding to CSOs to implement KP, human rights and community systems strengthening activities compared to the previous grants. In Tanzania, the grant contributed to the review of the TNCM guidelines to make provision for a key population representative and an alternate representative as well as access to funding for the partners to implement interventions targeted at key populations through PEPFAR.

Access to Medicines Grants: Also with support from the RCNF, ARASA and ITPC offered financial and technical support to three grantees in Morocco[6], Botswana[7] and Uganda[8] who are undertaking project activities targeting intellectual property and access to medicines.

SKILLS EXCHANGE INTERNSHIPS

ARASA Partner Exchange Internships: A staff member from the Centre for Human Rights and Rehabilitation (CHRR) in Malawi was hosted on an 8-week partner exchange internship by KELIN in Kenya to strengthen his capacity in communication and advocacy for health and rights. He participated in media outreach and other advocacy activities related to the cases of the Presidential directive for people living with HIV to be registered and the detention of people who defaulted on their TB treatment. "Drafting the advocacy plan on the Presidential directive under the supervision of the Executive Director enhanced my practical knowledge on key issues one needs to consider before embarking on an advocacy campaign. Specially I developed advocacy planning skills in stakeholder mapping and power analysis, SMART objectives, activities and messages. This will be key in my work as Information and Communication Officer at CHRR which is also engaged in various advocacy activities against various forms of human rights violations in Malawi," he explained.

A staff member of the Malawi Network of Religious Leaders Living with and Personally Affected by HIV and AIDS (MANERELA+) was hosted by Prevention, Information and Fight against AIDS (PILS) in Mauritius for 3 weeks to strengthen her advocacy skills and understanding of policies and programming for people who use drugs and the provision of harm reduction services. According to her supervisor, she has been able to use the skills and exposure to strengthen the organisation's work related to key populations at higher risk of HIV. "MANERELA has seen a lot of positive change happening as she has improved her communication skills and has been chosen to be in the national technical working group of LGBTI at national level. These skills gained will help MANERELA to achieve its ultimate goal which is to create key population friendly environments in the community and also within the faith communities".

Access to Medicines: With support from the Robert Carr civil society Networks Fund, ARASA and ITPC facilitated skills exchange internships for a staff member from Treatment Advocacy Literacy Campaign (TALC) in Zambia and a staff member from Botswana Network on Ethics, Law and HIV/AIDS (BONELA) to be hosted by ITPC – Middle East and North Africa (MENA) in Morocco as well as a staff member from Professionals Pride Kenya to be hosted by Section 27 in South Africa. The skills exchanges aimed to increase knowledge and strengthen capacity in regards to intellectual property and treatment financing. According to Bester Mulenje from TALC, she learnt the importance of a Communications Strategy to support advocacy interventions and learned firsthand how to use communication for advocacy during her visit to ITPC-MENA. Felistus Motimedi, reported that she appreciated being exposed to regional work in the MENA region, which included working with the ITPC-MENA team on a "Call on ViiV Healthcare to unlock access to Dolutegravir for North Africa". John Njau from Professionals Pride Kenya documented his experiences in a weekly diary blog, which can be found at http://itpcglobal.org/an-interns-diary-one-month-with-section-27-in-south-africa/ The interns received awards for their during a ceremony held on Friday, 30th October 2015 in Lusaka, Zambia"

Sexual Orientation and Gender Identity (SOGI): Four skills exchange visits were organised for representatives from Matrix Support Group (Lesotho), Malawi

[6] Association de Lutte contre le SIDA (ALCS)
[7] BONELA
[8] African Young Positives Network

Network of Religious Leaders living with HIV (MANARELA+), Social Health and Empowerment feminist collective women of Africa (SHE) (South Africa), Gays and Lesbians of Zimbabwe and Centre for Human Rights and Rehabilitation (Malawi) to visit MANARELA+, Gender Dynamix (South Africa), BONELA and the ARASA Cape Town office respectively. The skills exchange visits aimed at strengthening the capacity of organisations to effectively advocate for the right to health for all LGBTI in southern Africa through the facilitation of networking, peer-to-peer learning and expertise-sharing between LGBTI and non-LGBTI organisations.

The 2015 exchange visits focused on strengthening skills related to cross-sectoral collaboration on human rights advocacy; learning about transgender issues; desk research and designing advocacy strategies as well as the provision of legal aid and its link to advocacy. Phiwe Ngcengi from SHE, who was hosted by BONELA in Botswana, reported that they gained useful new skills in the areas of mediation, consultations with clients, reviewing LGBTI cases and media analysis, which will assist SHE when initiate a similar programme in the Eastern Cape of South Africa.

REGIONAL CSO MEETINGS CONVENED

ARASA convened a series of regional dialogues with civil society representatives, parliamentarians, religious leaders, media practitioners, government officials, representatives from SADC, SADC Parliamentary Forum, African Commission on Human and People's Rights and other relevant institutions to explore the strengthening on an enabling legal, policy and social environment for the protection and promotion of rights and health in the region. The dialogues focused on HIV, TB and human rights in prisons, addressing stigma and discrimination as well as criminalisation of HIV transmission, exposure and non-disclosure.

- **Regional Dialogue on HIV, TB and human rights in prisons** was hosted from 5 - 6 February 2015 in Johannesburg, South Africa. The 26 participants included ARASA partners, the judiciary, CSOs and representatives from various national prison services from across southern and east Africa. The meeting reviewed the progress made in promoting rights-based HIV and TB responses in prisons across Southern and East Africa and provided a platform to support national and regional level advocacy efforts through the development of a concrete advocacy agenda and plan. The meeting raised awareness about acknowledgement of sex in prisons through condom provision and distribution in prisons; and the issue of sexual violence. Other key issues included advocacy for provision of United Nations Office on Drugs and Crime (UNODC) Minimum Standards for Prisons and capacity building for law enforcers such as the judiciary, prison authority, police and other stakeholders. A regional advocacy committee, with ARASA being the secretariat, was established to guide and assist in driving advocacy issues in the region to influence in-country policies.

- **Strengthening key population advocacy for the best use of Global Fund resources and sustainable funding for HIV & TB in Botswana, Malawi and Tanzania:** An activist workshop was hosted by ARASA and ITPC on 9 – 13 March to equip the activist leaders with knowledge, skills, tools, resources and opportunities to ensure that Global Fund and other resources are used for evidence-based interventions that support those most affected by HIV in their country. The key outcomes of the workshop were the following:

  1) Sharing of information and experiences regarding HIV and TB financing, country experiences with the GF New Funding Model, their achievements, lessons learned, challenges and gaps as well as opportunities;

  2) Increased knowledge: Pre and post session tests were conducted throughout the workshop to assess the extent to which there was a shift in the participant's knowledge of the specific topics covered. An analysis of the results showed that there was a 56% change in the average score (using 11 pre-tests and 11 post-tests) following the session on the basics of the Global Fund (including the New Funding Model). Following the session on treatment access, there was a 78% change in the average score. Likewise, the average correct responses increased from 75% to 84% following the sessions on advocacy and budget monitoring; and

  3) Targeted advocacy activities were brainstormed and action plans developed for implementation at country level (See Workshop Report for Country-specific Advocacy Plans). The meeting culminated in representatives developing country-based peer- and facilitator-reviewed advocacy action plans that formed part of their application for direct support through a closed request for proposals from ARASA/ITPC. (See section on small grants for details on the impact of the small grants).

An outcome/impact assessment completed by five of the 13 participants provided very insightful feedback on the impact of the workshop. For example, all five participants stated that the newly acquired skills and competencies aligned very well with their organisation's HIV and TB Financing advocacy efforts, explaining that, since the workshop, they have used these skills to further the work of your organisation by participating in national Global Fund and other donor (PEPFAR) processes. All five respondents also stated that they have shared information and resources on HIV and TB Financing with other organisations while three stated that they have discussed domestic HIV and TB Financing with government officials and other stakeholders.

All five respondents also stated that they have been able to use the resource materials provided during the workshop to further the work of their organisation. Two respondents reported that they have trained other organisations on HIV and TB Financing while four respondents stated that they have developed project proposals related to HIV and TB Financing (which could include proposals for the grants provided by ARASA and ITPC as part of this project). A respondent stated that since participating in the HIV and TB Financing Activist Workshop they have met with PEPFAR officials and other partners (who did not participate in the training) to inform them about the project and explore how they can engage in ongoing donor processes and platforms. Another respondent explained that they have been engaging in one to one advocacy on allocation of financial resources to KP programmes. Yet another respondent stated that since participating in the workshop, they are actively participating in Global Fund concept development / grant making processes as well as in PEPFAR COP development and mobilising other civil society organisations to participate in GF processes.

Some comments from those involved:

"We coordinated sex workers from different districts to address their issues and find their solution together with NAC. We managed to request for independence, and the registering of the Female Sex Workers Alliance which is in process at-hand, and NAC called all stakeholders who work with sex workers in Malawi."

"We worked hand-in-hand with country GF secretariat and requested to attend as observers at CCM which gave them an opportunity to review the CCM governance manual and advocate for the three KPs seat i.e. seat for people who inject drugs, MSM and sex workers. They were provided with one seat for full membership and the other one for alternate member. This was an historic moment in Tanzania, as previously no-one was considering KPs as part of GF processes. They are now holding the vice-chairperson of non-state actors of the coordinating group. This is a platform where all non-state actors are met and organise for the issues to be addressed to the CCM which concern CSOs. It is also a platform that is used to discuss CCM agenda pre-meetings. Now KPs budget to hold caucus meetings is included on CCM operational budget."

An email list, established to facilitate on-going sharing of experiences, information and resource materials became a very useful portal for grantees during the implementation of their projects.

Sexual Orientation and Gender Identity Knowledge Sharing and Learning meeting: From 3 - 4 August 2015, ARASA convened the 4th annual LGBTI Advocacy Knowledge-sharing and Networking Meeting. The meeting, attended by 28 representatives of LGBTI and non-LGBTI organisations from 10 countries in southern Africa, provided a platform for in-country partner organisations to explore the human rights challenges as well as social, policy and legal barriers to access to HIV and SRHR services for LGBTI people.

The meeting also facilitated an opportunity for partners to learn from each other and share experiences and best practices related to the advocacy component of the Dignity, Diversity and Rights (DiDiRi) programme, particularly in regards to support provided through skills exchange visits, the community and policy dialogues and activities to commemorate the International Day Against Homophobia and Transphobia (IDAHOT).

Further, the meeting strengthened networking and examined strategies and opportunities for cross-sectoral advocacy by LGBTI and non-LGBTI organisations for access to HIV and SRHR services for LGBTI people in southern Africa. The platform was used to share skills and experiences and common challenges as well as good practices in addressing these. The meeting focused on creating a platform to share experience regarding advocacy in the context of the DiDiRi programme. The convening also offered an opportunity for ARASA to launch the Advocacy Toolkit on sexual orientation and gender identity, HIV and human rights. *See section on development of resource materials for further detail.*

During the meeting, an assessment was conducted to assess the outcome and impact of the regional LGBTI advocacy, networking and knowledge sharing meetings hosted in 2012, 2013, and 2014 by ARASA. The 2013 and 2014 meetings were hosted as part of the DiDiRi Programme while the 2012 meeting was funded by ARASA with other donor funds.

Only 14 of the 28 participants of the meeting completed the outcome assessment survey. Of these, five were from LGBTI organisations and nine were from non-LGBTI organisations. While a core group of organisations from the 10 project countries were invited to the 2013 and 2014 meetings, only half of the respondents had attended the meetings in 2013 and 2014 while only one participant had attended the 2012 meeting.

Nine respondents indicated that they found the meetings they have attended very useful and the topics covered very relevant to their work while four indicated that they found the meetings somewhat useful. Six respondents identified sharing of experiences, networking and alliance building between LGBTI and non-LGBTI organisations as the highlight of attending the knowledge sharing meetings. One respondent stated that the highlight for them was: "The sharing of experiences by other organisations both LGBTI and non-LGBTI in the region. The partnerships formed with local organisations in-country gave enlightenment to how to overcome certain challenges that come with working alone."

Suggestions for addressing challenges experienced during future meetings included explaining the basics [and definitions] when non-LGBTI partners are attending as well as greater effort to involve key community members to present and act as rapporteurs.

Twelve of the respondents stated that their knowledge on HIV, sexual orientation and gender identity (SOGI) and human rights advocacy had been 'very' or 'somewhat' strengthened while 10 respondents indicated that their networking and collaboration with partners [LGBTI and non-LGBTI] had been strengthened since participating in the sharing meetings. One respondent explained that: "We managed to share information with colleagues from other organisations and proposed further collaboration." Another respondent stated that: "My institution now has more partners than before". Three of the respondents mentioned improving their collaboration with members of parliament.

Ten respondents stated that they had very or somewhat been able to transfer the learning to their colleagues, volunteers, community members, support groups and other stakeholders. The majority of them had done so through in-house sessions, workshops or dialogues while others had used the skills acquired during collaboration with other partners in and outside their constituency or referred to the material shared during the meeting during proposal development for funding applications. One respondents stated that they used the skills acquired by talking to MPs more about LGBTI issues and another explained that they used the learning during community dialogues.

Six respondents stated that they used the knowledge gained during the meeting to engage with policy and/or law makers, while five respondents stated that they used the knowledge to further the work of their organisation by planning events to commemorate the International Day against Homophobia and Transphobia (IDAHOT). Four respondents explained that they used the knowledge to collaborate and/or reach out to partners that are not part of their constituency (non-LGBTI organisations or vice versa) while five respondents used it to engage communities. Four respondents shared information and resources on SOGI advocacy with other organisations. The organisations of two respondents used the knowledge to write to the media about HIV and SOGI-related issues and three organisations used the knowledge to engage with the African Commission of Human and People's Rights.

Since participating in the ARASA Regional LGBTI Advocacy Networking and Knowledge Sharing Meetings, one respondent stated that litigation has become an integral part of their advocacy. Another non-LGBTI responded that they are careful about the pronoun they use when addressing an LGBTI individual and making no assumptions about gender.

The respondents suggested that ARASA increase the number of individuals that can participate in its HIV, TB and human rights Training of Trainers programme in an effort to strengthen capacity building on HIV and human rights advocacy in order to support them to better implement HIV, SOGI and human rights related advocacy and/or what they learned during the ARASA Regional LGBTI Advocacy Networking and Knowledge Sharing Meetings. Another participant stated that ARASA should facilitate linkages for collaborative programming and fundraising. Four of the respondents require on-going technical and financial support while another respondent explained that ARASA should collaborate with lawmakers and also train more members of parliament.

- **'Beyond rhetoric: Strengthening linkages to address stigma and discrimination':** On 29 November, ARASA, SAfAIDS, Zimbabwe Network of People Living with HIV (ZNNP+), Gays and Lesbians of Zimbabwe (GALZ), Sexual Rights Centre (SRC) and Zimbabwe Lawyers for Human Rights (ZLHR) hosted the pre-conference at the Bronte Hotel in Harare, Zimbabwe ahead of the International Conference on AIDS and STIs in Africa (ICASA). The pre-conference convened 71 participants from Africa and beyond to explore how to scale-up successful evidence-informed interventions to address stigma and discrimination in the HIV response in sub-Saharan Africa.

  As an outcome of the meeting:

  1) The current state of HIV-related stigma and discrimination in the region as well as good practice examples that are effective at reducing this were explored and are documented in a report

  2) Advocacy priorities and advocacy strategies for implementation by regional, national and community-based organisations in 2016 and beyond were identified and are also captured in this report and

  3) Statement which captured the consensus on the status of stigma and discrimination in sub-Saharan Africa and puts forward recommendations on effective interventions

in regards to documenting evidence of stigma and discrimination for advocacy; anti-stigma interventions at community level; addressing stigma and discrimination in service delivery; laws, policies and access to justice; and anti-stigma campaigns and working with the media to address stigma. The recommendations will form the basis of national and regional advocacy targeted at decision makers, as well as other potential influencers in 2016 and beyond.

Access to Medicines: ARASA and SARPAM jointly convened a two-day regional dialogue *on Intellectual Property Barriers to Access to Medicines for CSOs and IP Experts* with 16 delegates from Botswana, Mauritius and Zimbabwe on 12 - 13 October 2015 in Johannesburg. The aim of this dialogue was to engage with the three focus countries that have registered patents with the African Regional Intellectual Property Organisation countries (ARIPO).

In these countries, the programme will focus on ensuring access to some of the drugs needed, by focusing on the IP related barriers as well as advocacy on price reduction for some of the medicines. The meeting provided a platform for the development of country-based advocacy strategies to advance national mobilisation campaigns to advocate for review and reform of intellectual property law, which is aligned with policies that promote systematic improvements for issuing of the compulsory licensing. The meeting also encouraged tri-partite discussions (between government, private sector and civil society) in order to strengthen engagements at national level for the implementation of the regional guidelines, as well as national accountability for accelerated domestic implementation. A statement was developed and sent to the World Trade Organisation (WTO) Council on TRIPS, in support of the European Commission's call for an indefinite and unconditional exemption on patents and test data protection for pharmaceutical products to Least Developed Countries (LDCs).

NETWORKS FACILITATED

2015 ARASA Annual Partnership Forum (APF): In April 2015, 81 representatives of ARASA partner organisations convened in Johannesburg, South Africa to network, share lessons learned and explore ways to address HIV and TB-related human rights challenges facing their countries during the ARASA staff and partners, which were supported through the Country Programmes and Small Grants, reported on achievements and challenges encountered during this period.

As in previous years, partners were invited to identify emerging advocacy issues they would like to discuss during the APF prior to the meeting. These issues, which ranged from removing barriers and creating an enabling social, policy and legal environment to increasing access to services for key populations at higher risk of HIV guided the thematic sessions of the APF. The engagement of ARASA partners in platforms and processes which influence financial investment in human rights programming and interventions targeted at addressing the needs of key populations was also discussed.

Partners agreed that regional advocacy priorities identified in 2014 (i.e. creating an enabling legal and policy environment as well as HIV, TB and human rights in prisons) were still relevant and should continue to be prioritised for action in 2015. In addition to this, partners agreed that there should be a renewed focus on reducing stigma and discrimination with a focus on addressing this at the community level. Mauritius was selected as the focus country for the roll out of an ARASA supported HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programme in 2016. Partners present voted for two representatives to serve as partner trustees on the board of trustees for a two-year term.

On 16 April, KELIN was awarded the 2015 ARASA HIV, TB and Human Rights award during a ceremony held at the conclusion of the APF in Johannesburg, South Africa.

During the APF, ARASA partners expressed that they continue to find value in the partnership as reported during a discussion on what it means to be an ARASA partner:

"ARASA is one of our main African partners and we have benefitted from learning about the experiences and best practices of other partners. A few year ago, when the HIV law in Mauritius was being drafted, ARASA assisted us to prevent the inclusion of criminalisation of HIV transmission. Now we have a strong HIV Act. In addition to this, we have been able to network with people outside our immediate network [in the Indian Ocean Islands]. Most of our staff have also participated in and benefitted from the ARASA Training of Trainers Programme." Nudhar Bundhoo, Prévention Information et Lutte contre le SIDA (PILS), Mauritius.

"Through ARASA we were able to bring HIV and human rights together for the first time. We also learned a lot about regional and international human rights commitments. Since then, the [ARASA] network has grown significantly and it has been good for learning from each other. In the DRC, ARASA has strengthened our advocacy, with a focus on the legal provisions which criminalized HIV transmission. We were able to influence this debate, which resulted in the reduction of the punishment for HIV transmission. We have also been able to learn about HIV and human rights in prisons, particularly from our colleagues in Zambia, and have implemented activities related to this. During this meeting, we heard about cervical cancer and its impact on women living with HIV and are keen to see how we can integrate this into our work". Leonnie Kandolo, Protection Enfant Sida (PES), Democratic Republic of Congo.

"Our association with ARASA was one of our first interactions with regional and international human rights organisations. We have learned a lot, especially about how to do our work better. In Mozambique, we particularly appreciated receiving feedback on problematic laws from ARASA within 24 hours, which helped us draft submissions to parliament. In our experience, ARASA was never [seen as] a vehicle to access funding. It is a platform to access information and network with like-minded organisations." Cesar Mufanequico, Mozambican Treatment Access Movement (MATRAM).

"We were attracted to ARASA because of the vulnerabilities and challenges civil society organisations in Zambia have been facing. We have received a lot of technical support via emails and even telephone conversations when we have required it. ARASA has actually become one of our first ports of call when human rights challenges arise at the country level as this is a platform which enables us to find solutions without doing all the hard work ourselves. We don't sometimes understand the power this gathering has. I recall being in detention and not realizing how many people were out there standing up for me, even writing to the President on my behalf. [Through this partnership] I know there is power behind me." Paul Kasonkomona, Engender Rights Centre for Justice, Zambia.

"Our participation in ARASA is only one year old and we have already benefitted immensely from the networking and sharing opportunities provided by the partnership. Amongst others, we are already pilot testing the strategy presented by Prisons Care and Counselling Association (PRISCCA) from Zambia in our country. In that way, we have been able to copy and paste without costs. We have also been able to access international fora through our affiliation with ARASA." Teclah Ponde, Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender (ZACRO).

RESEARCH CONDUCTED AND RESULTS DISSEMINATED

Legal and policy environment for SOGI advocacy: ARASA commissioned a consultant to undertake research and compile a detailed report documenting relevant laws and policies as well as the impact of the legal and political environment on the health and human rights of LGBTI people in the 10 project countries.

The report seeks to identify discriminatory laws and the gaps in enforcement and implementation of beneficial laws. It takes a broad look at barriers in access to HIV-related and other health services, documenting relevant legal frameworks and experiences of individuals pertaining to violence and protection, health, criminal laws, legal recognition under the law, labour, family, expression and speech, education, housing and immigration at both national and regional levels.

As an additional resource to the SOGI Toolkit (see below), the report aims to contribute to existing evidence for advocacy aimed at creating an enabling legal environment that ensures that LGBTI people have meaningful, non-discriminatory access to HIV-related and other health services.

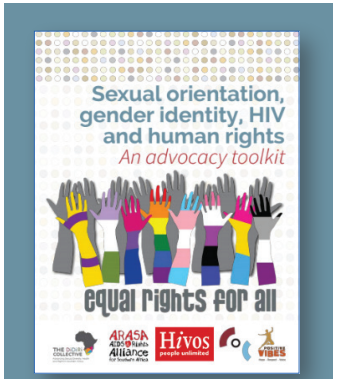
Since July 2015, the consultant has undertaken extensive desk review of laws, policies and existing literature and conducted phone interviews with key informants from all countries (except Angola). Further, during field visits to Botswana, Malawi, Namibia, South Africa, Swaziland and Zimbabwe, more than 100 key informants were reached with in-person interviews and six focus group discussions in Zimbabwe, Malawi and Swaziland.

The report will be finalised during the first quarter of 2016 and will be launched in May 2016.

Budget monitoring: As part of the Health Financing campaign and in an effort to strengthen the capacity of key populations groups to advocate for increased domestic financing to KP interventions, the Centre for Economic Governance and AIDS in Africa (CEEGA) was commissioned to conduct research on the 2015 national budgets in Botswana, Malawi and Tanzania in order to support the development of key messages related to domestic health financing advocacy implemented by partners in the 3 countries. Three research reports as well as policy briefs were produced. The research revealed 1) that no specific allocations for key populations were made in all the three countries; 2) where there were funds for interventions targeted at KPs (for implementation by government), these funds were provided by donors , thus did not come from public funds; 3) the three countries have aggregated HIV/AIDS budget information, but not dis-aggregated according to key populations, which makes it difficult to assess how much of the HIV budget is allocated to interventions targeted at KPs. The research reports were summarised in policy briefs and disseminated nationally along with a media statement on the National Day of Action on sustainable health financing, implemented in each country in October and end of December 2015 (see below Advocacy campaign spearheaded and supported).

TRAINING AND ADVOCACY MATERIALS DEVELOPED AND DISTRIBUTED

Sexual Orientation, Gender Identity (SOGI), HIV and Human Rights Advocacy Toolkit: ARASA launched the on 3 August, 2015 during the 4th LGBTI Knowledge-sharing and Networking Workshop. The toolkit, the foreword of which is written by Justice Edwin Cameron, addresses the HIV and SOGI advocacy-related capacity gaps identified during the ARASA knowledge-sharing and networking meetings hosted in 2012, 2013 and 2014. It provides user-friendly guidance, case studies



Cover of the SOGI Toolkit

and tools specifically directed at strengthening and promoting advocacy towards the rights of LGBTI individuals in Southern and East Africa. The Toolkit adopts a rights-based approach to SOGI rights advocacy, consistent with ARASA's approach to all its work, and focuses on promoting universal access to sexual reproductive health services including HIV prevention, treatment, care and support for LGBTI persons. The toolkit is aimed at a wide range of national organisations (e.g. LGBTI organisations, human rights organisations, AIDS Service Organisations (ASO); organisations of vulnerable and key populations such as women's groups, youth groups, sex worker networks; faith-based organisations), custodians and community stakeholders to support effective advocacy around health and human rights for LGBTI people, including at national level and in collaboration with ARASA and ARASA partners at regional and international levels.

A participant of the 4th Knowledge-sharing meeting convened by ARASA from 3-4 August 2015 in Johannesburg, South Africa stated that: "The toolkit came in the right time as it shall assist in content for our sensitization session with partners".

In October, 22 participants were enrolled into an 8 week-long ARASA "SOGI, HIV and human rights" online short course, which was based on the SOGI Toolkit.

The toolkit can be accessed online here: http://www.arasa.info/news/arasa-launched-sexual-orientation-gender-identity-hiv-and-human-rights-advocacy-toolkit/.

'Close the Gap: TB and Human Rights: An Activist guide for Southern and Eastern Africa': ARASA launched a guide for activists working on TB and Human Rights issues, during the 46th Union World Conference on Lung Health in Cape Town South Africa in December. The publication is a framework for activists consisting five key areas that needed urgent attention in the region.

Following the launch, the guide will be discussed at other meetings, such as TB 2016 and AIDS 2016 in Durban and will be used to inform advocacy efforts in the region.

ADVOCACY CAMPAIGNS SUPPORTED

International Day against Homophobia and Transphobia (IDAHOT) is marked on 17 May annually, to draw attention to the challenges, including discrimination and violation of other rights, faced by LGBTI persons. The day also presents a global opportunity for celebrating diversity in sexual orientation and gender identity.


Denial cited for discrimination against gays

MANZINI – "Most of the discrimination towards the gay community is due to denial as even parents do not want to learn they have a gay child."

... members shocked to learn that parents threw out their gay child

Some gays find solace in church

MANZINI – Even though Christians have, on numerous occasions, demonised the gay community, members have found solace in a church that embraces all.

Newspaper clippings of IDAHOT in Swaziland


Victims of 'hate crime' remembere

In 2015, ARASA provided financial and technical support to five organisations from Lesotho (Matrix Support Group), Botswana (Rainbow Identity Association), Swaziland (Rock of Hope), South Africa (Free Gender) and Zimbabwe (Sexual Rights Centre) to implement activities to mark the day. The activities implemented by the partners ranged from film screenings, spoken word and song events, candlelight vigils, community dialogues, human rights training workshops, marches, television and radio shows and theatre performances to an alternative Pride event called Khumbulani Pride. In addition to mobilising the general public to attend the events the events brought together parents, families and friends of LGBTI persons to participate.

Partners from some countries such as Matrix Support Group from Lesotho, reported that the events of 2015 were more successful than those hosted over the previous two years. The main event hosted on 16 May in Maseru was attended by significantly more people than in 2013 or 2014 as more than 300 individuals participated in the event. Further, the march in 2015 was also dominated by LGBTI individuals, compared to representatives from partner organisations who were the majority in the marches of the previous two years. This may be partly because in previous years LGBTI individuals did not want to be seen parading in the streets for issues related to SOGI. The in-country partners also reported that there was significantly more media coverage of the events in 2015 compared to previous years.


IDAHOT event hosted by SRC in Zimbabwe

Khumbulani Pride hosted by Free Gender in South Africa

In Botswana, the event was marked in Molepolole, a village outside the capital city in an effort to increase awareness of sexual diversity and gender identity. The police were very cooperative and the estimated 80 people who turned up for the march was significantly more than the 50 people expected. A person from the LGBTI community commented that: "As [the] LGBTI community in Molepolole, we are far from the organisations that advocate for LGBTI and most of us are unemployed so transport money to attend events or activities in Gaborone is a challenge, hence we remain uninformed about a lot of things. When I heard about IDAHOT coming to Molepolole I got so excited [and thought] that it is time that our community get to understand that we do exist in this community. Today many of my friends were able to see who I really am as I am comfortable with people who identify like me".

The majority of partners also reported having diversified the profile of partner organisations supporting the event to include local and international NGOs including sex worker groups, networks of people living with HIV, Teacher's unions, religious leaders, traditional leaders and women's groups.

For example, during the event in Botswana, a representative of the Botswana Sectors of Educators Trade Union (BOSETU) stated that: "We as BOSETU are grateful to be part of such an incredible event, which calls upon everyone from the community to stand against violence against LGBTI people, they are part of the community and hence we must protect them as part of the community with leadership role. BOSETU saw the need to contribute bottled water for the march so that the participants can drink as they walk for freedom. It is never easy to accept something that you are not used to, but we are walking today to say no human being is entitled to violence just because they are different" said representative of BOSETU.

As in previous years, safety and security issues were a major concern and every effort was made to ensure that events were hosted in a safe and secure space. The in-country partners explained that events to mark IDAHOT should not be stand-alone activities implemented separately from the overall work of the organisation, but should be linked to the overall advocacy and awareness raising work of the organisation in a more comprehensive manner.

Funding for health: With the financial support of RCNF, ARASA and ITPC provided technical and financial support to partners in Botswana, Malawi and Tanzania to implement advocacy and training activities to strengthen the meaningful engagement of key populations in national funding platforms and processes.

Activities included the convening of face-to-face workshops on Global Fund/ PEPFAR processes and funding, HIV, TB, human rights concepts and effective advocacy techniques for different key population constituencies, which were facilitated by the representatives of those key population groups supported by the project. Workshops were also hosted for human rights defenders linked to community-based organisations working with transgender people, sex workers and MSM in focus districts, which were identified as implementation sites in the Concept Note submitted to the GF, with the aim of increasing the capacity of representatives of these KP groups to monitor the implementation of the Global Fund grant at community level. Quarterly meetings were convened with people living with HIV and KP representatives to discuss pertinent issues before and after CCM meetings.

A National Day of Action on Health Financing, was hosted in each of the three countries, with activities such as television interviews, issuing of a press statements, hosting of a press conferences, a march to parliament in Malawi, handing over of a petition on domestic health financing (based on the policy brief developed by CEGAA) Parliamentary Sub Committees on Health in Botswana and Malawi. Following this event, the President of Tanzania suspended all international travel and celebrations of national events such as World AIDS Day, instead directing funds for those events to address health needs of the citizens.

The other outcomes of this project are covered under the Small Grants section above.

TRAINING AND ADVOCACY INTERVENTIONS DOCUMENTED AND PROFILED

The ToT alumni Facebook page continues to be updated with frequent posts about ARASA's work, study opportunities and funding opportunities. The email list stands at 238 members.

The DiDiRi website has had 13 490 hits and 7 556 visitors. The ARASA website continues to be updated (12 updates to date) We are proud to announce that since January the website had 21 925 visitors and 422 227 hits. The *@_ARASAcomms* Twitter feed has been active in promoting ARASA programmes and highlighting ARASA partner projects and achievements. 34 original messages were tweeted in this quarter with the highest performing one being retweeted six times. We currently stand at 2 647 tweets and 1 510 followers.

Two issues of the ARASA newsletter were produced to showcase the work of ARASA and that of the partners. The newsletter was circulated to the partners, trustees and donors as well as the AIDS and human rights-related email lists such as the IPTC list, the PATAM list, the AIDSRights list and the Athena list, each of which have several thousand members.

The work of ARASA partners was mentioned in 1 834 electronic articles and ARASA issued the following 10 statements and op-eds during this period:

1. ARASA commends the Namibian Supreme Court on its judgment in the case of women living with HIV sterilised without informed consent.
2. ARASA commends the Gaborone High Court for protecting the rights to freedom of expression, association and assembly in Botswana.
3. East African organisation scoops prestigious Regional ARASA HIV, TB and Human Rights award
4. Civil Society Organisations Call on the Prime Minister of Mauritius to stop the deportation of a student living with HIV from Mauritius
5. Criminal Law Not Effective Against HIV
6. Gender equality in human rights institutions in Malawi
7. No one must be left behind: Prioritising HIV and Human Rights in the post-2015 Development Agenda
8. HIV, Human Rights and Sex Work
9. ARASA launches activist guide on Human Rights and TB
10. Civil society organisations condemn the absence and silencing of community voices at ICASA 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.

REGIONAL MEETINGS CONVENED WITH POTENTIAL INFLUENCERS

- **Regional interfaith dialogue:** In July 2015, ARASA convened a dialogue on the role of religious leaders in addressing human rights barriers to accessing HIV and TB services in collaboration with the Malawi Network of Religious Leaders Living with or Affected by HIV and AIDS (MANERELA+) and SAfAIDS.

The meeting was attended by 26 representatives from the faith community, human rights organisations and networks of key populations at higher risk of HIV such as sex workers and lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

The meeting enhanced the knowledge and skills of religious leaders to articulate and integrate human rights-based approaches in the faith sector response to HIV and TB by facilitating the sharing good practices in addressing health and human rights issues in the southern and east Africa. The participants identified common advocacy issues related to HIV, TB and human rights challenges as well as the role of the faith community in addressing HIV and TB.

The advocacy issues prioritised by the participants include the lack of HIV, sexuality and gender-related content in the curricula of institutes and schools of theology, the commercialisation of religion through faith healing, the need for a religious response to criminalisation of HIV transmission/exposure/non-disclosure, stigma and discrimination and harmful religious and cultural practices as key advocacy issues.

A regional advocacy strategy, focused on harmful religious practices, such as faith healing, was developed and will be implemented through collaborative action between civil society and the faith community. A position paper on faith healing and its impacts on HIV in east and Southern Africa as well as a sign on letter addressed to religious leaders are being developed for dissemination during the last quarter of 2015. A toolkit will also be developed in 2016 for use by civil society and the faith community to strengthen the awareness of religious leaders on HIV, SRHR and human rights.

- **Regional dialogue on criminalisation of HIV exposure and transmission in the SADC region:** From 27 to 28 May 2015 ARASA co-convened a meeting for members of the Southern African Development Community (SADC) Parliamentary Forum (PF) Standing Committee on Human and Social Development to interrogate issue of criminalisation of HIV exposure and transmission in the

SADC region ahead of the 37th SADC PF Plenary Assembly Session. ARASA staff and experts from the Southern Africa Litigation Centre and the Zimbabwe Lawyers for Human Rights were called upon to elaborate on the challenges posed by the criminalisation of HIV transmission, exposure and non-disclosure.

As a result of this meeting, a resolution calling on SADC Member States to respect, protect, fulfil and promote human rights in all endeavours undertaken for the prevention and treatment of HIV; reiterating the critical role of Parliamentarians in enacting laws that support evidence- based HIV prevention and treatment interventions that conform with regional and international human rights frameworks; and calling on Member States to consider rescinding and reviewing punitive laws specific to the prosecution of HIV transmission, exposure and non-disclosure was unanimously adopted by the SADC Parliamentary Forum during their in 38th Plenary Assembly in November 2015.

The Plenary considered, took note of and adopted motions as follows:

7.3 Motion on Criminalisation of HIV Transmission, Exposure and Non-Disclosure in SADC Member States

The motion was moved by Hon. Duma Boko of Botswana and seconded by Hon. Dr. Emamam Immam of South Africa. Members expressed concern that specific laws on HIV transmission, exposure and non-disclosure may not only be harmful to successful HIV prevention and care but may infringe on human rights as well. The motion therefore:

- Reaffirmed the obligations on SADC Member States to respect, protect, fulfil and promote human rights in all endeavours undertaken for the prevention and treatment of HIV;
- Reiterated the critical role of Parliamentarians in enacting laws that support evidence- based HIV prevention and treatment interventions that conform with regional and international human rights frameworks;
- Called on Member States to consider rescinding and reviewing punitive laws specific to the prosecution of HIV transmission, exposure and non-disclosure; and

The motion was unanimously adopted.

See: http://www.parlzim.gov.zw/senate-hansard/senate-hansard-01-march-2016-vol-25-no-29

The background to this meeting was as follows: On the 31st of October, 2014, the Human and Social Development and Special Programmes Regional Standing Committee of the SADC Parliamentary Forum recommended to the 36th Plenary Assembly to approve that all SADC Member Parliaments submit country positions, including policies and legal frameworks on the criminalisation of wilful infection of HIV. The aim was to assist the Committee to reach an understanding of the existing situation and chart a way forward. This came out of a debate during the Committee sitting pertaining to the issue of Criminalisation of HIV transmission, which was brought up as a contentious issue. Some countries expressed the strong view that intentional and/or negligent transmission should attract penalty and criminal law should be considered as a deterrent. The following questions were tabled:

- Is there evidence to suggest that there is a correlation between the use of criminal law and low levels of deliberate and wilful HIV transmission prevalence?
- Will it be beneficial for countries to introduce laws criminalising exposure and transmission for good public health outcomes?
- Would the public not think that Parliaments are abrogating their duty of law making, enforcement and compliance if they do not address recent reports of those who are alleged to be knowingly and deliberately infecting others with HIV?
- The purpose of the May meeting was thus to provide an opportunity for SADC Parliamentarians from all SADC Member States to come together to interrogate the effectiveness of the use of criminal law in preventing the spread of HIV and to have access to the latest scientific and medical evidence relating to the usefulness or otherwise of criminal law in an effective response to HIV. The meeting sought also to enhance the technical capacities of Parliamentarians regarding the use of criminal law in the realm of public health.

- **Journalism and the City:** In August, ARASA hosted a workshop entitled 'Breaking down human rights barriers: Media and CSO collaboration to address HIV' at the Highway Africa Conference convened in Grahamstown, South Africa. This conference is hosted by Rhodes University's School of Journalism and Media Studies in partnership with Corporate South Africa, development agencies and media associations. Under the theme 'Journalism and the City', this year's conference explored the relationship of journalism and place, specifically the dialectical relationship between the media narratives and the city.

  In line with theme of the conference theme, ARASA's workshop explored the relationship between the media narratives on health and marginalisation, based on the premise that people living with HIV and key populations at higher risk of HIV such as sex workers, MSM, prisoners and injecting drug users exist in an environment within which access to health care services remains an elusive concept because of the lack of an enabling social and legal environment. The workshop also aimed at engaging media practitioners on how responsible reporting can challenge this status quo and how, increasingly, marginalised populations are defending their right to freedom of association and expression, and articulating their own issues as equal partners in the struggle for equitable access to HIV, TB and sexual and reproductive health services in Southern and East Africa.

- ARASA has set up an email list to share information on the issues discussed with the participants of the workshops. ARASA will also share call for applications with participants when the online short course on HIV, TB and human rights for the media is rolled-out during the last quarter of the year.

- **SOGI dialogue with Parliamentarians:** From 1 - 2 April 2016, ARASA co-convened a regional policy forum on access to sexual and reproductive health services for LGBTI persons in southern Africa with the Southern Africa Development Community (SADC) Parliamentary Forum (PF) in Johannesburg, South Africa. The 56 participants included 11 members and staff of Parliaments from Botswana, Democratic Republic of Congo, Malawi, Namibia, South Africa, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe drawn from SADC PF Regional Standing Committees of the Committee on Gender Equality, Women Advancement, and Youth Development and Human and Social Development and Special Programmes Committee. Also in attendance were a representative from the African Commission on Human and People's Rights, three representatives from Ministries of Health, one representative from a National Human Rights Commission as well as LGBTI and non-LGBTI organisations from the 10 project countries.

Participants of the Regional policy meeting hosted by ARASA and SADC PF

In their overall evaluation of the dialogue, all MPs and staff of Parliament stated that the dialogue was excellent or good and said they would recommend the dialogue to their peers. The MPs particularly appreciated learning about the SOGI issues and definitions and described the dialogue as "an eye-opener to understanding gender identity and basics on LGBTI." According to the survey findings, the MPs appreciated the practical illustrations and personal testimonies from LGBTI participants and felt "empowered with knowledge on the reality of LGBTI." The MPs commended the flexible and participative nature of the dialogue, which opened room for an honest discussion and a space for them to ask questions that they might not feel comfortable enough ask in public. Similarly, government officials appreciated the "ability to accommodate different participants with different [levels of] knowledge and understanding" and how everyone was respectful of each other's views despite differences in opinion.

The civil society groups, [both LGBTI and non-LGBTI] appreciated the opportunity to have an open dialogue with MPs and government officials, which they admitted are not easy to access in-country. The surveys also found that the NGO participants particularly appreciated the willingness of the MPs to learn about SOGI issues and the reality of issues affecting LGBTI people and their health needs describing the dialogue as being "a space created for everyone to engage, which was participative."

In an effort to assess immediate the short term impact of the dialogue on knowledge, attitude and awareness, a pre-test/post-test model of assessment, using the same questionnaire, was used. The findings included the following:

- In response to the question whether sex between two men or two women is wrong, the most significant change was recorded amongst MPs and staff of parliament. Prior to the dialogue, 30% of MPs or staff of Parliament thought that being gay or lesbian is wrong. This changed to 14% after the dialogue. The remaining 86% of MPs or staff of Parliament said that that it is false that sex between two men or two women is wrong.

- In response to the question whether having sex with both males and female

is wrong, the most significant change in attitude was amongst government officials and MPs or staff of Parliament. Prior to the workshop, a third of MPs thought that being bisexual is wrong. This changed to 14% after the workshop. Among Government officials, there was a drastic change from 33% before the dialogue to 0% after the workshop.

- Prior to the dialogue, the majority of MPs or staff of Parliament did not know what it meant to be transgender, while 85% of them thought that there was nothing wrong with being transgender following the dialogue.

- Prior to the dialogue, 60% MPs or staff of Parliament did not know or thought they would refuse to support an LGBTI person. However, after the dialogue, there was a significant change with all MPs or staff of Parliament saying that they would support a person irrespective of gender identity. Overall, there was a change in attitude from around 20% of the total participant being unaware or refusing to support an LGBTI prior to the dialogue which changed to everyone saying that they would support.

- When asked whether they were willing to champion and advocate for LGBTI people to have access to SRHR and HIV services in their constituency, two MPs stated that they are not willing and two stated that they did not know. The remaining MPs (56%) stated that they are willing to champion LGBTI issues in their constituency. When asked to explain their reason why they are unwilling to champion LGBTI issues, the following response were recorded: "The community does not accept or understand LGBTI. It is understood to be satanic"; "Freedom of expression is stifled and advocating is perceived as promoting and/or soliciting and we need more support in form of capacity for human rights advocacy" and: "I think it's not necessary."

- In response to the question of what support participants would need to advocate for LGBTI to have increased access to SRHR and HIV/AIDS services, several MPs and staff of Parliament stated that they need more information (including on the whereabouts and needs of LGBTI people as they "live under cover") and expansion of their network [forging of partnerships].

By the end of the dialogue it was clear that, in order for advocacy on SOGI issues to be effective, more should be done to enhance the awareness and knowledge of the MPs, staff of Parliament and government officials on SOGI issues and what is needed to increase access to HIV-related services for LGBTI people.

Following the dialogue, ARASA has continued discussions with SADC PF about strengthening collaboration to create awareness amongst key policy and decision makers such as parliamentarians on SOGI issues and preparations are underway to host another regional convening with MPs in 2016. In addition, ARASA has been following up with in-country LGBTI and non-LGBTI groups about what support is required to use the agreed opportunities to enhance awareness amongst key policy and decision makers, including parliamentarians regarding SOGI issues (see section: engagement of policy makers at national level)

COMMUNITY DIALOGUES FACILITATED

In 2015, partners in Lesotho, Namibia, Swaziland and Zambia were supported to implement community dialogues geared at building a movement of individuals and organisations who defend and promote equal rights in their communities. Below is a synopsis of the activities:

Lesotho

In April 2015, Matrix Support Group held a one-day workshop on SOGI and access to healthcare services for LGBTI people in Lesotho for 15 healthcare practitioners, including staff from the Ministry of Health Disease Control Unit, local clinics and hospitals as well as representatives of health-based organisations and other stakeholders such as the Global Fund Country Coordinating Mechanism. A key point for discussion was the negative attitude of some service providers towards LGBTI people seeking services as well as laws and policies, which present a barrier to access for LGBTI people. The participants agreed that the decentralisation of services to cover all parts of the country as well as a human rights-based approach to service provision were key to increasing access to health care services for LGBTI people. It was also agreed that efforts to raise awareness of SOGI issues amongst health practitioners should be enhanced.

Participants of the dialogue on sexuality and spirituality

Community dialogue on spirituality and sexuality: Recognising that homophobia and transphobia are rife in the faith community, Matrix convened a two-day workshop on sexuality and spirituality. Although there was initially some tension between the group of religious leaders, from Roman Catholic, Pentecostal, Protestant and Anglican churches as well as the Theology Department of the National University of Lesotho, and the LGBTI participant, the dialogue was facilitated in a manner

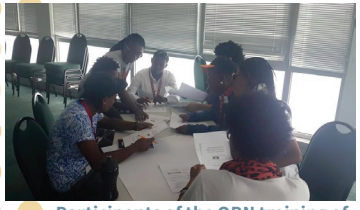
Panellists at the policy forum addressing the audience

that created a safe space, where everyone's views were respected. The discussion focused on how LGBTI people can integrate their sexuality with their faith and spirituality with the help of their spiritual leaders. While the religious leaders, particularly those from Pentecostal churches found the discussions very challenging, as they described homosexuality as demonic, the Catholic priests and theology lecturer were instrumental in facilitating common ground amongst the participants. In the end the participants agreed that the Bible is meant for everyone and aims to bring people together.

LGBTI policy forum: In June, the participants of the health policy dialogue, the community dialogue on spirituality and sexuality and the policy dialogue with policy and decision makers were convened in a national LGBTI forum to debate the issues discussed during the three preceding events. The main panel made consisted of six speakers who participated in the previous dialogues including a former Catholic priest, and chairperson of the Lesotho Theologian association, a theology lecturer and tutor at the National University of Lesotho, a human rights lawyer from the High Court of Lesotho legal clinic and a human rights lawyer from Women and Law in Southern Africa (WILSA) as well as two LGBTI activists from Matrix. IEC materials on health, human rights, spirituality and SOGI were distributed to the participants. The event was marketed on national television and radio with Matrix being invited to participate in a radio programme on a national radio station on the day of the forum. This was an opportunity to brief the public on the topics that would be discussed during the forum and raise awareness on SGI issues. With this support, Matrix was able to strengthen its networks and build new partnerships with potential allies such as the Lesotho Inter Religious Consortium, the theology group and the human rights lawyers.

Namibia

OutRight Namibia hosted two workshops for 57 LGBTI and 8 sex worker participants from the Khomas, Erongo, Hardap and Otjozondjupa regions in an effort to strengthen their capacity on SOGI issues and human rights advocacy. The workshop also provided a platform for participants to share their personal experiences in regards to the violation of human rights violations. A key outcome of the workshop was the building of self-confidence to be able to claim their rights within the participants as, even when they knew about their rights, many of the participants lacked the agency to claim and demand these rights due to self-stigma and low self-esteem. Several participants were referred to LifeLine/ChildLine for counselling services.


Participants of the ORN training of LGBTI persons

ORN also reached 69 service providers including community counsellors, psychologists, nurses, lawyers and social workers from Namibia Planned Parenthood Association (NAPPA), Legal Assistance Centre, the Ministry of Health and Social Services as well as the research teams from the University of Namibia Sociology Department. The sensitization sessions provided a platform to raise the awareness of service providers on SOGI issues to ensure that competent and quality services are provided to LGBTI people. During the sessions, the service providers reflected on their experiences of engaging with and providing services to LGBTI people. NAPPA staff appealed to ORN to engage in a formal memorandum of understanding to support them to ensure that their clinic deliver equal and non-discriminatory services to the LGBTI community. The post-workshop tests conducted after the sessions with all service providers showed that the sessions were useful in enhancing the SOGI and human rights-related knowledge of the participants and increased the number of respondents who agreed that everyone, regardless of sexual orientation, should be given equal access to non-discriminatory health care services.

Swaziland

Rock of Hope hosted a 4-day training and dialogue from 13-14 February 2015 for the LGBTI community in Swaziland to empower them on the legal framework of the country and Human Rights in General. In total the event was attended by 44 people, 25 LGBTI persons and the rest were stakeholders and parents (among others, Family life association, SWANEPA, SWABCHA PSI, CANGO, TASK, Prison Fellowship, HIV organisations, key populations organisations, Faith based organisations, Police, health providers). The first day focussed on empowering LGBTI activists with knowledge while the other days were open to other stakeholders working on SRH, HIV and AIDS issues, including human rights activists and parents of LGBTI persons. While the second, third and fourth day were also featured an element of education as to sensitise the stakeholders to LGBTI issues, they were additionally dedicated to dialogue for the LGBTI Community to engage the service providers and the parents on the importance of respecting LGBTI person's rights. The main aim was to create a better understanding among stakeholders regarding International and regional human rights instruments and how they relate to national legislation and policy in Swaziland in terms of Sexual Orientation and Gender Identity.

Zambia

A community dialogue aimed at changing public perceptions of LGBT in Zambia through engagement between human rights defenders and key stakeholders was

jointly organised by a task-team consisting of Friends of Rainka, MensHealth Network, Engender Health Rights Centre for Justice, SAfAIDS Zambia, Treatment Literacy & Advocacy Campaign, & TransBantu Zambia. Hosted on 13 November, 2014, the dialogue targeted National AIDS Council, United Nations bodies, Traditional and Religious Leaders, Health care providers and the members of the affected communities. The main aim was to bring awareness to the current state of LGBT/ key populations rights, and secondly to raise awareness of the link between key populations human rights violations and their access to services. Among the participants were the National AIDS Council, as well as traditional leaders were in attendance. A total of 30 participants attended the dialogue. The participants produced a short factsheet that listed the major issues arising from the dialogue and lessons learned. It further suggested that more collaboration is needed between LGBTI and other key population groups in Zambia, that there needs to be more work done on debunking myths about sexuality, and that some thought must be given as to appropriate messaging in the context of Zambia. It provided the basis of further engagement with policy and decision makers at a later stage to further advocacy efforts on SOGI issues in terms of access to health and access to justice.

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

ADVOCACY CAMPAIGNS SPEARHEADED AND SUPPORTED

ARASA and ITPC, together with 11 national partners (Botswana, Cameroon, Ivory Coast, Kenya, Malawi, Morocco, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe), launched the ***'Be Healthy – Know your viral load'*** calling on African governments to make viral load tests routinely available to all citizens living with HIV. The campaign is based on the WHO recommendation that routine viral load testing is an essential part of effective HIV treatment. Many countries in the region have adopted the WHO guidelines, but the tests are not widely available in 10 out of the 11 countries involved in the campaign.

On 29 October 2015, ARASA and ITPC held a media and partner briefing on the campaign at the Best Western Plus Lusaka Grand Hotel which included:

- The ARASA/ITPC six minute film showing the impact and benefits of viral load testing for two people living with HIV - London Chuma from Zambia and Doreen Nasaala from Uganda;
- Briefings from ARASA, ITPC and Treatment Advocacy and Literacy Campaign (TALC);
- Personal testimony from London Chuma.

The start of the campaign was marked by a march in Lusaka, Zambia from the Freedom Statue to the Lusaka Civic Centre. The march comprised people living with HIV, treatment advocates and representatives from many of the participating countries. Together, they delivered a letter to the Secretariat of the Common Market for Eastern and Southern Africa (COMESA), the Zambian Ministry of Health and Foreign Ambassadors. A petition was also launched calling on all African governments to:

- Adopt the 2013 WHO guidelines on the strategic use of routine viral load tests;
- Invest in the direct and strategic implementation of the guidelines that recommend the use of routine viral load testing;
- Invest in fast tracking policy implementation of the routine viral load testing guidelines at health care facility level.

Additionally, ARASA and ITPC launched the campaign website (http://www.knowyourviralload.org) and Facebook page with various resources and advocacy materials on routine viral load testing. ARASA and ITPC continue to work together to develop materials for the campaign and develop the campaign website.

NATIONAL AND REGIONAL MEETINGS CONVENED WITH POLICYMAKERS

In-country partners in Lesotho, Malawi, Namibia, South Africa and Swaziland were supported to engage in-country CSOs, policy and decision makers and government leaders including parliamentarians in an effort to enhance their level of understanding of SOGI issues and the needs of LGBTI people in the context of an effective response to HIV. Below is a summary of the outcomes of the activities:

Lesotho

A policy dialogue was hosted with various policy and decision makers, including government officials and a human rights lawyer from the High Court of Lesotho legal clinic. The dialogue focused on the regional and international human rights

[10] https://www.youtube.com/watch?v=ezYcfLNylNA

[11] http://www.iranti-org.co.za/content/Press_Releases/2015/2015-Thembelihle-Sokhela/Press-release_%20Thembelihle-Sokhela_02.pdf
http://www.iranti-org.co.za/content/Press_Releases/2015/2015-Thembelihle-Sokhela/Press-release_%20Thembelihle-Sokhela.pdf
http://www.iranti-org.co.za/content/Press_Releases/2015/2015-Thembelihle-Sokhela/Press-release_%20Thembelihle-Sokhela_03.pdf

instruments as well as the rights protected by the constitution in comparison to specific laws that criminalise same sex practices in Lesotho. The participants recommended that more dialogues on LGBTI issues be facilitated for policy and law makers to address the HIV-related challenges posed by problematic laws, to hold the government accountable to its national and regional promises and to encourage the government of Lesotho to implement ICCPR recommendations on the decriminalization of sodomy laws. Participants identified the specific laws that need to be reformed and discussed strategic litigation as a tool for advocacy.

A key outcome of the dialogue was expressions of support for the advocacy work of Matrix to ensure that there is an enabling legal environment for an effect HIV response for LGTBI people in Lesotho. It was recommended that information on SOGI issues be distributed to key stakeholders such as the different parliamentary portfolio committees and parliament itself. This was supported by one elderly participant from the ministry of law whose remark was that 'there is a need for more awareness because at my age it is my first time to talk about these issues'.

Another recommendation from one of the government representatives was that Matrix be invited to raise the awareness of different departments on SOGI issues. There was also agreement that there is a need to challenge the constitutional court on discriminatory laws especially those with loopholes which present opportunities for law reform such as the marriage act which is not specific on who should be involved, as it only states consenting adults as long as administering officer's culture and belief is in conjunction with such a marriage and Section 22 of the national constitution that gives the citizens power to hold the government accountable to its human rights promises.

Malawi

In 2015, a grant was disbursed to CEDEP to convene a workshop aimed at developing a road map with strategies to be used by CEDEP and other stakeholders including the Malawi Law Society, The Law Department at the University of Malawi, Malawi Human Rights Commission, the Media team and the Legal Team of lawyers that CEDEP is working to influence the review of the constitutionality of the sodomy laws. The workshop will also aim to solicit input and ideas from key stakeholders on the potentially harmful laws that have been referred to Malawi Law Commission. Laws referred to the Malawi Law Commission do not always end up with positive outcomes, in fact in some cases laws may be even changed for the worst. It is in this light that the proposed engagement at this point in time is essential. The workshop will create a platform to discuss what has resulted in Government referring the laws to Malawi Law Commission as well as development of strategies to influence the process.

Namibia

Panellists and participants at the panel discussion hosted by ORN

In October, ORN hosted 70 people at a panel discussion titled: *"25 years of democracy in Namibia, 5 years of Out-Right Namibia's existence – what has been done to create an enabling environment for the LGBTI people in the health and justice fraternities?"* The panel consisted of representatives of ORN, Society for Family Health; MISA Namibia and Legal Assistance Centre as well as the Media Ombudsman and Superintendent Kanjumbwa from the Windhoek City Police. The discussions centred on the legal environment and the role of law enforcement in protecting the rights of LGBTI people in Namibia. In order to publicise the event and raise awareness of the issues, ORN was interviewed on the Good Morning Namibia television programme as well as the National and German radio stations of the Namibian Broadcasting Corporation (NBC).

South Africa

Gender DynamiX received a grant in 2015 to host a two-day sensitisation meeting for various stakeholders including parliamentarians from the Parliamentary Portfolio Committees on Education and Health, the Medical Team at the Transgender Unit at Groote Schuur Hospital in Cape Town as well as civil society on trans issues and to create linkages for advocacy to ensure access to health for trans persons. The activity will be implemented by 30 April 2016.

Swaziland

An open forum was held on 22– 23 May 2015, with the participants who attended the training in February, to further follow up and engage around the issue of human rights and LGBTI persons. The forum agreed collectively that, the HIV epidemic cannot be fully addressed without consideration of the needs and current gaps in the service, research, and support for key populations within Swaziland. In light of this the main objective of the forum was to further strengthen collaboration with the non-LGBTI stakeholders that had attended the 4-day training, to reflect back with them since the training on how they can move forward to collectively work together. The project coincided with the 10th UPR session or consultations. It was strategic for RoH to implement the human rights project during this time and analyse the gaps that exist

at policy level. Furthermore, Rock of Hope went forward and attended a three-day training on UPR mechanism on Shadow Reporting in Namibia (8-11th June 2015), in order to actively engage in this project in-country.

REPRESENTATION / ADVOCACY AT STRATEGIC FORUMS

ARASA continued to be represented on key policy platforms including the UNAIDS Human Rights Reference Group and the Global Fund Human Rights Reference Group, both of which are co-chaired by the ARASA Director.

During 2015 the UNAIDS Human Rights Reference Group, which is co-chaired by the ARASA Director, they

- Contributed to the UNAIDS-Lancet Commission: Defeating AIDS—advancing global health report by making a written submission to the Commission that emphasised the need for strong human rights language in the report.

- Issued a statement on HIV counselling and testing with the full endorsement of the Global Fund Human Rights Reference Group, which is also co-chaired by the ARASA Director. This paper was informed by three key trends that have emerged since the last statement made by the UNAIDS Reference Group on HIV testing in 2007:

    1. Prolific unjust criminal laws and prosecutions, including the criminalization of HIV non-disclosure, exposure, and transmission;

    2. Expanded HIV treatment availability (both geographically and second- and third-line treatments) and evidence supporting the effectiveness of HIV treatment as a means of preventing transmission as well as treating HIV illness (i.e., 'treatment as prevention'); and

    3. International policy directions focused on greater impact and greater speed in order to "end AIDS as a global public health issue," resulting in a recognition that effective interventions need to respond to epidemiological context (in particular better addressing the needs of youth and key populations), and to the barriers to accessing voluntary HIV testing, prevention services, and sustained treatment faced by key populations.

- This statement was issued at the time when UNAIDS and the Global Fund were renewing their strategies for 2016-2021 and 2017-2012 respectively. To support these processes, the Reference Groups offered the following three key messages in the statement:

    1. There is an ongoing, urgent need to increase access to HIV testing and counselling, as testing rates remain low in many settings. The Reference Groups support such efforts unequivocally and encourage the provision of multiple HIV testing settings and modalities, in particular those that integrate HIV testing with other services.

    2. Simply increasing the number of people tested, and/or the number of times people test, is not enough, for many reasons. Much greater efforts need to be devoted to removing barriers to testing for marginalized and criminalized populations, and to link those tested with prevention and treatment services and to successfully keep them in treatment.

    3. Public health objectives and human rights principles are not mutually exclusive. HIV testing that violates human rights is not the solution. A 'fast-track' response to HIV depends on the articulation of testing and counselling models that drastically increase use of HIV testing, prevention, treatment, and support services, and does so in ways that foster human rights protection, reduce stigma and discrimination, and encourage the sustained and supported engagement of those directly affected by HIV.

- At its meeting in October 2015, the UNAIDS Human Rights Reference Group considered and made recommendations to the UNAIDS Executive Director, Michel Sidibe, on the following issues:

    - Looking forward to 2030: the future of human rights within the global AIDS Response
    - Drug policy and human rights
    - UNAIDS and Affordability of Access to Commodities
    - Attaining Fast Track targets: intensifying prevention efforts

- ARASA is also a member of the Developing Countries NGO Delegation to the Global Fund Board, the SADC HIV Technical Advisory Committee and retains its observer status at the African Commission on Human and People's Rights.

Through representation on these platforms, ARASA participated in the Strategic Review process to inform the Global Fund's next strategy, which will cover the period 2017 to 2021. ARASA also participated in the development / review of the new UNAIDS Strategy for the period 2016 to 2021 as well as the development of the SADC Integrated HIV, SRH, TB and Malaria Strategy for the period 2016 to 2020.

- ARASA presented oral and poster presentations during the 7th South African AIDS conference, as well as the 18th International Conference on AIDS and STI's in Africa (ICASA) where the Director addressed the conference on HIV and the Law during a plenary session. ARASA also co-hosted a Human Rights Networking Zone in partnership with the AIDS Legal Network (ALN) during ICASA, hosted in Harare, Zimbabwe from 30 November - 4 December 2015.

INPUT ON DRAFT POLICIES AND LAWS PROVIDED

On 21 April 2015, ARASA and PILS sent an open letter (undersigned by 87 international and regional CSOs) calling on the Prime Minister of Mauritius to stop the deportation of a young woman from Cameroon solely on the basis of her HIV status. The petition also urged policy makers in Mauritius to review and amend the Immigration Act which specifies that persons afflicted with any infectious disease are prohibited from entering the country. As part of her study permit application, the female student was tested for HIV upon arrival in Mauritius. After testing positive for HIV, she received a notification letter from the Passport and Immigration Office informing her that the application for her study visa had been denied and that she would be deported from the country.

PILS has followed this action by launching into a legal battle in the Supreme Court. On 23 April 2015, lawyers on behalf of the student, applied for a judicial review pertaining to the decision of the Passport and Immigration Office. On 24 April 2016, the judge ruled that the young woman will not be deported while the court comes up with a decision.

Financial and technical support was provided to Engender Rights Centre for Justice (ERCJ) in Zambia and KELIN in Kenya to implement activities to raise awareness and generate civil society support for court cases aimed at protecting the rights of people living with and at higher risk in HIV and TB. IN Zambia, the ERCJ director, Paul Kasonkomona. Kasonkomona was arrested in 2013 after arguing on a television programme that the national response to HIV will only be effective is the human rights of all people, including the rights of LGBTI are respected, protected and upheld. Subsequently, he was charged with soliciting for immoral purposes in a public place. ARASA assisted Paul Kasonkomona by providing funds to host a stakeholder breakfast meeting on 30 January in an effort to mobilise civil society to support his court hearing which took place on 4 February 2015. Paul Kasonkomona was acquitted on 25 May 2015.

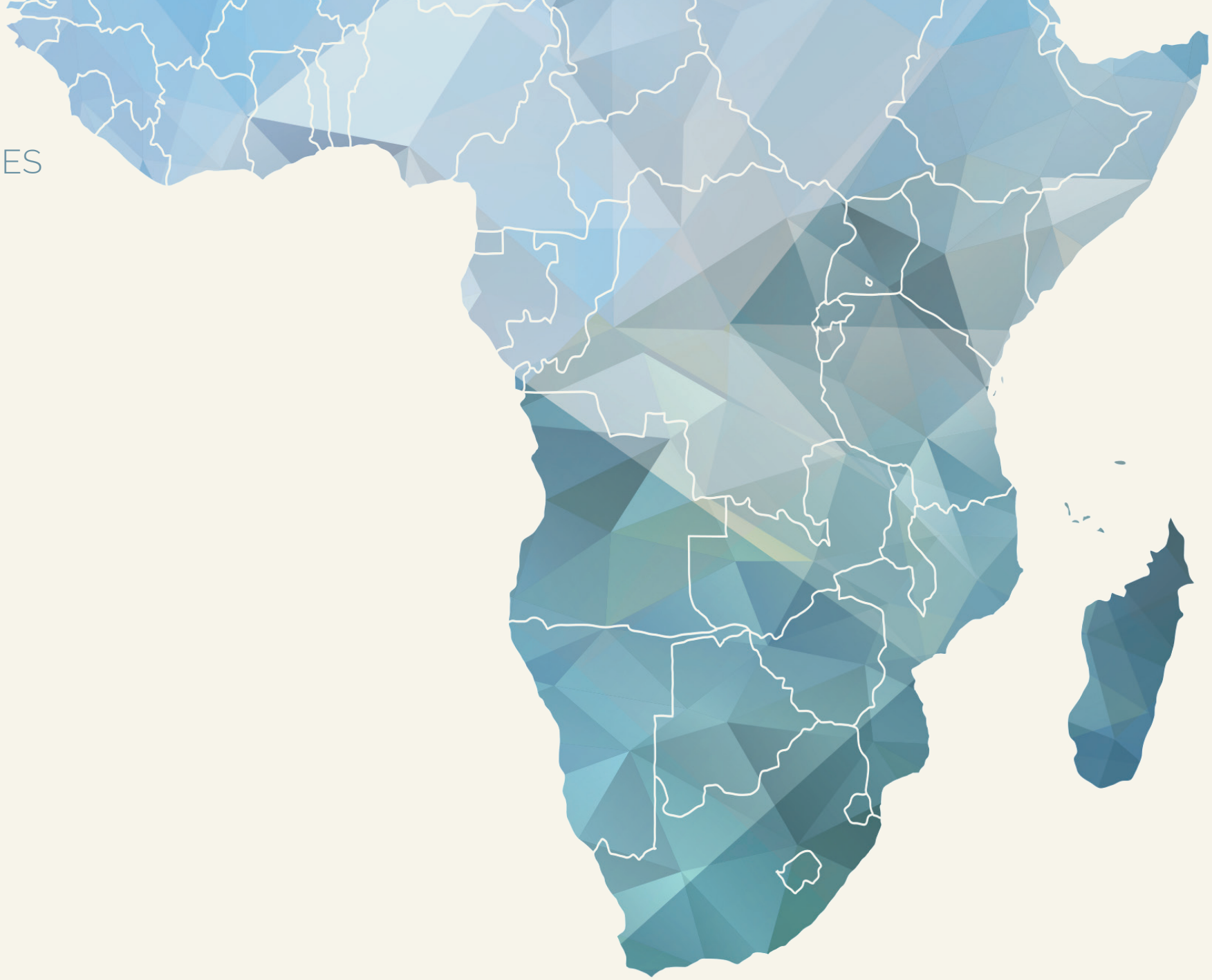
In Kenya, ARASA supported KELIN on the media advocacy and logistics around the TB case that was filed in court to challenge the arrest and detention of TB patients in Kenya. Judgment on this case is scheduled to be delivered on 24 March 2015.
ARASA provided financial support to Iranti-org to undertake advocacy in support of the court case of Thembelihle 'Lihle' Sokhela, who was murdered in a hate crime in Daveyton in the East Rand of Johannesburg in September 2014.

With this support, Iranti-org increased the visibility of hate crimes against lesbians by mobilising community based LGBTI organisations in Gauteng to organise mass action outside the Benoni Magistrates Court and the High Court in Pretoria where the case was being heard.

Iranti-org also strengthened the capacity of LGBTI activists in Gauteng province to document and report on this case. Interviews with LGBTI activists, community members and relatives of the perpetrator were recorded to highlight the challenges faced by lesbians affected by gender-based violence and hate crimes. These videos were posted on the Iranti-org channel10 on YouTube and profiled on other social media platforms.

Press releases and media statements were issued to the media and to members of the South African LGBTI National Task Team and Rapid Response Team until final judgement was handed down on 30 July 2015 and the perpetrator was sentenced to 22 years. Following the sentencing, press statements condemning the light sentence were issued in partnership with organisations such as the Forum for the Empowerment of Women (FEW).

ANNEXURES



ANNEXURE 1: ARASA PARTNERS

Angola

1. Associacao de Reintegracao dos Jovens / Criancas na Vida Social (SCARJOV) – Angola

Botswana

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

Comoros

7. Action SIDA

Democratic Republic of Congo (DRC)

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

Kenya

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

Lesotho

12. Adventist Development & Relief Agency (ADDRA)
13. Development for Peace Education (DPE)
14. Lesotho Network of People Living with HIV/AIDS (LENEPWHA+)
15. Phelisanang Bophelong
16. Matrix Support Group

Madagascar

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

Malawi

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

Mauritius

30. Dr Idrice Goomany Centre
31. Prevention Information Fight against AIDS (PILS)

Mozambique

32. Associacao KINDLIMUKA
33. Mozambican Treatment Access Movement (MATRAM)
34. Mozambican Network of Religious Leaders Living with HIV and AIDS (MONERELA +)
35. Associacao Mulher, Lei e Desenvovimento (MULEIDE)
36. Association for Help of Development (PFUNANI)

Namibia

37. Rights Not Rescue Trust (RNRT)
38. AIDS Law Unit of Legal Assistance Centre (LAC)
39. Tonata PLWHA Network
40. Voice of Hope Trust

Seychelles

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

South Africa

42. African AIDS Vaccine Programme
43. AIDS and Human Rights Research Unit, Centre for the study of Human Rights,

University of Pretoria

44. AIDS Legal Network (ALN)
45. Community Media Trust (CMT)
46. Section 27
47. Treatment Action Campaign (TAC)
48. Transgender and Intersex Africa
49. Unit for behavioral studies on HIV and Health (UNISA)
50. IRANTI-Org

Swaziland

51. Population Services International (PSI)
52. Swaziland Positive Living (SWAPOL)
53. Women and Law in Southern Africa Research Trust (WLSA
54. Swaziland Business Coalition of Health and AIDS (SWABCHA)

Tanzania

55. Children Dignity Forum (CDF)
56. Children Education Society (CHESO)
57. Community Participation Development Association Tanzania (COPADEA-TZ)
58. Network of Young People living with HIV and AIDS (NYP+)
59. Southern Africa Human Rights NGO Network (SAHRiNGON)
60. Tanzania Network of Women living with HIV (TNW+)
61. Community Health Education Services and Advocacy (CHESA)
62. LGBT Voice, Tanzania
63. Centre for Widows and Children Assistance (CWCA)
64. Tanzania Civil Society National Steering Committee on HIV and AIDS response (CSONCS)

Uganda

65. The Centre for Health, Human Rights and Development (CEHURD)
66. Uganda Network on Law, Ethics and HIV/AIDS (UGANET)
67. Uganda Harm Reduction Network (UHRN)

Zambia

68. Zambia Association for the prevention of HIV and Tuberculosis (ZAPHIT)
69. Copper belt Health Education Program (CHEP)
70. Engender Rights Centre for Justice (ERCJ)
71. Friends of RAINKA (FOR)
72. Generation Alive (GAL)
73. Prisons Care and Counselling Association (PRISCCA)
74. Trans Bantu Association of Zambia (TBZ)
75. Treatment Advocacy and Literacy Campaign (TALC)
76. Centre 4 Reproductive Health and Education
77. Zambia Network of Religious Leaders Living with HIV and AIDS (ZANERELA+)
78. Zambia Disability HIV/AIDS Human Rights Programme (ZAMDHARP)

Zimbabwe

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

Regional Partners

85. Network of African People living with HIV, Southern Africa (NAPSAR+)
86. Pan African Positive Women's Coalition (PAPWC) – Zimbabwe Chapter and PAPWC Southern Africa Region
87. International Community of Women Living with HIV Eastern Africa Region (ICW EA)
88. Southern Africa HIV & AIDS Information Dissemination Services (SAfAIDS)
89. Southern Africa Development Community Parliamentary Forum HIV/AIDS Programme (SADC PF)