

ARASA
AIDS & Rights
Alliance
for Southern Africa

2016

ANNUAL

REPORT





2016

ANNUAL REPORT

This report covers activities implemented by the AIDS and Rights Alliance for Southern Africa (ARASA) during the period 1 January 2016 to 31 December 2016.



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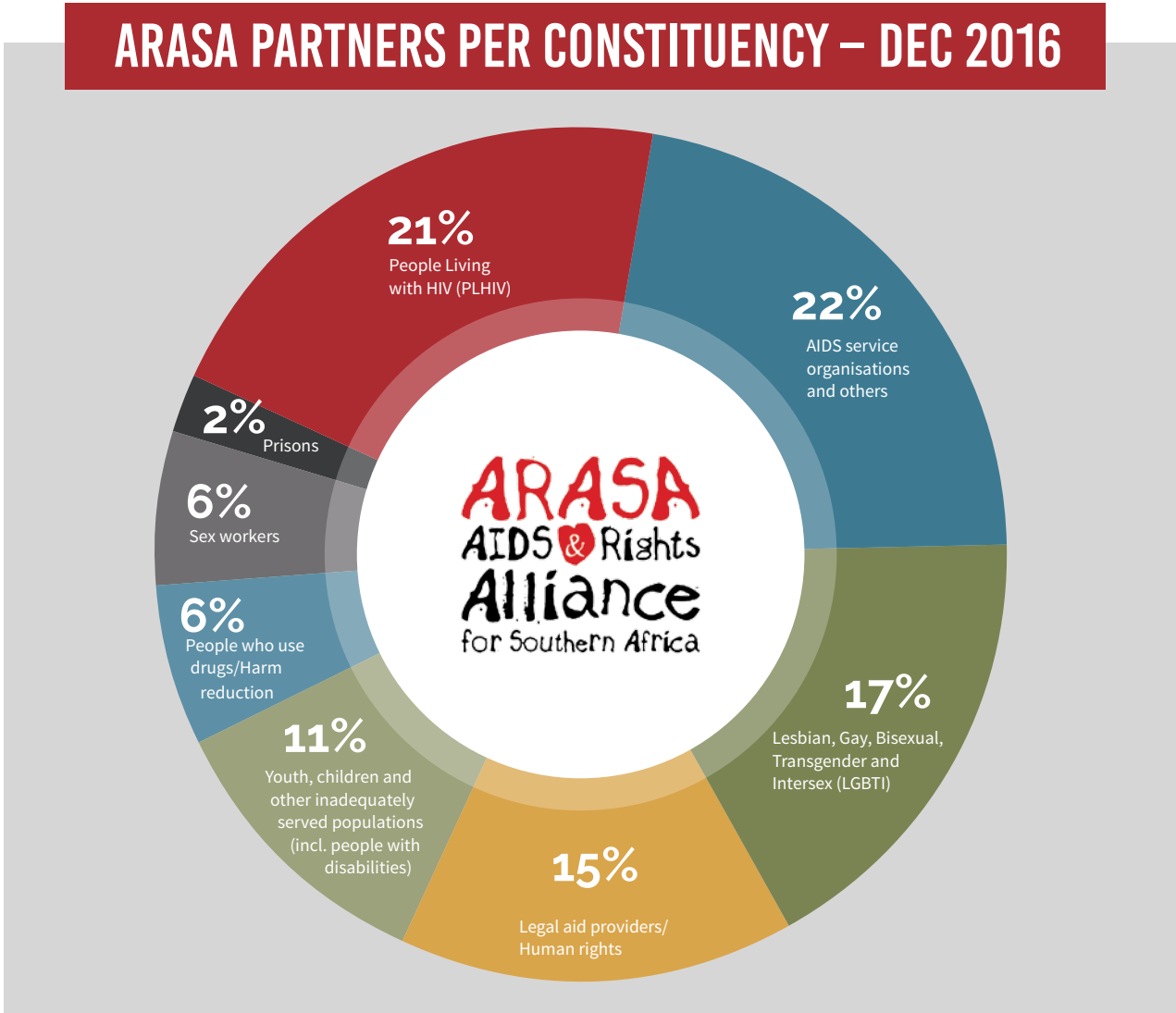
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Who are we?

Established in 2002, the AIDS and Rights Alliance for Southern Africa (ARASA) is a regional partnership of 117 civil society organisations (CSOs)¹ working together in 18 countries² to promote a human rights approach to HIV, AIDS and tuberculosis (TB) through capacity building and advocacy. ARASA partners comprise a diverse mix of more and less well-established organisations from a diverse mix of constituencies.

The basis of the partnership is solidarity and shared responsibility for advancing social justice in the region, with a focus on the realisation of the right to health. Since its inception, ARASA has remained the only partnership of organisations that have come together to collectively address human rights responses to HIV and TB in southern and east Africa.

In 2016, the partnership grew from 106 partners at the beginning of the year, to 117 partners at the end of December.



1. See Annexure A: list of ARASA partners
2. Angola, Botswana, Comoros, Democratic Republic of Congo, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe



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Our vision

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

Our mission

- ARASA promotes a human rights approach to HIV, TB and sexual and reproductive health and 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' 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.

Our overall objective and outcomes

Overall objective: To ensure that a legal, policy and social environment exists in southern and east Africa (18 countries) in which people living with HIV and TB and key populations most affected by HIV access acceptable, affordable and quality SRHR, HIV and TB prevention, treatment and care services.

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;

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

2. Service providers have increased capacity to provide acceptable, accessible, affordable and quality SRHR, HIV and TB care and support services for people living with HIV and TB and key populations;
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; and

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

ARASA works to contribute to these outcomes through capacity strengthening and advocacy, both of which have regional and national components. Our capacity strengthening is designed to strengthen civil society capacity for effective HIV, TB and human rights advocacy in southern and east Africa. Our advocacy is designed to promote an enabling environment for an effective response to HIV and TB in southern and east Africa, with human rights at the centre.

We use a 'top down' and 'bottom up' approach at national, regional and international levels to elevate national HIV, TB and human rights challenges to regional and international policy platforms while trickling down good practice approaches in HIV, TB and human rights programming to national and community based civil society partners.

The Director's reflections



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Dear friends and colleagues

It gives me great pleasure to share with you, on behalf of the ARASA team, our Annual Report for 2016. I am always overwhelmed, when it comes to putting together our report on activities for the year, by the amount of work that we

manage to get done. This is only possible as a result of the commitment and resolve of ARASA partners to join together and work cohesively towards ensuring the right to health for all in southern and east Africa. It is also a tribute to the small but dynamic ARASA team whose collective wealth of skills, experience and expertise enables us to deliver a consistently high standard of work and to our donors who support our work.

Change towards the achievement of ARASA's overall objective of ensuring that a 'legal, policy and social environment exists in southern and east Africa in which people living with HIV and TB and key populations access acceptable, affordable and quality SRHR, HIV and TB prevention, treatment and care services', is slow, incremental and notoriously difficult to measure within the space of a few months or even years. Change, slow though it may be, is however happening. We are increasingly seeing the impact of our work in contributing towards the achievement of this objective and I am proud to be able to share with you, through this report, some highlights of our achievements in 2016.

The environment in which ARASA and its partners work is often a difficult one. 2016 saw shrinking political space for civil society in southern and east Africa. Several countries have repressed and heavily constrained civic space in which individuals and civil society organisations who criticise power holders risk surveillance, harassment, intimidation, imprisonment, injury and even death. Other countries in which ARASA works frequently use laws that require the registration of NGOs to harass organisations working on human rights and health, particularly in relation to

We need to push back. Strong, adaptable, independent and active civil society is needed in the region to protect human rights.

marginalised groups such as sex workers, people who use drugs, transgender people and men who have sex with men. The government of Tanzania has threatened, since July 2016, to de-register organisations 'promoting homosexuality' by distributing lubricants for HIV prevention. Threats of de-registration have been targeted at key populations organisations and several have, as a result, been forced to halt the implementation of HIV prevention programming for men who have sex with men.

Political developments in Europe and the United States have highlighted the rise of an increasingly conservative and nationalist far-right, which constitutes a threat to Overseas Development Aid and is increasingly limiting the ability of human rights organisations to promote the protection of human rights globally. This is exacerbating the already challenging funding and political landscape in which HIV and TB programmes operate.

We need to push back. Strong, adaptable, independent and active civil society is needed in the region to protect human rights, ensure safe space for citizens, and demand accountability of governments and influence decisions that affect their lives and vulnerability to HIV and TB. ARASA plays a significant role in supporting partnerships, coalition building and peer-to-peer learning to respond to the closing space for civil society in the region. We will, with your support, continue to do so and we hope you will continue to walk with us on this journey.

Michaela Clayton
Director

Governance

Oversight to ensure the organisation fulfils its mandate is provided by a board of trustees consisting of the following eight members, two of whom are elected by partners at the Annual Partnership Forum as partner representatives:

1. **Kaumbu Mwendela** (Independent) (Chair)
2. **Toni Hancox** (Legal Assistance Centre)
3. **Lois Chingandu** (SafAIDS)
4. **Christine Stegling** (Independent)
5. **Justin Benade** (Independent)
6. **Michaela Clayton** (Director ARASA) (ex officio)
7. **Rev. Anderson Mataka** (Malawi Network of Religious Leaders Living with or Affected by HIV and AIDS (MANERELA) (Partner representative)
8. **Wamala Twaibu** Uganda Harm Reduction Network (UHRN) (Partner representative)

Human resources and staff development

Although relatively small in size, the ARASA team has a collective wealth of skills, experience and expertise that enables us to deliver a consistently high standard of work.

As at 31 December 2016, the ARASA team comprised the following 12 members:

1. **Michaela Clayton:** Director, Windhoek, Namibia
2. **Felicita Hikuam:** Deputy Director, Cape Town, South Africa
3. **Selma Kamati:** Finance Manager, Windhoek, Namibia
4. **Hertha Nekwaya:** Finance and Administrative Officer, Windhoek, Namibia
5. **Lynette Mabote:** Programmes Team Leader, Cape Town, South Africa
6. **He-Jin Kim:** Key Populations Programme Officer, Cape Town, South Africa
7. **Maggie Amweelo:** Monitoring and Evaluation Officer, Windhoek, Namibia
8. **Lisias Mashuna:** Office Assistant, Windhoek, Namibia
9. **Nthabiseng Mokoena:** Regional Advocacy Officer, Cape Town, South Africa
10. **Lesley Odendal:** Communications Lead, Cape Town, South Africa
11. **Bruce Tushabe:** Training and Capacity Strengthening Officer, (currently based in Kampala, Uganda) to relocate to Cape Town, South Africa in 2017
12. **Soraya Matthews:** Regional Training and Grants Officer, Cape Town, South Africa

ARASA is committed to the ongoing professional development of our team and to this end we have a staff development fund which pays up to 75% of the costs of further studies. In 2016, we supported six team members to engage in further studies that are relevant to their work.

Financial sustainability

ARASA continues to enjoy the support of various donors and maintains a relatively diverse funding base.

An external audit for the 2016 financial year was completed in February 2017 by Stier Vente Associates, for which ARASA received an unqualified audit report.

FUNDS RECEIVED IN 2016

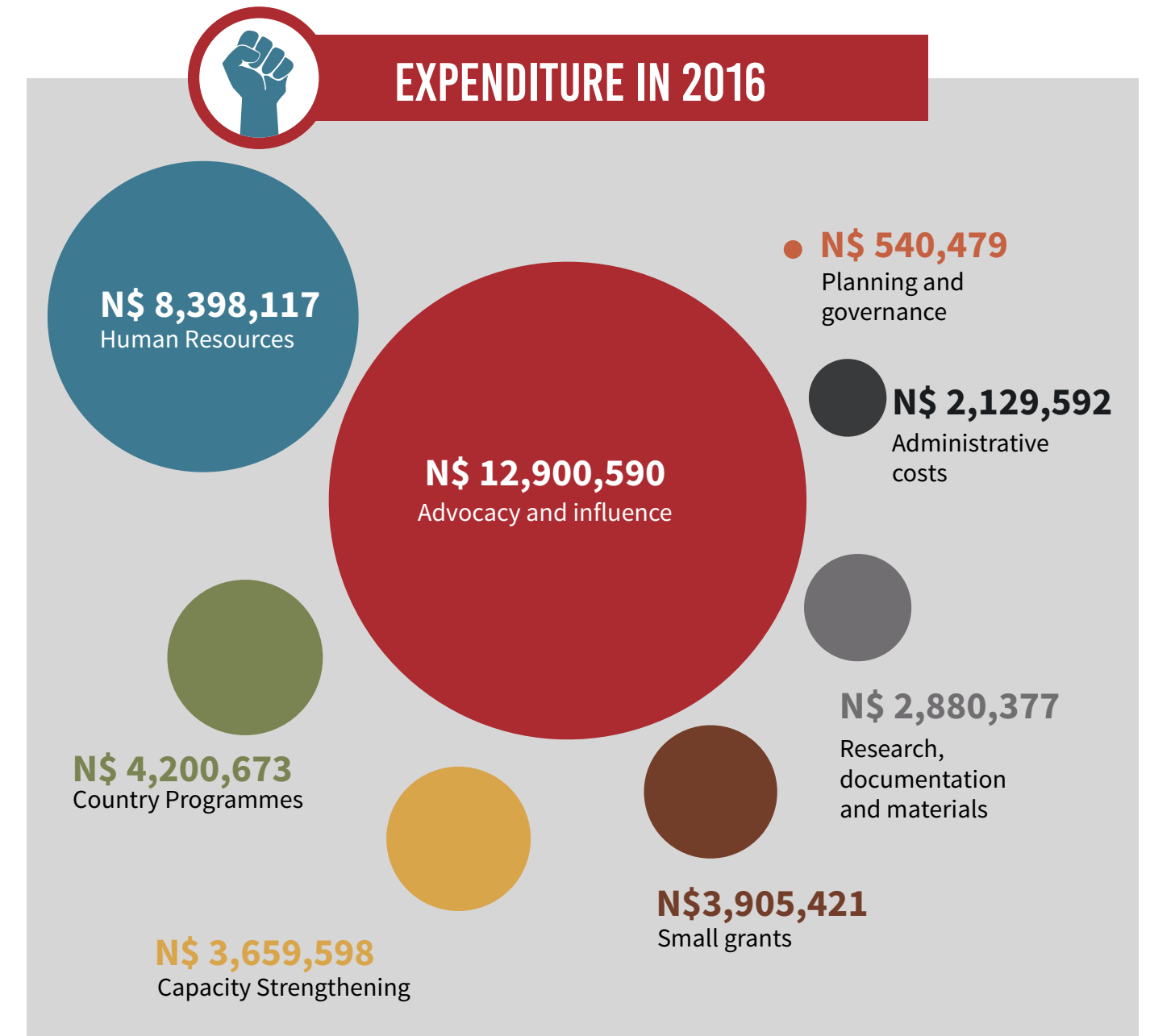


How did we spend the money?

ARASA's total income in 2016 was N\$ 35,111,034 and total expenditure was N\$ 38,614,847 which resulted in a deficit of N\$ 3,503,813 but this has been offset by the N\$ 12,609,027 carried forward from 2015. As illustrated by the graph below, the bulk of the funds was spent on advocacy interventions,

which included support provided to partners in focus countries to implement advocacy activities related to advocacy priorities identified by partners during the Annual Partnership Forum (APF).

EXPENDITURE IN 2016



Progress against outcome indicators

Change towards the achievement of ARASA's overall objective of ensuring that 'a legal, policy and social environment exists in southern and east Africa (18 countries) in which people living with HIV and TB and key populations access acceptable, affordable and quality SRHR, HIV and TB prevention

treatment and care services', is slow, incremental and not easy to measure within the space of a few months or even years. We have however been able to track clear results at the outcome level, which indicate that we are proceeding steadily towards this objective.

OUTCOME 1:

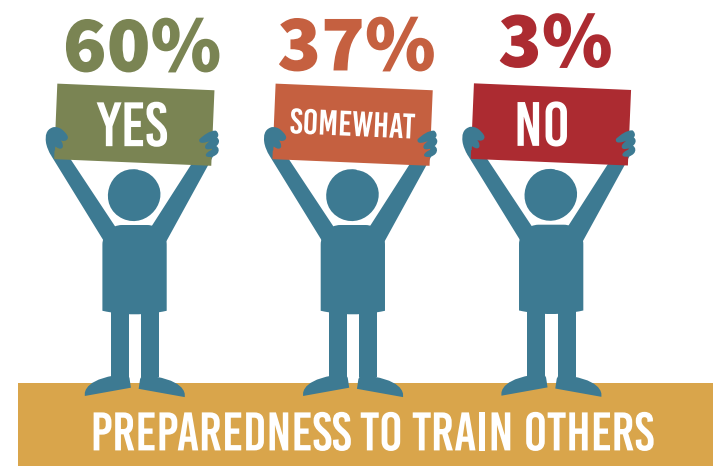
Civil society on a national level advocates for acceptable, accessible, affordable and quality SRHR, HIV and TB care and support services for people living with HIV and TB and key populations

Growing the cadre of HIV, TB and human rights activists

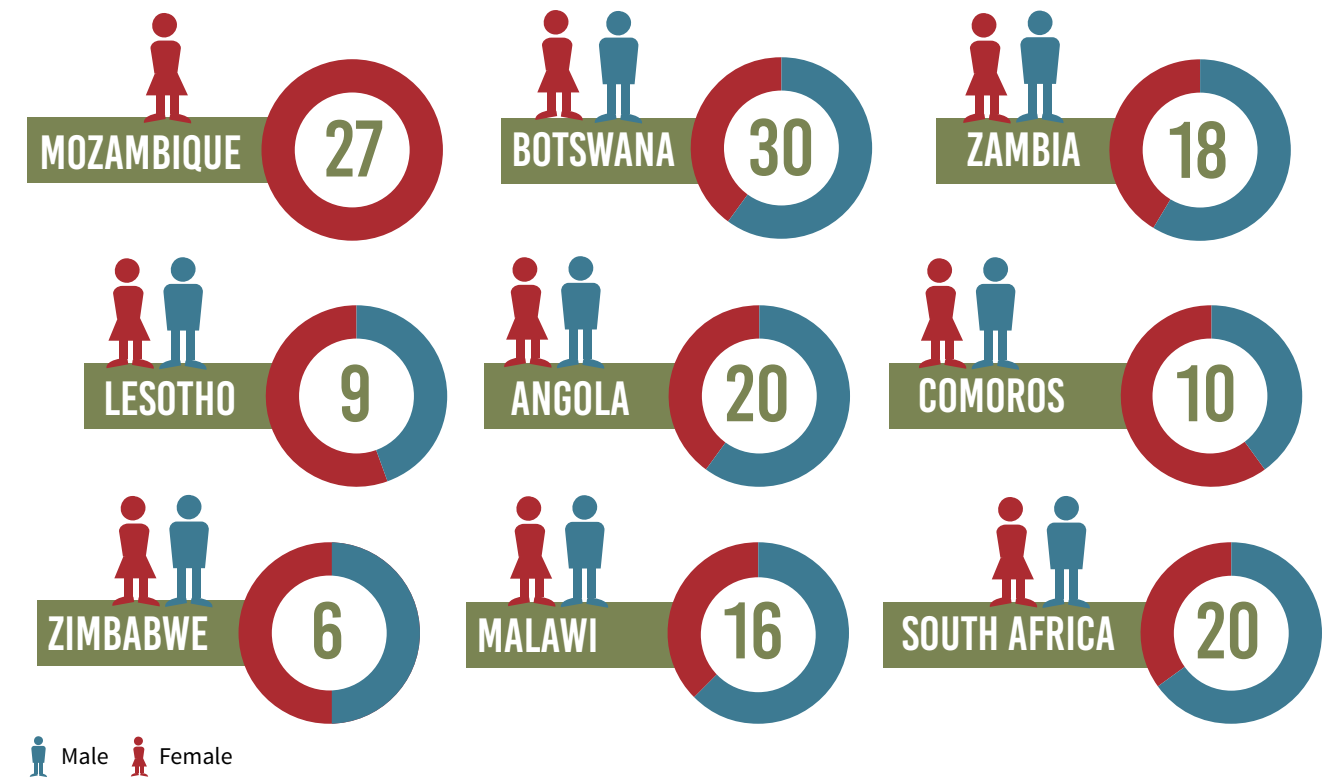
Through a series of capacity strengthening interventions, which include a regional Training of Trainers (ToT) Programme, online short-courses and a Partner-exchange Internship Programme, ARASA contributed to ensuring that ARASA partners and other CSOs have improved capacity to advocate for acceptable, accessible, affordable and quality SRHR, HIV and TB care and support services for people living with HIV and TB and key populations as well as to strengthen capacities of other CSOs.

At the outset of the first ToT workshop, hosted in February, 80% of the participants indicated that they had minimal information on the key topics that were covered during the training, whereas after the training, all participants reported an improvement in knowledge on the key topics covered

during the training. More than 90% of the participants of this workshop also reported feeling prepared to train others on the topics covered during the training workshop.



NUMBER OF PEOPLE TRAINED BY ARASA 2016 TOT PARTICIPANTS



"The ARASA ToT has indeed shaped my career for the better and I can't stress how important this training is. One of the greatest impacts of the ARASA 2016 ToT was the fact that I was chosen by the director [of our organisation] to analyse the International HIV/AIDS Alliance gender framework to see if it speaks to the issues that are affecting women in our region and if those issues that differ from country to country are well articulated and how exactly would this gender framework be implemented. The ARASA ToT gave me the capacity to analyse the document with an open mind as I only had to recall what the other participants from different countries said about issues affecting women in their countries".

Unami Amantle Mashumba, Botswana Network on Ethics, Law and HIV/AIDS (BONELA), Botswana

"We learned a lot about people who use drugs and how to engage in advocacy for safe drug use. In fact, our organisation is about to launch a project to provide them with syringes and we also raise awareness about HIV and testing in their community. [Before I participated in the ToT] it was difficult to think about implementing such a project because of our government's policy, which prohibits the use of drugs. We are now more equipped to scale up our advocacy work and to build a stronger movement from the local level up. We are also more involved in national CSO networks so that we can maximise our effectiveness and efficiency in delivering our work".

Lalaina Razafimanantsoa (Gasy Youth Up) and **Andrianadison Rafalimanana** (PSI), Madagascar



2016 Training of Trainers participants

Sadly, Training of Trainers 2016 participant, Edwin Jarold Nowaseb from Namibia, passed away in December 2016. Edwin Nowaseb graduated from the TOT in November graduation ceremony. Our condolences to his family and community.



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Based on assessments conducted with our Training of Trainers (ToT) programme participants at the beginning and end of the year, their position on specific advocacy issues changed from 84.37% choosing the appropriate response before participating in the ToT programme to 90.3% choosing the appropriate response after participating in the programme. The number of times participants chose the option of no position during the initial assessment (during the first workshop) reduced from 10.5% to 5.7%, which suggests that the majority of these had moved from no position during the initial assessment to the appropriate response during the final assessment.

Partner exchange internships

During 2016, three interns from KELIN, Gays and Lesbians of Zimbabwe (GALZ) and Malawi Sex Workers Alliance (MASWA) were hosted by the Southern Africa Litigation Centre (SALC) and Kenya Sex Workers Alliance (KESWA) respectively for six to eight weeks through the partner exchange internships programme.

The internship programme contributed to the strengthening of the capacity of partner organisations to advocate for an increase in access to services. A sending organisation, GALZ, reported that the internship has increased the skills of their

staff member, as they rated their performance as having gone from “fair” to “good” since participating in the internship programme. GALZ also indicated that the intern is now able to mobilise and engage sex workers in their programmes and has also improved on report writing as a result of the placement.

Reports from the interns also indicated that they have improved reporting and facilitation skills (exhibited during their engagement with communities) as a result of the exchange visits. For example, Jessica Olouch from KELIN who was hosted by SALC, expressed that she enjoyed accompanying SALC staff to high level meetings and workshops as she found these opportunities ideal for learning about how other organisations facilitate their meetings. One highlight in particular, was attending the ARASA and SADC PF co-hosted Joint Members of Parliament (MP) Standing Committees meeting on Criminalisation of HIV and Key Populations on 11 May 2016. During this meeting, she was able to engage with ARASA staff, MPs as well as the media around issues of the decriminalisation of safe abortions (a presentation which was delivered by Nyasha Chironge of SALC) and provide inputs on challenges encountered in the Kenyan context.

The internship programme also contributed to an exchange of skills and knowledge between employees of the sending organisations, as the interns from GALZ and KELIN reported having shared information and presented their experiences to the rest of the sending organisation’s staff. Jessica Olouch from KELIN reported that the internship has afforded her an opportunity to strengthen arguments related to infringement of health rights using precedents and jurisprudence from the South African context to inform arguments in Kenya.

Country Programmes: accountability in health governance

The ARASA-supported HIV, TB and Human Rights Training and Advocacy Country programmes were initiated in 2008, based on an Annual Partnership Forum decision to concentrate on supporting partners to roll out HIV and human rights programmes in each of the countries in the region.

Since then, ARASA has provided financial and technical support on a 2-year cycle basis to build a cadre of knowledgeable civil society leaders across the region as the basis of a broad social mobilisation around the right to health and accountability of governments and other institutions to their international, regional, and national legal obligations for health and human rights.

“This was, and remains a relevant programme whose rationale meets expectations of communities, especially on the need and demand for quality health care services. It is very easy to have advocacy efforts politicised in a country like Zimbabwe where there is serious social intolerance because of divisive national politics, but the Country Programme implementation kept the focus on issues, processes and systems in the health care delivery system. This aided the programme to overcome the initial suspicion that might have been levelled on it given its human rights narrative. The country programme was/is uniquely and innovatively positioned because mainstream health programming including HIV lacks a committed interest on human rights, especially on understanding that that health rights, or right to health care provisions in the national Constitution are inextricably linked to human rights.”

Adolf Mavheneke,
Zimbabwe Country Programme Coordinator, SAfAIDS

In each country, ARASA has supported the training of 20 to 25 Community Health Advocates (CHAs) to act as influencers to support communities to understand, participate and advocate for their health and rights related to HIV and TB. The CHAs receive a monthly stipend and are attached to local clinics, implementing various training and awareness raising activities in addition to monitoring access to services and commodities as well as human rights violations. The findings of the CHAs are fed through to the national level to inform advocacy campaigns on priorities identified by ARASA partners in the country.

Country Programmes supported in 2016 were those in Mauritius³ and Tanzania⁴ as well as in Zimbabwe⁵ (the latter of which concluded at the end of May).

3. Hosted by Prévention Information et Lutte contre le Sida (PILS)

4. Hosted by Community Health Education Services and Advocacy (CHESA)

5. Hosted by SAfAIDS and Zimbabwe National Network of People Living with HIV (ZNPP+)

“Because of the knowledge gained during the ToT, I have contributed to the establishment of a support group that looks at lesbian, gay, bisexual, transgender and intersex (LGBTI) and people living with HIV – thus far, such a group was non-existent. Further, the ToT has improved my facilitation skills which have led to my organisation requesting that I facilitate more trainings.

Mwango Chalimba, Lotus Identity, Zambia

Community Health Advocates in Manicaland, Zimbabwe, demand accountability in health governance

In 2016, the City Council of Mutare in Manicaland unilaterally increased the consultation fees at local clinics from US\$2 to US\$9, and user fees for refill of antiretroviral drugs from US\$2 to US\$5.

Recognising that the vast majority of people living with HIV and other community members in the city were unable to afford health care services, Community Health Advocates (CHAs) supported by Country Programme hosts Zimbabwe National Network People of living with HIV (ZNNP+) and SAFAIDS, along with other civil society organisations, spearheaded advocacy efforts calling for the reduction of consultation and user fees at local clinics run by the City Council as well as ensuring that health care financing and infrastructure, including viral load and CD4 count machines are a priority for the government.

A request for permission to march was initially declined, but following the filing of an urgent court application challenging the decision by the police by the CHAs with support from ARASA partner Zimbabwe Lawyers for Human Rights, a ruling was made in favour of the CHAs. On the day of the march, people living with HIV and other activists carried placards with key messages through the city and delivered a petition to the Provincial Affairs Minister, the Provincial Medical Director, the Provincial AIDS Coordinator and the Mutare City Council. The march was covered extensively in the media.⁶



CHAs and other community members marching through the city demanding for the reduction of user fees and prioritisation of health care financing and infrastructure, including viral load testing machines, by the government.

Subsequently, the City Council reduced user fees from US\$5 to US\$3, while the consultation fees were reduced from US\$9 to US\$5 per consultation. While these amounts are still high, advocacy by the CHAs continues with a view to having them reduced even more.

Following the march and delivery of the petition, ZNNP+ convened a dialogue on the scale up of viral load testing machines with the Ministry of Health and Child Care and other stakeholders including FHI 360, New Start and Médecins Sans Frontières (MSF)/Doctors without Borders from across the province. As a result, the Ministry of Health has established a viral load thematic committee at provincial level, which meets regularly to deliberate on the scale up of access of viral load testing.

Small grants: Catalytic investments for HIV, TB and human rights

In 2016, as in previous years, the ARASA small grants remained a key vehicle to strengthen the technical and financial capacity of civil society organisations to monitor and analyse efforts of national governments to protect, respect and uphold human rights in the context of national

responses to HIV and TB and advocate for acceptable, accessible, affordable and quality SRHR, HIV and TB care and support services for people living with HIV and TB and key populations.

As was the case in 2015, 14 applications for small grants were received from participants of the ToT to replicate the learning in 2016. Of these, seven were selected to receive grants for implementation in 2017. The high quality of the situational analyses and proposed activities in the applications received clearly illustrated the level of skills and knowledge acquired by participants during the ToT. This was partly because the ARASA team encouraged participants to submit proposals well in advance of the closing date to allow for review and input from the team to strengthen the quality of the proposal.

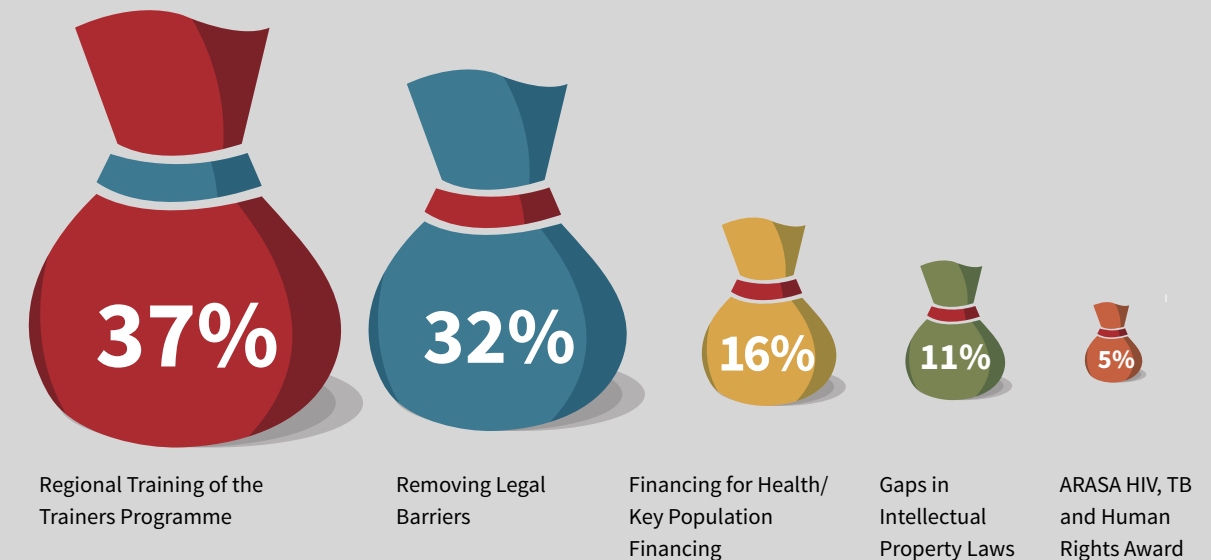
6. Media coverage included Diamond FM, a community radio station based in the city of Mutare, the Newsday, Daily News and New ZIANA, Studio 7, a global satellite/internet radio station based in Washington DC, which broadcasts on Zimbabwe.

ARASA provided small grants to the value of US\$ 318,499 to 27 national and community-based organisations, including eight organisations led by LGBTI, people who use drugs and sex workers.

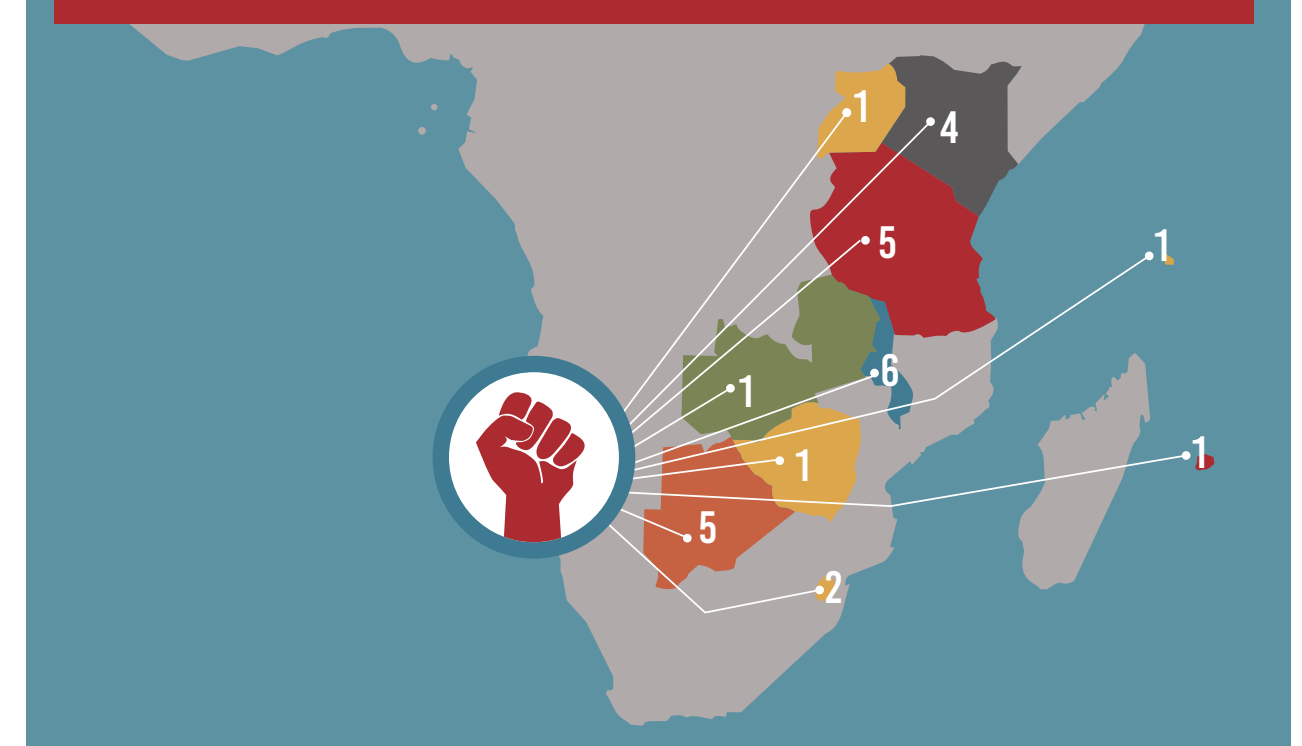
Grants were provided to support training and advocacy projects in Botswana, Kenya, Malawi, Seychelles, Swaziland,

Tanzania, Uganda, Zambia and Zimbabwe, which addressed a range of issues including providing accurate information on HIV prevention and treatment, advocating for increased investment in key population groups, addressing stigma in the faith community, ensuring that HIV and TB responses are meeting the needs of everyone, and promoting an enabling legal and policy environment.

INVESTMENT PER SCOPE OF GRANTS IN 2016



NUMBER OF ORGANISATIONS SUPPORTED PER COUNTRY



GRANTEES FOCUS AREAS PER COUNTRY FOR TOT GRANTS



SACRO conducts first of its kind research on people who use drugs (PWUD) in Swaziland and highlights need for investment in PWUD programming

In 2016, the Swaziland Association for Crime Prevention and the Rehabilitation of Offenders (SACRO) received a ToT small grant to conduct a first of its kind study in Mbabane and Manzini, Swaziland to (1) estimate the distribution of the people who use drugs (PWUD) in terms of age, gender, residence, family background, socio-economic status; and (2) produce population size estimates (of PWUD) to improve knowledge, understanding and interventions appropriate for key populations, including a harm reduction programme to be implemented by SACRO.

Following approval of the research protocol by the Ministry of Health's Research Ethics Committee, SACRO embarked on research, including group discussions and semi-structured interviews, with 25 PWUD. The research findings were then presented to stakeholders, including PWUD, civil society organisations and government representatives.

The Ministry of Health Research Ethics Committee requested that this study be conducted nationally to enable the Ministry to use the findings in influencing resource allocation for PWUD, who face challenges in accessing health related services.

During the implementation of the project, SACRO noted that there was an increase in the awareness of TB and HIV among the respondents. They also noted that the respondents changed their attitude towards service providers and were more willing to participate in meetings to discuss the realisation of their right to health.

Due to delays in securing ethics approval, the project concluded with the completion of the research report. SACRO intends to use the findings of the report in 2017 to further advocate for the review of legislation to secure an enabling environment for delivery of harm reduction and drug treatment services for PWUD.



CEDEP secures Global Fund funding to implement prevention programmes for men who have sex with men and transgender people

With support from the Robert Carr civil society Networks Fund, ARASA and the International Treatment Preparedness Coalition (ITPC) provided a grant of US\$ 55,000 to a consortium of partners, including Centre for the Development of People (CEDEP), in Malawi to strengthen advocacy for financing for HIV and TB interventions targeted at MSM, PLHIV, sex workers, and transgender persons in Malawi.

As part of their project, the consortium in Malawi sought to highlight challenges with regards to the ability of key population organisations to be considered eligible grant implementers and access to the Global Fund funds in their countries. The advocacy included signing on to a regional letter, which cited specific examples from Malawi, where CEDEP, a well-established organisation addressing the needs of lesbian, gay, bisexual, transgender and intersex people (LGBTI), applied to be a Sub-Recipient for the implementation of the "Prevention programmes for men who have sex with men and transgender people" module.

Two other organisations with no proven record in implementing prevention interventions for men who have sex with men or transgender people were awarded the grant. However, following a decision by the boards of these organisations not to implement the module, the Principal Recipient opened the process to select Sub-Recipients to implement this module.

As a result of the strong advocacy by CEDEP and its partners about the ability of key population organisations to implement activities to meet the needs of their communities, which was directly supported with a grant from ARASA / ITPC, CEDEP and the Southern Africa AIDS Trust (SAT) Malawi have been awarded US\$ 1,2 million of the country Global Fund grant for key populations interventions.

According to Gift Trapence, Director of CEDEP: "In September 2016 the Principal Recipient invited applications from civil society organisations that are currently implementing

prevention programmes for men who have sex with men and transgender people to implement the MSM component of the Global Fund Joint TB and HIV programme in eight districts in Malawi.

This call for expressions of interest was made after some organisations turned down the offer to implement the MSM module. CEDEP was not selected during the previous call for expressions of interest although the organisation had the expertise to implement the programme. The call for expressions of interest was also made after the advocacy around financing of key populations organisations with the Global Fund. The call for expression of interest was also made after the advocacy around financing of key populations organisations with the Global Fund. The advocacy around the financing made sure that there was a transparent process that could make sure that the selection of organisations to implement the MSM module is based on capacity and experience in this field.

CEDEP, in partnership with SAT Malawi, submitted a joint proposal to Action Aid, the Principal Recipient (PR). The CEDEP and SAT proposal clearly demonstrated that the

proposed activities were in line with CEDEP's strategic plan and within the mandate and strategic objective of the organisation. CEDEP demonstrated that it was already implementing similar projects including the Linkages project funded by FHI 360 and that the proposed interventions for the Global Fund funded programme were not new to the organisation. Compared to the organisations who previously turned down the offer as well as all the new applicants, CEDEP proved that the organisation had the human resource and financial management capacity as well as experience in managing and implementing the MSM programme. CEDEP was selected to be a sub- sub recipient while SAT was chosen as a sub recipient.

CEDEP and SAT's proposal was funded because of the support from ARASA regarding the advocacy to the Global Fund to allow key populations organisations to access funding. The advocacy led to the PR developing clear selection criteria for those organisations applying to implement MSM programming, including having a selection panel with expertise in HIV, key populations and specifically working with MSM and transgender people in Malawi.

Networking and linkages

The Partnership

ARASA is the only regional organisation that is structured in the form of a partnership of country-based civil society organisations working together to promote human rights and health in the context of HIV and TB in southern and east Africa.

From 27 to 28 April 2016, 113 representatives of ARASA partner organisations convened in Johannesburg, South Africa for the 2016 ARASA Annual Partnership Forum (APF). The meeting provided a platform for the staff and trustees of ARASA to update partners on the achievements of the organisation since the previous APF and for partners to network, share lessons learned and explore ways to address HIV and TB-related human rights challenges facing their countries. ARASA staff reported on the activities of the organisation, including the financials and programmatic progress achieved in 2015.

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 political commitments and regional mechanisms to the limited access of key populations to HIV and TB services and

commodities, guided the thematic sessions of the APF. ARASA partners also engaged in discussions on topics of financing for HIV and TB, gender based violence, and enabling legal environments during the two days.

Partners agreed that the advocacy priorities, which ARASA should focus on during the year should be stigma and discrimination; TB, HIV and human rights in prisons; and enabling policy and legal environments, as there was still much work to be done to move these advocacy priorities, which were identified as priorities for ARASA to focus on in 2015 and going forward. In addition, the needs of migrants in the context of HIV and TB was identified as an additional advocacy priority.

During a discussion on what it means to be an ARASA partner, representatives of partner organisations shared the following:

"ARASA is an inclusive network and partnership and is a true human rights organisation. It is unique in its symbiotic relationship. The partnership is based on equality, even though some people [and organisations] have more experience: we are a true family where we learn from each other. I see ARASA as a think tank and the secretariat is capable."



Bruce Tushabe, former Acting Executive Director of MANERELA+ and Reverend Mataka, vice-chair of the MANERELA+ Board received the 2016 ARASA HIV, TB and Human Rights Award from Michaela Clayton, Director of ARASA.

"Being a partner allows us to contribute to achieving collective goals, so that as a region we can make a concerted impact."

"As an ARASA partner, we have benefited enormously, as we tap into the expertise of the ARASA secretariat often. Our capacity has also been strengthened through the online and face-to-face training, so that we are now a force to be reckoned with nationally. ARASA has also allowed us to tap into regional structures, that as a national organisation we would not be able to access, such as SADC, the African Union and other structures."

"We have gained a lot in terms of visibility of our work and credibility of our organisation from being an ARASA partner. ARASA has been providing a platform where we can share experiences, we have received a number of opportunities, as well as a space for networking."

On 28 April, the Malawi Network of Religious Leaders living with and personally affected by HIV and AIDS (MANERELA+) was awarded the 2016 ARASA HIV, TB and Human Rights award, accompanied by a grant of US\$ 10,000 at a ceremony held at the conclusion of the APF. The award was established in 2007 to recognise and support ARASA partner organisations who undertake ground-breaking work to protect human rights, often in extremely challenging political climates.

MANERELA+ was recognised for their work with religious leaders to reduce stigma, silence, denial, discrimination and inaction, through the promotion and involvement of the faith community. MANERELA+ is the only faith-based organisation in Malawi that is advocating for the human rights of LGBTI groups, including repealing of discriminatory laws, in very challenging circumstances as LGBTI people are often regarded as being cursed or satanic.

A key role of ARASA is to strengthen networking and linkages between its partners and with other stakeholders to enhance their capacity to advocate for access to HIV and TB services. In 2016, this was achieved through regional advocacy consensus-building dialogues on thematic issues including harm reduction and drug policy, funding for health, and the role of law enforcement and correctional services in an effective response to HIV and TB; networking and sharing platforms, including the Annual Partnership Forum as well as interventions such as skills exchange visits between partners.

Strengthening advocacy on drug policy and harm reduction

During 2016, ARASA has also increased work in areas we haven't really worked in much before such as drug policy and harm reduction. From 3 to 4 March, ARASA hosted a regional dialogue on Drug Policy Reform and Harm Reduction in Johannesburg, South Africa with 33 participants, including drug policy activists from 15 countries in southern and east Africa. The participants included 13 ARASA partners (including four new partners who joined in 2016), two religious leaders and two Parliamentarians. The dialogue provided a platform for sharing good practices of advocacy related to drug policy reform and harm reduction in southern and east Africa and developing strategies to engage in the 2016 United Nations General Assembly Special Session on Drugs and beyond. A key outcome of the dialogue was the establishment of a Regional Drug Policy Reform Network, which will be hosted by ARASA and will spearhead drug policy reform and a push for evidence-informed harm reduction programming in southern and east Africa. Another result of this meeting has been the establishment of an active email list-serve for participants of the meeting to continue to share updates on the work they are undertaking in-country.

Of the 25 participants who completed the evaluation forms, 20 found the dialogue extremely valuable and 22 expressed that their expectations were definitely met. The highlights of the meeting for most of the participants included the establishment of the regional network, sharing of lessons on drug policy reform and harm reduction and sharing of strategies for engaging policy makers and parliamentarians.

From 23 August to 16 September, ARASA administered an online short course on drug policy and harm reduction for 30 participants. The course was moderated by Matthew Southwell from CoAct. During this period, 32 people viewed the reading materials and a total of 4889 views were registered during the three weeks. Due to the consistent efforts of the moderator to ensure that the course was user-friendly and interactive, there was a clear increase in traffic on the e-platform during this course, registering twice the number of views for the other courses.

During the International AIDS Conference, AIDS 2016, ARASA co-hosted the People who use Drugs and Harm Reduction Networking Zone with the International Network of People who use Drugs, TB/HIV Care and Urban Futures Centre (UFC). ARASA's Programmes Team Leader participated in sessions at the Drug Policy Reform and Harm Reduction (PWUD) Zone at AIDS 2016 (See: <http://theinfluence.org/i-have-rights-like-any-other-person-how-the-worlds-drug-users-created-something-great-in-durban-last-week/>).

Following the regional dialogue, ARASA has submitted a proposal to Open Society Foundations to support the establishment of a SADC Harm Reduction Network. These funds will be used to support the implementation of a regional campaign on drug policy and harm reduction. ARASA also created an email list (drugpolicyreform@arasa.info) to facilitate networking and sharing between participants of the regional meeting.

Partners implementing drug policy and harm reduction activities from Zimbabwe and Mauritius were invited to present to MPs during the Joint Session of the SADC PF Standing Committees. See the articles below, which were published after this meeting.

<https://www.newera.com.na/2016/05/12/sadc-mps-urged-decriminalise-drugs/>

<https://www.daily-mail.co.zm/?p=66756>

<http://allafrica.com/stories/201605160523.html>

In December, ARASA supported two organisations working with people who use drugs to undertake World AIDS Day 2016 activities related to drug policy and harm reduction. In Mozambique, UNIDOS organised a march with up to 200 people who use drugs and hosted thematic debates on HIV, TB and drug use. In Zimbabwe, the Zimbabwe Civil Liberties and Drug Network organised a "Meet the People" advocacy event, which was a one-day workshop on access to health services for people who use drugs in Zimbabwe.



Improving the health and rights of lesbian, gay, bisexual, transgender and intersex people

Between 2012 and 2016, ARASA collaborated with Positive Vibes, COC and Hivos to implement the Dignity Diversity Rights (DiDiRi) programme aimed at improving the health and human rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people across southern Africa.

Recognising the value of a multi-stakeholder effort, initiating and building on coalitions of and solidarity between LGBTI people and non-LGBTI voices, ARASA implemented a series of interventions including the development of resources, regional knowledge-sharing and networking meetings and skills-exchange visits to support linkages and networking for advocacy-related peer-to-peer learning.

An external evaluation⁷ of the Programme in 2016 confirmed that ARASA's approach of strengthening advocacy capacity amongst LGBTI organisations, in addition to strengthening linkages between LGBTI and non-LGBTI organisations for advocacy, have contributed to a more enabling environment for LGBTI rights and, specifically, advocacy activities have resulted in increased access to health interventions, including HIV services.

The evaluation confirms the following: "Whilst there was initially some resistance to this approach and a concern that non-LGBTI organisations might dominate, this evaluation has found that this has allowed for a strengthening of LGBTI

organisations and for both an increased capacity for advocacy and engagement, as well as an increased ability to form partnerships that support access to health and legal services."

LGBTI as well as non-LGBTI respondents commented on the effect that advocacy and awareness-raising interventions (supported by ARASA) have had on their organisation's capacity to undertake advocacy and awareness-raising work. These findings are reflected below:



7. http://arasa.info/files/9914/8732/9882/DiDiRiEvaluation_Dec_2016.pdf

LGBTI-led CBO partners indicated that this increased capacity and confidence enabled them to undertake several activities, including the International Day Against Homophobia and Transphobia (IDAHOT) events, community dialogues, policy dialogues and campaigns (such as “Proud to Serve”).



What advocacy and awareness-raising work have you been able to do since 2012 with support from DiDiRi?

An LGBTI-led CBO partner from Zimbabwe observed that IDAHOT had helped them to create safer spaces in the community: *“We are the only ones to take the commemorations to the communities. [Such events] used to be at an embassy space and we said we want to have a community event with the people who should be celebrating so we had an event in the community.”*

The respondents also showed how these initiatives have contributed to shifting views of some religious leaders and even a few traditional leaders, stating that they are now more supportive.

Respondents also expressed that the community dialogues have been very important in encouraging non-LGBTI organisations as well as key individuals (lawyers and health workers) to work with the LGBTI sector and in creating spaces in national fora for the LGBTI community to participate. Another CBO partner, from Zambia, stated that the dialogues have been very valuable and had created a space for them to engage with policy makers.

In Lesotho, it was found that there is now more openness to talking about LGBTI issues and beneficiaries and members of



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the CBO there stated that it is no longer “hush hush” to talk about LGBTI people. The respondents from the CBO partner indicated that *“ministers talk about the fact that there is an LGBTI sector for the first time”*. Other respondents, including health workers and lawyers, stated that, through meeting LGBTI individuals and hearing about their issues, they realised that they *“don’t have horns ... realising people don’t choose this path.”*

In Malawi, as part of these changes, the evaluation team found that, at the time of the previous field visit undertaken by the team (for the mid-term review in 2014), the Malawi Human Rights Commission was silent on LGBTI issues and, in the same year, had refused to join a case to review the constitutionality of sodomy laws. Yet, through the constant engagement of the Commission by CHRR and the Centre for the Development of People (CEDEP), the team issued a press statement in December 2015 affirming that LGBTI rights are human rights. Since then, the Commission (through the Directorate of Civil and Political Rights) has been co-facilitating workshops and participating in activities on LGBTI rights.

CBO partner also indicated that *“there has been a change in the perceptions of a few traditional leaders and some religious leaders through the support of DiDiRi”* stating that *“the prior work that has been done by ARASA, in particular the community dialogues, has helped with this engagement.”* This change was confirmed by a respondent from the Zambia Network of Religious Leaders Living with or personally affected by HIV and AIDS or ZANARELA+ (representing religious leaders in Zambia).

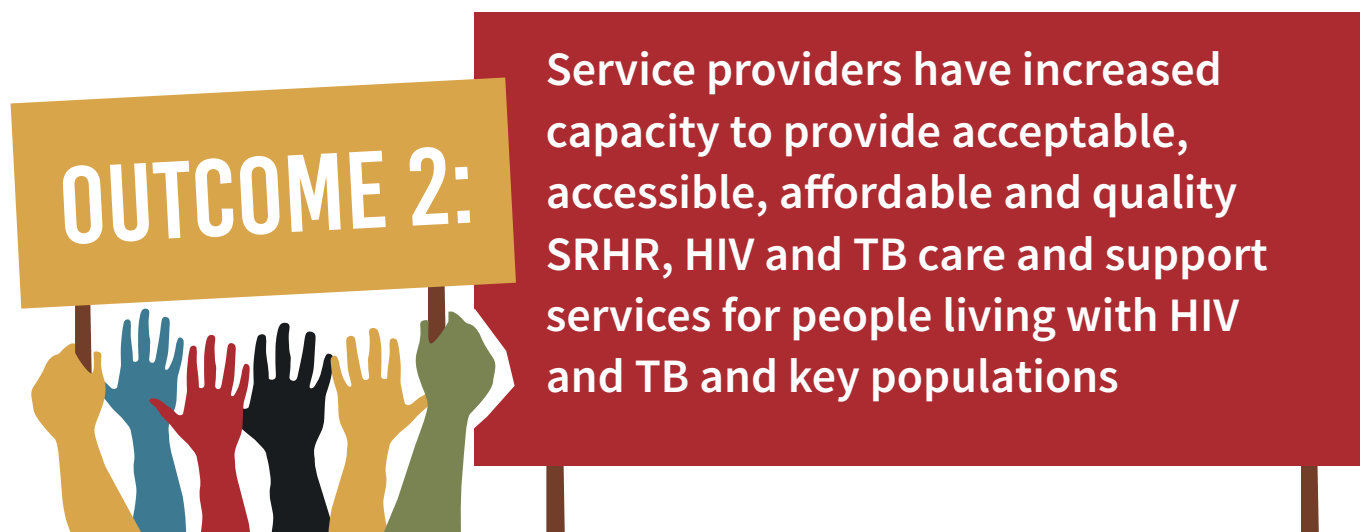
2016 United Nations High Level Meeting on Ending AIDS

From 30 to 31 March 2016, ARASA co-hosted and facilitated the southern and east Africa, as well as continental civil society consultations, in preparation for the 2016 United Nations General Assembly High Level Meeting on ending AIDS, scheduled for June 8 to 10, 2016 in New York, United States of America. The southern and east Africa CSO consultation resulted in a common position with specific demands, which were considered in the development of an Africa Civil Society Common Position, which was disseminated globally to UN agencies, the African Union (AU), governments and other stakeholders of the African HIV response. The document was also used to develop presentations and input during a Civil Society Hearing hosted on 6 April in New York. The document was presented to the AU Experts Meeting preceding the Ministers of Health Meeting, which endorsed an African Common Position, which formed the basis for engagement of African governments in the negotiations for an Outcome Document emanating from the High-Level Meeting.

ARASA also encouraged its partners to use the civil society position paper in their advocacy with their governments

at national level as well as through their missions in New York. Zambia was appointed as co-chair of the international gathering, making it essential for civil society to work with the country delegation to ensure that challenges presented by stigma and discrimination and human rights violations to the HIV response as well as other issues raised in the position paper were highlighted. ARASA provided financial and technical support to the Centre for Reproductive Health and Education in Zambia to convene a national dialogue in preparation for the High Level Meeting. The national dialogue was held in Lusaka on 11 May in collaboration with the National AIDS Council and was attended by 30 participants, including government officials from the Ministry of Health and the National AIDS Council, the mission staff in New York and representatives from various civil society organisations who would be part of the Zambian country delegation to the High-Level Meeting, as well people living with HIV and key populations. Civil society presented its critique of the zero draft of the Outcomes Document based on a comparison of the African CSO Common Position Paper and made various amendments and recommendations.

During the week of 9 May, ARASA collaborated with UNAIDS on a Human rights @HLM social media week with hashtags including #HLM2016AIDS, #humanrights.



Compared to 2015 when no specific activities targeting service providers were implemented, ARASA significantly increased its outreach to service providers such as law enforcement and correctional services officials, national

human rights institutions and health care providers in 2016. 122 service providers reported having acquired new skills and knowledge as a result of participation in an activity implemented by ARASA and its partners.

Advocating for rights-based policing and law enforcement

In June 2016, ARASA co-convened a regional dialogue for representatives of correctional services and law enforcement with the African Policing Civilian Oversight Forum (APCOF) and the Centre for Human Rights Education Advice and Assistance (CHREEA), Malawi to explore the role of law enforcement in the HIV response. The dialogue focused on the impact of punitive policies on people living with HIV and key populations.

The dialogue strengthened the engagement between representatives of the judiciary, law enforcement, key populations and civil society organisations in regard to addressing challenges posed by punitive laws and policies imposed on people living with HIV and key populations. The platform also allowed for inter and intraregional information exchange on the realities of key populations and applicable and adaptable best practices. Participants developed a coordinated regional advocacy plan, which will be coordinated by ARASA in partnership with various law enforcement authorities, representative policy and lawmakers and civil society.

Participants reported that they found the meeting highly useful and would like to continue having such dialogues in the future. They requested peer-to-peer training on the role of law enforcement in the HIV response as well as a 'space' for law enforcement officials to challenge their own internal stereotypes and prejudices.

"The dialogue served as an eye opener since we were made to understand how punitive measures contribute to high HIV prevalence rates and deter access to HIV services. It changed my perspective in that I now understand why key populations should not be discriminated [against] neither should their rights be abused nor violated but rather need a collaborative approach to promote and protect such rights, the linkage between HIV, TB and Human Rights and the law, the importance for increased advocacy and lobbying for removal of legal barriers which impede access to healthcare for key populations," said **Dorothy Ngugi** from the Kenya Police Services.



As a result of the dialogue, there has been increased networking between law enforcement officials and civil society in Kenya. For example, the Kenya Police Services has started working closely with civil society organisations, including KELIN, to refer clients they come into contact with for various services, including legal aid services and harm reduction information. The Kenya Police Services has also trained prison officers to provide HIV testing and counselling services to staff, their families and inmates.

Law enforcement officials from Swaziland also reported positive results. *"Since the meeting, I convened a training in my department, and in August was identified as the focal person to work with police stations to conduct sensitisation of law enforcement officials; which led to the establishment of a directory of senior officials within regions where sex workers and men who have sex with men can report any human rights violation at police stations. I am also instrumental in leading the work with key population-led organisations including sensitising the police on stigma and discrimination toward key populations. I am also leading a team which is training 90 domestic violence officers from all the police stations in Swaziland. We have already had a one-day sensitisation meeting for two police stations."*

Khanyisile Lukhele, Swaziland National AIDS Programme, working with Police Service.

Strengthening National Human Rights Institutions (NHRIs)

A regional meeting of national human rights institutions on the role of National Human Rights Institutions (NHRIs) in addressing legal and other barriers to access to HIV services for key populations was co-hosted by ARASA and the National Human Rights Institutions (NANRHI). During his closing remarks, Dr Martin Nsabirwa, Senior Manager: Executive Support at the South African Human Rights Commission (SAHRC) stated: "This was a good convention and we have been opened up on the different issues. We talked about very difficult issues. This is work we have to carry forward in our countries. We look forward to sharing the documents with our colleagues and ensuring that we promote and protect the rights of all citizens without compromise or discrimination"

As a result of this, the South African National Human Rights Commission and the Mozambican National Human Rights Commission both extended invitations to ARASA to provide capacity building trainings on Sexual Orientation and Gender Identity issues for their staff members in 2017.

The training for Commissioners in South Africa was hosted in January 2017. According to Dr. Nsabirwa: *"I believe that my eyes were opened (during the November meeting). The meeting was powerful, especially the stories and experiences of the key populations themselves. Most of the time when we are at meetings discussing these issues, there is a lot of conflict because of colleagues' personal belief, but this meeting was different, it was based on facts, evidence and human rights. I thought to myself that I cannot keep this knowledge to myself, I went back to the SAHRC and spoke with the head of research, I told him that we need a similar meeting for our colleagues at*



Dr Martin Nsabirwa of the South African Human Rights Commission (SAHRC)

the Commission. We were able to mobilise about 35 colleagues to attend the workshop, which we call a seminar, held by ARASA at the SAHRC. The workshop was just as powerful, I believe that for a lot of us, our misconceptions and stereotypes regarding LGBTI persons were changed. Such meetings are needed to assist NHRIs in dealing with key population issues."

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

As in previous years, ARASA continued to link partner organisations with potential influencers such as the media and religious leaders to ensure that they 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. This has resulted in positive reporting in the media on the work of ARASA partners and advocacy issues such HIV-related challenges faced by people who use drugs, sex workers and LGBTI persons.

Strengthening rights-based media reporting

ARASA has been engaging with media professionals since 2014 to ensure that they are well informed on matters pertaining to human rights, sexual and reproductive health and rights (SRHR) and TB, and are able to accurately communicate and create awareness about these matters to decision makers and society.

Journalists from Nigeria, South Africa, Tanzania, Zambia and Zimbabwe were invited to attend the regional meeting of National Human Rights Institutions to strengthen their knowledge on the role of NHRIs in ensuring rights-based approaches for key populations in Africa. They all reported that the meeting left them better prepared to report on the role of human rights institutions in protecting the rights of key populations. Phylis Kachere, the Deputy Editor of The Herald Newspaper in Zimbabwe, reflected that her participation in this meeting provided new links and sources for future stories and angles about human rights, particularly in regard to key populations. She remarked: “Issues to do with key populations in a criminalised environment like where I operate from, are usually side-lined for fear of backlash from authorities or from the populations as they accuse one of taking sides or not particularly covering the issues in a clear-cut manner. I am always stepping on eggshells, and

for obvious reason [working for a state-owned newspaper], I have ended up avoiding such issues. But I am glad because my participation has given impetus and a new resolve, as these are real issues that call for a sober approach.”

Since the workshop, journalists who attended and those who were invited produced the following five pieces, which include interviews with participants of the meeting:

1. *Need to recognise drug use a public health issue*, Tanzania Daily Mail <http://www.dailynews.co.tz/index.php/features/47217-need-to-recognise-drug-use-as-public-health-issue>
2. *Transgender and HIV: Stigma sabotages prevention*, Daily Maverick. <https://www.health-e.org.za/2016/12/05/transgender-hiv-stigma-sabotages-prevention/>
3. *National Human Rights Institutions*, Le Mauricien. <http://www.lemauricien.com/article/en-marge-du-1er-decembre-vihsida-cache-gouvernement>
4. *Radio interview about the NHRI Meeting*, SABC Africa
5. *The importance of respecting Human Rights*, MUVI TV, Zambia

As was the case in 2015, the provision of technical and financial support to partners for advocacy in support of strategic litigation continued to be very successful in 2016.

Supporting strategic litigation

ARASA provided financial and technical support to partners in Kenya, Uganda, Malawi and Zambia to implement advocacy activities and profile key court cases. In Kenya, KELIN was supported to implement advocacy activities in support of a court case challenging the arrest and detention of people with TB in Kenya. The case stems from the arrest and incarceration of two men under section 27 of the Public Health Act, 1921 for interrupting their TB medication. A campaign, titled: “TB is not a crime”, was implemented to keep the public and other stakeholders updated on the progress of the case and its implication for HIV and TB programming and the need for the development of the TB isolation policy. The campaign included issuing of several press statements, updates on social media platforms and mobilisation of civil society and the public to attend the hearings. KELIN also developed a video for the campaign: (See: https://www.youtube.com/watch?v=kNy7NY_0Q1c&feature=youtu.be.) On 24 March 2016, the court found that the practice of confining TB patients in prisons for purposes of treatment is unlawful and unconstitutional.

In Malawi, ARASA supported advocacy by the Centre for Human Rights Education Advice and Assistance (CHREAA) to raise the visibility of a case challenging the use of the offence of living on the earnings of prostitution following the conviction and fining of 19 women charged with the offence of living on the earnings of sex work contrary to section 146 of the Penal Code. On 8 September 2016, the Zomba High Court set aside the convictions and found that the arrest of the women was unconstitutional and not based on evidence. ARASA's funding supported the attendance of sex workers and the media during the court case in Zomba. Press statements were also released as part of the advocacy for increased awareness on the violation of the rights of

sex workers. (See: <http://www.maravipost.com/2016/09/20/malawi-human-rights-groups-laud-zomba-high-court-sex-workers-case/>)

ARASA also provided financial and technical support to the Uganda Network on Law, Ethics and HIV/AIDS (UGANET) to further their media advocacy aimed at increasing awareness on the draconian provision in Uganda's HIV law of 2014, which criminalises HIV transmission. The advocacy activities implemented with ARASA's support included a dialogue with editors and reporters of media houses, a press conference on this issue, IEC materials to support the campaign, hosting radio talk shows and publishing newspaper messages to mobilise public support for a petition for the Constitutional Court to declare certain sections of the HIV law, which compel people living with HIV to disclose their HIV status to their partners and healthcare workers, among others.

The grants to partners in Uganda and Malawi contributed to increased public support and enabled the supporters of the case to attend the court hearings.

In Zambia, ARASA supported advocacy by Prisons Care and Counselling Association (PRICSCCA) and Treatment Advocacy and Literacy Campaign (TALC), who were supported by the Southern Africa Litigation Centre (SALC) to appeal the High Court's dismissal of a petition to challenge prison conditions and access to food for inmates living with HIV in Lusaka Central Prison. The judgment appealed against had found that the food in the prison was inadequate and that the conditions amounted to a violation of the right to freedom from inhuman and degrading treatment, but also found that these rights were not enforceable against the government. (A television interview from the press conference can be found here: https://www.youtube.com/watch?time_continue=3&v=UA4sVC7d3bc)

ARASA's engagement with religious leaders in 2015 focused primarily on the hosting of one regional meeting in collaboration with SAfAIDS and the Malawi Network of Religious Leaders living with and personally affected by HIV (MANARELA+). This meeting resulted in the development of a position paper on HIV and faith healing, which supported

litigation in Malawi and the establishment of a regional advocacy agenda focused on faith healing. Building on this work, ARASA's efforts in 2016 focused on supporting the capacity of partners to engage the religious leaders and the faith community at the national and district levels in three countries.

Religious leaders in Kenya, Malawi and Zimbabwe support treatment adherence and fight stigma and discrimination

In Kenya, ARASA supported the International Network of Religious Leaders living with or personally affected by HIV (INERELA+) to conduct a baseline survey with 45 religious leaders from four congregations in Kenya, which provided evidence for the need for training on HIV, TB and human rights amongst religious leaders. Human rights training, with a focus on sexuality and reduction of stigma of key populations, was conducted for 20 religious leaders. This resulted in faith leaders making a firm commitment to be agents of change and uphold the dignity and rights of people living with HIV by, amongst others, integrating human rights messages into sermons. The religious leaders developed work plans to further cascade their learning and INERELA+ referred them to other organisations and institutions where they can receive further support.

A member of one congregation whose priest participated in the project shared the anecdote: *“One Sunday I woke up and [decided to go] to church. [During his sermon] The priest touched on the need to support PLHIV and that by stigmatising PLHIV was a violation of human rights. After mass, I felt strong and I gained courage and decided to visit the hospital. Within time I was enrolled to be part of the care givers in the clinic. I now feel empowered and hold talks in various churches myself.”*

As the winner of the 2016 ARASA HIV, TB and Human Rights Award, the Malawi Network of Religious Leaders living with and Personally affected by HIV (MANERELA+) received a grant of US\$ 10,000, which it used to implement a project to train 20 religious leaders as champions and advocates for increased access to sexual and reproductive health and rights services for LGBTI persons and sex workers in the Mangochi district. The religious leaders who attended the training in turn trained an additional 18 religious leaders who are members of the District Interfaith Committee. MANERELA+ also organised a dialogue between religious leaders and LGBTI persons in Mangochi to contribute to the creation of an enabling social environment for LGBTI persons in the

district. During the dialogue, a young man told the gathering that he is gay, but he is also the son of a late Sheikh. After his testimony, the facilitator asked the Sheikhs how they felt, given what the Quran teaches about homosexuality. Although the Quran states that gay people should be stoned, the response from the Sheikhs was that ‘they can’t kill him because he is their son’.

ARASA supported partners in Zimbabwe and Zambia to host community dialogues on faith healing and HIV. In Zimbabwe, SAfAIDS and ZNNP+ co-hosted a national dialogue on faith healing and HIV with an emphasis on how the church, traditional leaders and healers can play a part in the HIV response (including stigma and discrimination). The dialogue was attended by 108 people (67 males and 41 females). The high attendance, which was in excess of the 75 attendees anticipated, was a clear demonstration of the interest the dialogue generated among stakeholders. The dialogue was a first of its kind in Zimbabwe, and was attended by stakeholders such as the National AIDS Council and the Parliamentary Select Committee on Health. There was agreement that a consortium would be established consisting of religious institutions, traditional leaders, traditional healers and the civil society organisations to engage in similar dialogues and other activities to fight HIV-related stigma and discrimination at the community level. SAfAIDS and ZNNP+ and other CSOs were asked to organise a meeting with the Parliamentary Portfolio for Health to discuss pertinent issues such as financing for antiretrovirals, faith healing and drug adherence, as well as HIV-related stigma and discrimination. (View a documentary on the dialogue here <https://www.youtube.com/watch?v=xeaHY03Thlg&spfreload=5>).

Also in Zimbabwe, PAPWC-ZIM hosted four community dialogues between August and October under the theme “Engagement of political, traditional and religious leadership for elimination of HIV stigma and discrimination against women living with HIV and their families”. The dialogues were implemented in partnership with the Zimbabwe National Network of People Living with HIV, National AIDS Council and Berina Arts Community Theatre.

OUTCOME 4:



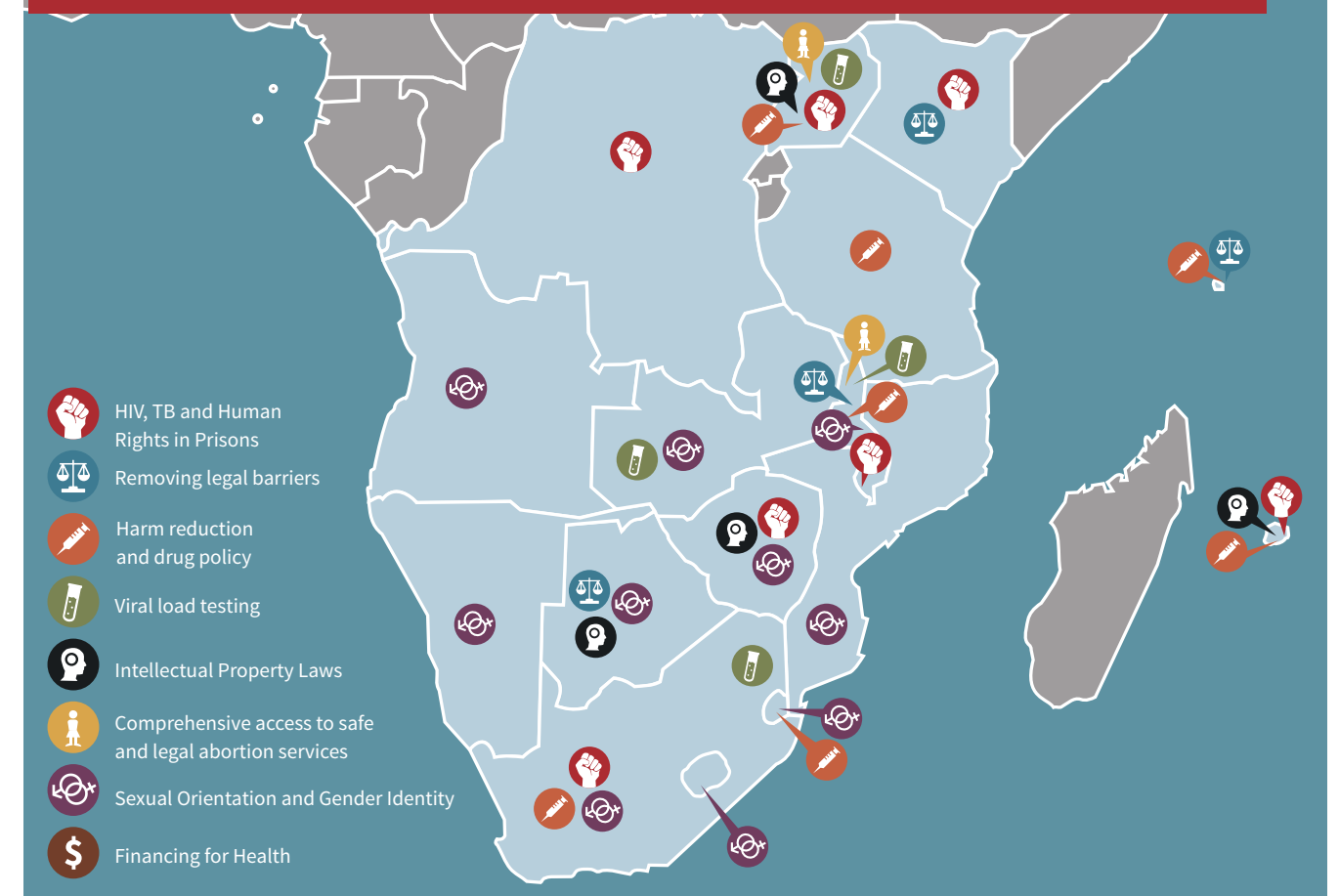
Policy makers (national, regional and international) enact laws and policies, or engage in law and policy reform, that enables a human rights-based response to SRHR, HIV and TB, and supports access to acceptable, accessible, affordable, quality health services

Advocacy and influencing national, regional and global policy

In 2016, ARASA spearheaded and supported advocacy efforts, aimed at influencing HIV and TB law and policy at the regional and national levels on various thematic issues in 16 countries.

Through its capacity strengthening efforts, ARASA trained and supported affected communities to understand, participate, and advocate for their health and rights related to HIV and TB. ARASA also provided financial and technical support for the implementation of advocacy interventions, thus contributing to an improved civil society role in governance, increased access to HIV, TB and SRHR services and commodities as well as the protection and promotion of the rights of women and people living with HIV.

ARASA SUPPORTED ADVOCACY ISSUES PER COUNTRY



In 2016, ARASA reached and engaged with significantly more members of Parliament (59), than in 2015 when ARASA laid the foundation for scaling up its engagement with Parliament through the co-hosting of two dialogues on SOGI and the criminalisation of HIV transmission, attended by 21 members of Parliament. ARASA's collaboration with the Southern African Development Community Parliamentary Forum (SADC PF) in 2015 resulted in the adoption of a resolution during the

38th SADC PF Plenary Assembly in November 2015, in which SADC MPs rejected the use of HIV criminalisation as a tool for reducing HIV transmission. Building on this success achieved in 2015, the work undertaken in 2016 yielded concrete impact at the national level, including the emergence of champions amongst Speakers and members of Parliament who speak out nationally and at the regional level on the issues.

Engaging Members of Parliament to influence the legal environment

In April, ARASA collaborated with the Southern African Development Community Parliamentary Forum (SADC PF) to host a Speakers Colloquium⁹ in Mauritius attended by ten Speakers of Parliament from SADC countries. The Secretary General of the SADC PF delivered a strategic paper outlining the need to address violence based on sexual orientation and gender identity, citing Resolution 275 of the African Commission on Human and People's Rights. After the delivery of the paper, the Speakers of Parliament attending engaged briefly on the issue. The paper presented by the Secretary General was received positively by Speakers, who felt that the time allocated to the discussion was too short, and that there should be more engagement around these issues at SADC PF level. As a result of this recommendation, sexual orientation and gender identity (SOGI) issues were included in the three-day Joint Session of SADC PF Standing Committees in May, hosted by ARASA and SADC PF in Johannesburg, South Africa.

The Joint Session was hosted under the theme: "Criminalisation and Stigmatisation: Disincentives to the Realisation of Fundamental Human Rights" and was attended by 49 members of Parliament (MPs) from 14 SADC countries, newspaper editors, MPs' support staff as well as seven resource persons from civil society and ARASA partners. The Joint Session interrogated the efficacy and impact of the use of the criminal law to regulate transmission of HIV and Hepatitis C, consensual adolescent sexual activity, termination of pregnancy, same-sex relationships and drug use as well as how this contributes to increasing stigma and discrimination.

The MPs agreed on the need for parliamentarians to be keep abreast with latest scientific evidence regarding the outcomes of research on SRHR and HIV in particular through continuous sensitisation. In June, a report on the Joint



Dr Herminie, Former Speaker of the Seychelles National Assembly

Session was tabled at the 39th Plenary Assembly of SADC PF hosted in Swaziland, where the Secretariat of SADC PF was mandated to provide capacity building and support to national parliaments to address challenges related to criminalisation of HIV transmission; criminalisation of people who use drugs and LGBTI people; TB and Silicosis in the Mining Sector as well as intellectual property laws and access to medicines. The joint sessions received significant media coverage¹⁰ including an interview with ARASA's Director and one of the Members of Parliament from Mauritius on SABC News.

A result of this engagement with MPs is that several MPs, including the former Speaker of Parliament of Seychelles, Honourable Dr Patrick Herminie, have emerged as champions of these issues including the decriminalisation of adult consensual same-sex sex as well as the decriminalisation of HIV transmission, exposure and/or non-disclosure.

Dr Herminie was subsequently invited to deliver the keynote address at the Joint Session of the Standing Committees of SADC PF. In his address, he stated that: "*Laws that criminalise homosexuality not only act as barriers to access to HIV prevention and treatment services by LGBTI persons, they also impede the work of LGBTI organisations and expose them to harassment.*" Also in May, the Parliament of Seychelles passed the Penal Code (Amendment) Bill, decriminalising same-sex intercourse between men in Seychelles following recommendations made in 2011, when the Penal Code was up for review at the United Nations Human Rights Council, and due to advocacy from regional and local organisations, including the work by ARASA, SADC PF and civil society in Seychelles. Until that time section 151 of the Penal Code provided for a jail sentence of up to 14 years for "unnatural offences" when men had sex with men.

Dr Herminie also delivered the keynote address during the 'Beyond Blame' pre-conference on challenging HIV criminalisation ahead of the International AIDS Conference in Durban, South Africa in July 2016 where he stated that: "*HIV criminalisation is a product of a rudimentary mind-set, an attitude born out of the stigma initially associated with HIV; a stigma born out of ignorance.*"¹¹

An additional outcome of the engagement with MPs was captured in a newspaper in Swaziland during the SADC PF Plenary Assembly, when it was reported that an MP from South Africa paid bail for a sex worker, who was arrested

under the vagrancy laws of the Kingdom. (See <http://www.times.co.sz/news/108253-sa-mp-pays-fine-for-sex-worker.html>)

A 2016 external evaluation of the Dignity Diversity and Rights Programme, implemented by ARASA, Hivos, Positive Vibes and CoC found that LGBTI and non-LGBTI respondents highlighted the work ARASA has undertaken to bring activists together with SADC parliamentarians. In an evaluation report compiled after a dialogue session held in 2015, the findings of a pre- and post-survey (which was distributed to participants of the meeting) provided evidence of a real shift in the understanding of SOGI issues among parliamentarians and key stakeholders who attended the session. Both parliamentarians and civil society organisations described the dialogue as being "*a space created for everyone to engage*". A SADC PF respondent confirmed that the programme helped open dialogue spaces at a regional level at SADC PF and acknowledged that the integration of the discussion at a country level is not consistent. The respondent commented, "*you see it here and there*", citing, for example, the changes in legislation in the Republic of Seychelles, where same-sex acts are no longer illegal. The respondent also indicated that knowledge sharing over the last years improved the quality of the debate around LGBTI issues at SADC PF level. Religious leaders also indicated that the SADC Parliamentary Forum has begun to engage with them as faith leaders to talk about LGBTI.

In 2016, ARASA significantly scaled up its work and support to partners in Botswana, Malawi, Kenya and Seychelles to address legal barriers through financial assistance from the Global Fund to fight AIDS, TB and Malaria Regional Grant on HIV: Removing Legal Barriers, administered by UNDP. In 2015, ARASA, together with Enda Santé, the Southern Africa Litigation Centre, KELIN and UNDP, secured funding from the Global Fund for a first of its kind regional programme to be implemented in ten countries in West, East and Southern

Africa, with the aim of (1) strengthening evidence-based law reform to support improved delivery of and access to HIV and TB services for key populations; (2) improving the legal environment that provides rights based protections through access to justice and enforcement of supportive laws for key populations; and (3) protecting key populations in the event of human rights crises which impede access to HIV and TB services.

9. See <https://www.newera.com.na/2016/04/21/sadc-pinned-sexual-minority-rights/>

10. See the following articles in the New Era newspaper in Namibia: <https://www.newera.com.na/2016/05/16/hiv-criminalisation-setback-regional-aids-efforts/>; <https://www.newera.com.na/2016/05/16/tb-mines-remains-health-disaster-arasa/>

11. See <http://nationalassembly.sc/index.php/2016/07/21/speaker-herminie-delivers-keynote-address-at-pre-conference-to-2016-international-aids-conference/> and <http://www.hivjustice.net/news/video-and-written-reports-for-beyond-blame-challenging-hiv-criminalisation-at-aids-2016-now-available/>

Removing Legal Barriers

The grant from Global Fund has significantly strengthened ARASA's ability to support partners to address challenges presented to access to HIV and TB services for key populations and people living with HIV by the legal environment by providing technical and financial assistance for the hosting of a regional meeting of national human rights institutions, National Action Planning meetings in Malawi and Seychelles, development of political scans for Botswana, Malawi and Seychelles as well as the provision of small grants to six organisations in the four focus countries to implement advocacy activities regarding the legal environment.

ARASA provided small grants of US\$ 10 000 each to organisations and key population groups in Botswana, Malawi, Kenya and Seychelles to advocate for enabling legal environments as well as an increase in accessible, affordable, acceptable and quality services for LGBTI persons, sex workers, people who use drugs and people living with HIV. Several organisations are also training and sensitising service providers and other stakeholders such as law enforcement, healthcare workers and religious leaders, thus contributing to enhanced service provider capacity to provide accessible, affordable, acceptable and quality services for key populations.

ARASA commissioned a consultant to develop political scans for Botswana, Malawi and Seychelles. Besides a desktop review of laws, policies and processes for political reform in Malawi, Botswana and Seychelles, the consultant conducted field visits to interview various stakeholders including civil society, key population groups and government ministries in the focus countries. The political scans allow civil society and other stakeholders to track important political dates and deadlines, which may present key opportunities for advocacy

over the next two years and identify the key institutions that are relevant to HIV-related law and policy reform. They also provide a summary of the processes through which law and policy reform occurs and map the dates for the key events/ processes that are relevant to HIV-related law and policy development and reform. The political scans strengthen the capacity of ARASA partners and recipients of ARASA small grants to understand law and policy reform processes in order to develop effective advocacy strategies and engage effectively in various policy and legal processes.

ARASA supported two Action Planning Meetings in Malawi and Seychelles, with participation from over 60 people, including senior government officials for each meeting. The Minister of Health of Seychelles delivered a key note address during the Seychelles Action Plan meeting and Justice Kenan Manda, Judge of the High Court of Malawi delivered the key note address during the meeting in Malawi. The meetings prioritised recommendations of the Legal Environment Assessments conducted by UNDP for action and resulted in an increased understanding of key HIV, law and human rights issues of national concern, gaps, challenges and barriers to universal access to HIV-related health care. Costed action plans were developed and there was agreement on a structure or mechanism for promoting accountability. In Seychelles, ARASA supported a follow-up validation workshop in December with the NAC and other stakeholders to review and endorse the Action Plan before it was presented to the Ministry of Health for further endorsement and support. There was commitment from the National AIDS Council to include the Action Plan under the human rights and legal environment section in the upcoming development of the National Strategic Plan.



Malawi National Action Planning Meeting

Supporting KELIN's "TB is not a crime" advocacy and profiling of key court cases to strengthen a body of sound jurisprudence

Since 2014, ARASA has provided financial and technical support to KELIN for the implementation of an advocacy campaign titled: "TB is not a crime", which accompanied a court case filed in court to challenge the arrest and detention of TB patients in Kenya. The case stems from the arrest and incarceration of two men under section 27 of the Public Health Act, 1921 for interrupting their TB medication.

The TB patients were convicted and sentenced to eight months in prison, but KELIN and other civil society organisations secured their release after 46 days. KELIN then filed a petition in the High Court of Kenya protesting the isolation of TB patients in prisons.

ARASA supported advocacy related to a court case, which aimed to (1) increase knowledge and understanding among stakeholders on the rights of TB patients as it relates to the court case and the Public Health Act; and (2) to develop a national advocacy campaign on TB, human rights and the law and its effects on vulnerable populations.

The "TB is not a crime" campaign resulted in increased public and community support for the court case and awareness of the issue as well as the establishment of a global coalition of activist lawyers, working on the promotion of jurisprudence around TB and human rights.

On 24 March 2016 (World TB Day), a landmark judgment was delivered confirming that the practice of confining TB patients in prisons for purposes of treatment is unlawful and unconstitutional. The High Court also issued various orders, including requiring the Minister of Health to file an affidavit to confirm compliance and to issue a circular clarifying that section 27 of the Public Health Act does not authorise confinement of persons suffering from infectious diseases in prison.

Since then, the Kenyan government has issued a circular to health facilities, clarifying that the Public Health Act does not authorise confinement of TB patients in prisons. A process of developing a TB isolation policy in consultation with stakeholders is also underway.



Delegates enjoying the Human Rights Networking Zone at AIDS 2016

Representation

As in previous years, ARASA continues to enjoy substantial regional and international visibility, which is evidenced by the fact that ARASA was invited to serve on various platforms to influence HIV and TB policy and received frequent invitations to present at regional and international meetings.

The Director of ARASA continued to serve as co-chair of the UNAIDS Human Rights Reference Group and as co-chair of the

Human Rights Reference Group of the Global Fund to Fight AIDS, TB and Malaria. ARASA is also a member of the SADC HIV and AIDS Technical Advisory Committee and retains its observer status at the African Commission on Human and People's Rights. The Programme Team Leader is a member for the Ethics Advisory Group (EAG) of the International Union Against Tuberculosis and Lung Disease and is also a member of the TB REACH Programme Steering Group.



The Human Rights Networking Zone, co-hosted by ARASA and the Canadian AIDS Legal Network

ARASA at AIDS 2016

Since 2014, ARASA served as the Regional Community Partner on the Conference Organising Committee for AIDS 2016. In this role, we distributed four AIDS2016 Outreach Newsletters and 10 blog posts in three languages (English, French and Portuguese) prior to the conference to update delegates on opportunities to participate in the conference. An AfricaAlive e-platform was created and hosted as a tab on the ARASA website (see <http://arasa.info/aids-2016/>). The e-platform provided a space where CSOs could access the relevant information in the lead up to the conference as well as during the conference. Amongst others, a link to the Programme of the Human Rights Networking Zone as well as the activities and sessions that ARASA was involved in during the conference were available on the platform. Three activists supported by ARASA and ENDA Santé to attend the Conference contributed blog posts about why they wanted to attend the conference and how they hoped to use the skills and information gained during the conference for their organisation's work. The platform was linked to ARASA's social networking pages, including Facebook and Twitter. Three blog posts on ARASA's work, with accompanying photographs, were submitted to the AIDS 2016 Secretariat and profiled on the AIDS 2016 website. (See <http://www.aids2016.org/Media-Centre/The-Latest/Blog/pageindex491/4>.)

ARASA and ENDA Santé provided technical support to people applying for various AIDS 2016 and TB 2016 opportunities. Three abstracts supported by ARASA were accepted for poster presentations. Nine scholarships, including one full scholarship to attend TB 2016 were also awarded to ARASA-supported grantees.

ARASA secured funding from the Robert Carr civil society Networks Fund to provide scholarships to five representatives of people living with HIV and key populations organisations in Botswana, Malawi and Tanzania to attend the conference (four full scholarships and one partial scholarship). As a condition of their scholarships, the recipients presented on their work during a Satellite session organised by ARASA and ITPC, as well as during a similar session at the Global Fund Networking zone in the Global Village.

ARASA and ENDA Santé also successfully raised funding from Stephen Lewis Foundation to co-support three women activists from Namibia, Uganda and Zimbabwe to attend the conference. These three women wrote blog posts, reflecting on their expectations and how they hoped to incorporate this into their future work on the e-platform. (The blog posts can be read at: <http://arasa.info/aids-2016/>)

On 17 July, ARASA co-hosted the 'Beyond Blame' pre-conference with the HIV Justice Network, Global Network of People Living with HIV and AIDS, Canadian HIV/AIDS Legal Network, International Community of Women Living with HIV, Sero, PWN-USA and AIDS Legal Network in collaboration with UNAIDS. Approximately 150 advocates, activists, researchers, and community leaders from at least 36 countries on six continents participated in the full-day pre-conference meeting to discuss progress on the global effort to combat the unjust use of the criminal law against people living with HIV. The meeting was opened by the Honourable Dr Patrick Herminie, Speaker of Parliament of the Seychelles, and closed by Justice Edwin Cameron. Following Justice Cameron's Jonathan Mann Memorial Lecture on the second day of the

conference, more than 100 activists - among them people with HIV, sex workers, and other criminalised people - joined him on the stage, demanding an end to criminalisation. (A report from the Beyond Blame Conference can be accessed at <http://www.hivjustice.net/wp-content/uploads/2016/09/Beyond-Blame-Final-Report.pdf>. The video from the meeting can be accessed on: <http://www.hivjustice.net/aids2016/>. The 'Beyond Blame' communique is available at <http://www.hivjustice.net/news/beyond-blame-aids-2016-communique/>)

Supported by a grant from the Open Society Foundations, ARASA also co-hosted the Human Rights Networking Zone with the Canadian HIV/AIDS Legal Network. A total of 17 sessions were hosted at the zone between 17 and 21 July. The Human Rights Networking Zone proved to be one of the most popular spaces in the Global Village as conference delegates and members of the public participated in a variety of sessions highlighting the major human rights issues facing the global responses to HIV and TB. Topics covered during the sessions included sex worker rights, women's rights, the rights of LGBTI persons, reforming drug policy, HIV criminalisation and funding issues. Conference delegates also participated in an on-line quiz, made memories in the photo booth and attended daily film screenings. During the conference, materials (500 T-shirts, 500 magnets, 250 hats, 1000 fans and 500 custom-made Human Rights Now USBs), branded with the Human Rights Networking Zone logo were distributed.

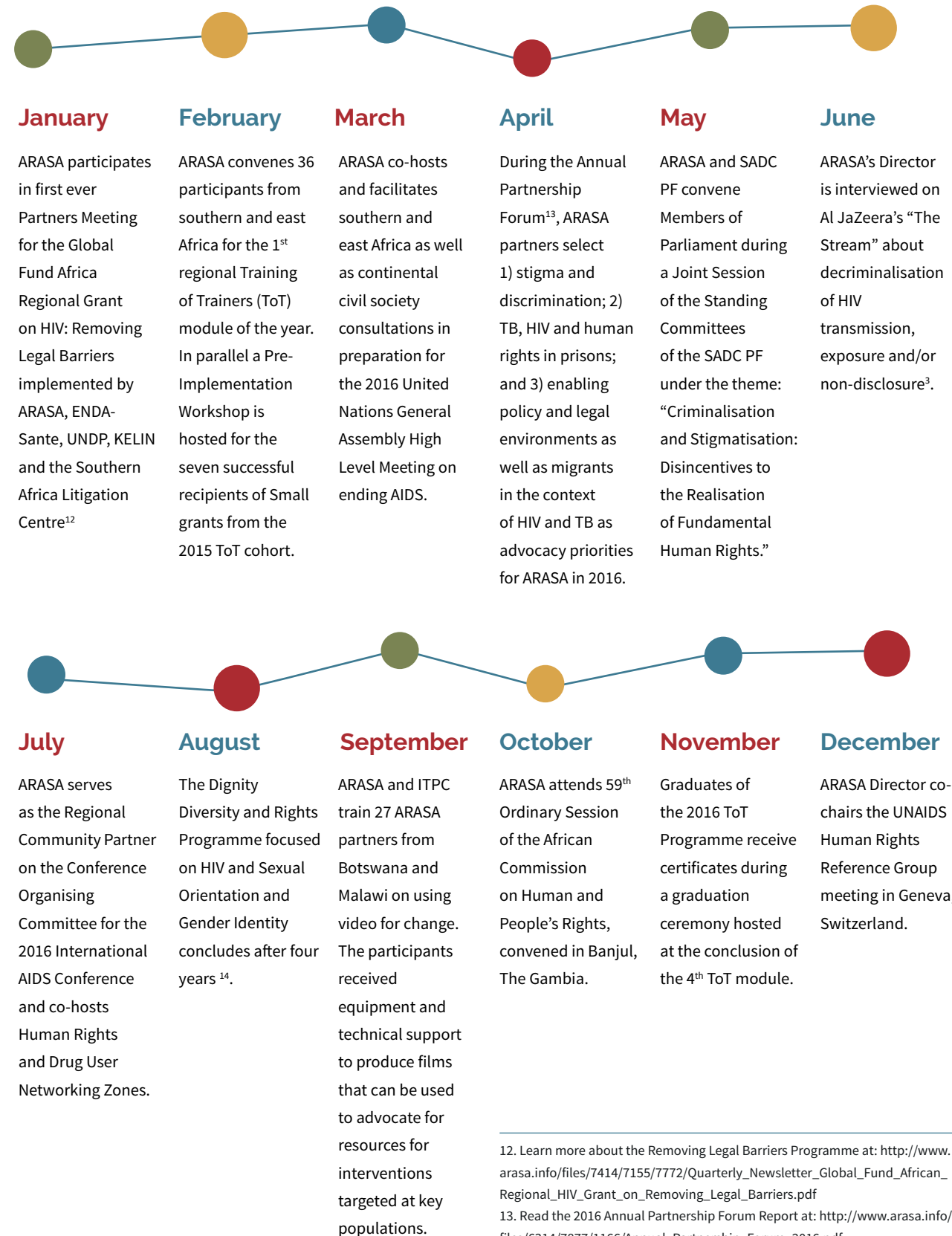
A satellite session titled: "Show us the money: HIV and TB Financing for Key Populations NOW!" was co-hosted with ITPC on 19 July. The session was attended by 30 participants and focused on the engagement of key populations in in-country Global Fund processes and platforms such as Country Co-ordinating Mechanisms (CCMs). During the session, a film on the project and its achievements was screened and partners from the focus countries reflected on the successes and challenges of this project as well as the realities faced by networks of people living with HIV and key populations in engaging in national funding platforms and processes as well as accessing funding to implement interventions to improve their health and rights. The session provided an opportunity for the sharing of lessons learned by partners from Botswana, Malawi and Tanzania, who have been supported by the ARASA/ITPC Key Populations Financing project.

As was the case during the previous International AIDS Conference, ARASA staff facilitated, chaired and presented at a number of sessions and showcased ARASA's work in poster presentations. Two staff members also served on the official Conference Rapporteur Teams for Track D and Track E.

Through various resource mobilisation efforts, ARASA was able to support an ex-miner to attend the TB Conference preceding the AIDS Conference as well as 11 representatives of ARASA partner organisations to attend the AIDS Conference. For the full programme of events that ARASA was involved in. (See <http://www.arasa.info/aids-2016/aids-right-alliance-durban/>)



Monthly highlights



12. Learn more about the Removing Legal Barriers Programme at: http://www.arasa.info/files/7414/7155/7772/Quarterly_Newsletter_Global_Fund_African_Regional_HIV_Grant_on_Removing_Legal_Barriers.pdf
 13. Read the 2016 Annual Partnership Forum Report at: http://www.arasa.info/files/6314/7877/1166/Annual_Partnership_Forum_2016.pdf
 14. Read external evaluation report at: http://arasa.info/files/9914/8732/9882/DiDiREvaluation_Dec_2016.pdf

Our highlights of 2016

"My highlight for 2016 was joining the ARASA team and facilitating Training of Trainers workshops on HIV, TB and human rights for participants from 18 different countries. This work resulted in increased knowledge and skills among participants, who subsequently trained 305 community members including LGBTI people, sex workers, people living with HIV, children, women, people who use drugs, prisoners, traditional leaders, policy makers, religious leaders, health workers and law enforcement officials in their countries."

Bruce Tushabe, Regional Training and Capacity Strengthening Officer

"I am really proud of the work we did to support stakeholders in Malawi and Seychelles to develop Action Plans to implement the recommendations of their Legal Environment Assessments. I am very excited to support the implementation of these Action Plans and to see the work of the Removing Legal Barriers Programme come to fruition."

Felicita Hikuam, Deputy Director

"I am amazed at how after attending our ToT training programme, participants are willing to venture into new areas that would not necessarily be part of their thematic areas. Not only did the training change their perception but they are able to change perception of the communities that they work with. According to one of the participants, during a training workshop in Malawi, a young man stood up and told the gathering that he is gay, but he is a son to a late Sheikh. After the testimony, the facilitator asked the Sheikhs how they feel about the testimony. The response from the Sheikh was they can't kill him [for being gay] because he is their son."

Soraya Matthews, Regional Grants and Capacity Strengthening Officer

"My highlight of 2016 was supporting key partners from South Africa and Namibia to prepare shadow reports and engage with the African Commission on Human and People's Rights during the 58th Ordinary Session. The shadow reports raised key questions on key population issues, which were raised with country delegations by the Commissioners during the session, leading to face-to-face engagement and willingness from country delegations to engage further with representatives from key population organisations after the session."

HeJin Kim, Regional Key Populations Programme Officer

"We are no longer Tripping on TRIPS and ARASA's work with members of Parliament seems to finally be paying off! It's very exciting that a joint session of Standing Committees, which we hosted with SADC PF in May last year, resulted in the tabling of a Resolution focusing on "Harnessing the TRIPS Flexibilities to protect Access to Medicines" by the Standing Committee on Trade, Industry, Finance and Investment (TIFI) during the SADC Plenary Assembly. Recently, we have seen proof that the TRIPS-agenda is back on the agenda of most SADC parliaments. For example, in June 2016, the Minister of Finance in Mauritius announced, in his 2017 budget speech, that the country would undertake an expedited review and amendment of Mauritius' Industrial Property Act to take into consideration the TRIPS-flexibilities by June 2017. More SADC countries, including Botswana, Malawi, Lesotho and Zimbabwe are moving in this direction."

Lynette Mabote, Regional Programmes Lead

"Hosting the Africa Regional Capacity Strengthening Convening for National Human Rights Institutions, which has resulted in planned trainings on sexual orientation and gender identity and key population issues for the South African Human Rights Commission and the Human Rights Commission of Mozambique, as well as planned side events on SOGI and key population issues for NHRIs at the African Commission."

Nthabiseng Mokoena, Regional Advocacy Officer

"Hosting a workshop with journalists on sexual orientation and gender identities resulted in some individuals radically assessing their own prejudice against LGBTI people. After this, there was an increase in media reports on LGBTI rights by these journalists."

Lesley Odendal, Communications Lead

ARASA resources developed in 2016

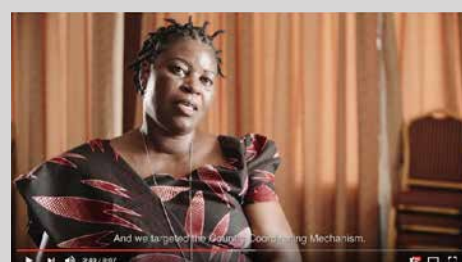


ARASA's advocacy efforts and work to strengthen the capacity of civil society are supported by the development and sharing of resource materials. To this end, ARASA has developed numerous resources during the period under review. ARASA partners consistently express an appreciation for ARASA's publications. Feedback from partners in 2016 included:

"I appreciate the communications resources that ARASA develops. I always have something to learn from them, to process and to apply,"
Linda Baumann, Namibia

"The Law Enforcement Regional dialogue Report was useful to my work because I was able to borrow best practices from other jurisdictions that we will replicate in my country, Kenya."
Ted Wandera, KENYA

FILMS:



Key Populations Financing Programme



Zinenani's Story: Key Populations Financing Programme



Maziabi's Story: Key Populations Financing Programme:



Identifying Injustice: Laws and Policy on Sexual Orientation, Gender Identity and HIV in Southern Africa



Identifying Injustice: Laws and Policy on Sexual Orientation, Gender Identity and HIV in Southern Africa



2016 ARASA HIV, TB and Human Rights in Southern and East Africa (SEA) report



6 I's HIV/TB Heroes Toolkit



Regional Dialogue on Promoting a Rights-Based Approach to Curbing HIV in Key Populations: Collaborating with Correctional Services and Law Enforcement Officials



The Regional Capacity Strengthening Convening for National Human Rights Institutions



Resource reports: NHRIs, Key populations and HIV in Africa



Media briefs: NHRIs, Key populations and HIV in Africa



Political Scan: Botswana



Political Scan: Malawi



Political Scan: Seychelles



Issue Brief: Differentiated Models of Delivering HIV Care: Perspectives from people living with HIV and health care workers in 7 African countries



Poster: Differentiated Models of Delivering HIV Care: Perspectives from people living with HIV and health care workers in 7 African countries



Survey Report: Differentiated Models of Delivering HIV Care: Perspectives from people living with HIV and health care workers in 7 African countries

ARASA in the news in 2016



ARASA's work was covered in more than 84 news articles in various media outlets during this year. To read some of these articles, follow the links below:

Boosting parliamentary advocacy for the removal of health related criminal laws, South African Broadcasting Corporation (SABC) News, <https://www.youtube.com/watch?v=wfo6UTjiPPE&app=desktop>

MANERELA+ scoops prestigious regional award, Nyasa Times, Malawi <http://www.nyasatimes.com/manerela-scoops-prestigious-regional-award/>

Speaker Herminie calls on SADC parliamentarians to help contain the epidemic of bad laws affecting public health in the region, The Nation, Seychelles, <http://www.nation.sc/article.html?id=249422>

Namibia: TB in Mines Remains a Health Disaster – ARASA, AllAfrica.com, <http://allafrica.com/stories/201605161103.html>

SADC MPs discuss drug use, HIV prevention, Zambia Daily Mail <https://www.daily-mail.co.zm/?p=66756>

Criminalising HIV, Al Jazeera, The Stream, <http://stream.aljazeera.com/story/201606272150-0025236>

Malawi human rights groups laud Zomba high court: Sex workers case, Maravi Post, Malawi <http://www.maravipost.com/malawi-human-rights-groups-laud-zomba-high-court-sex-workers-case/>

Towards removing legal barriers for HIV and AIDS, Seychelles Nations <http://www.nation.sc/article.html?id=250498>

SA joins the global fight to stop unnecessary genital surgery on intersex babies, Mail & Guardian, <http://mg.co.za/article/2016-10-27-00-sa-joins-the-global-fight-to-stop-unnecessary-genital-surgery-on-intersex-babies>

Activists call on leaders to protect human rights, Daily News, Tanzania http://www.dailynews.co.tz/index.php/home-news/47218-activists-call-on-leaders-to-protect-human-rights#disqus_thread

Annexure A: List of ARASA Partners

Angola

1. Associacao de Reintegracao dos Jovens / Crianças 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)
7. Silence Kills Support Group (SKSG)

Comoros

8. Action SIDA

Democratic Republic of Congo (DRC)

9. Rigiact Sida Sannam
10. Protection Enfants Sida (PES)
11. Pleaders of Children and Elderly People at risk (PEPA) / Plaideurs des Enfants et des Personnes Agées

Kenya

12. Kenya Ethical and Legal Issues Network (KELIN)
13. The Lwala Community Alliance
14. Kenya Sex Workers Alliance

Lesotho

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

Madagascar

20. Sambatra Izay Salama (SISAL)
21. Youth First

Malawi

22. Art and Global Health Center Africa (AGHCA)
23. Centre for the Development of People (CEDEP)
24. Centre for Human Rights and Rehabilitation (CHRR)
25. Coalition of Women Living with HIV/AIDS (COWLHA)
26. Grassroots Movements for Health and Development (GMHD)
27. Ladder for Rural Development Organisation
28. Passion for Women and Children
29. Research for Equity and Community Health (REACH Trust)

30. Youth and Children Rights Shield (YOCRIS)
31. Malawi Network of People living with HIV (MANET+)
32. Malawi Network of Religious Leaders living with or personally affected by HIV AIDS (MANERELA+)
33. Malawi Sex Workers Alliance (MASWA)
34. Centre for Girls and Interaction, (CEGI)
35. Centre for Children's Affairs
36. Health and Rights Education programme (HREP)
37. Centre for Human Rights Education Advice and Assistance (CHREAA)

Mauritius

38. Association Kinouété
39. Dr Idrice Goomany Centre
40. Parapli Rouz
41. Prevention Information Fight against AIDS (PILS)
42. Collectif Urgence Toxida (CUT)
43. Groupe A de Cassis

Mozambique

44. Associacao KINDLIMUKA
45. Mozambican Treatment Access Movement (MATRAM)
46. Mozambican Network of Religious Leaders Living with HIV and AIDS (MONERELA +)
47. Associacao Mulher, Lei e Desenvolvimento (MULEIDE)
48. Association for Help of Development (PFUNANI)
49. UNIDOS - Rede Nacional Sobre HIV/SIDA

Namibia

50. Rights Not Rescue Trust (RNRT)
51. AIDS Law Unit of Legal Assistance Centre (LAC)
52. Tonata PLWHA Network
53. Voice of Hope Trust
54. Out-Right Namibia (ORN)
55. Wings to Transcend Namibia

Seychelles

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

South Africa

57. African AIDS Vaccine Programme
58. AIDS and Human Rights Research Unit, Centre for the study of Human Rights, University of Pretoria
59. AIDS Legal Network (ALN)
60. Community Media Trust (CMT)
61. Section 27

62. Treatment Action Campaign (TAC)
63. Transgender and Intersex Africa
64. Unit for behavioural studies on HIV and Health (UNISA)
65. IRANTI-Org
66. Access Chapter 2 (AC2)

Swaziland

67. Population Services International (PSI)
68. Swaziland Positive Living (SWAPOL)
69. Women and Law in Southern Africa Research Trust (WLSA)
70. Swaziland Business Coalition of Health and AIDS (SWABCHA)
71. Greater Hope Swaziland

Tanzania

72. Centre for Widows and Children Assistance (CWCA)
73. Children Dignity Forum (CDF)
74. Children Education Society (CHESO)
75. Community Participation Development Association Tanzania (COPADEA-TZ)
76. Community Health Education Services and Advocacy (CHESA)
77. Network of Young People living with HIV and AIDS (NYP+)
78. Stay Awake Network Activities (SANA)
79. Southern Africa Human Rights NGO Network (SAHRINGON)
80. Tanzania Network of Women living with HIV (TNW+)
81. LGBT Voice
82. Tanzania Civil Society National Steering Committee on HIV and AIDS response (CSONCS)
83. Tanzania Community Empowerment Foundation (TACEF)
84. Tanzania Network for People who use Drugs (TaNPUD) / Tanzania Network of Women who Use Drugs (TANWUD)
85. Waremba Forum

Uganda

86. Center for Health, Human Rights and Development (CEHURD)
87. Tororo Forum for People Living with HIV Networks (TOF-PHANET)
88. Uganda Network on Law, Ethics and HIV/AIDS (UGANET)
89. Uganda Harm Reduction Network (UHRN)

Zambia

90. Centre 4 Reproductive Health and Education
91. Community Initiative for Tuberculosis, HIV/AIDS & Malaria (CITAM+)
92. Copperbelt Health Education Program (CHEP)
93. Christian Aid Ministries (CAM)
94. Engender Rights Centre for Justice (ERCJ)
95. Friends of RAINKA (FOR)
96. Generation Alive (GAL)
97. Prisons Care and Counselling Association (PRISCCA)
98. Trans Bantu Association of Zambia (TBZ)
99. Treatment Advocacy and Literacy Campaign (TALC)
100. Zambia Network of Religious Leaders Living with HIV and AIDS (ZANERELA+)
101. Zambia Disability HIV/AIDS Human Rights Programme (ZAM-DHARP)
102. Zambia Association for the prevention of HIV and Tuberculosis (ZAPHIT)

Zimbabwe

103. Gays and Lesbians of Zimbabwe (GALZ)
104. Network of Zimbabwean Positive Women (NZPW+)
105. Women and Law in Southern Africa Research Trust (WLSA)
106. Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender (ZACRO)
107. Zimbabwe Lawyers for Human Rights (ZLHR)
108. Zimbabwe National Network of People living with HIV (ZNNP+)
109. Sexual Rights Centre (SRC)
110. Zimbabwe Civil Liberties and Drug Network

Regional Partners

111. African Young Positives Network (AY+)
112. Gender Dynamix (GDX)
113. International Community of Women Living with HIV Eastern Africa Region (ICW EA)
114. Pan African Positive Women's Coalition (PAPWC) – Zimbabwe Chapter and PAPWC Southern Africa Region
115. Southern Africa HIV & AIDS Information Dissemination Services (SAfAIDS)
116. Southern Africa Development Community Parliamentary Forum HIV/AIDS Programme (SADC PF)

**Catalytic Investments
for HIV, TB and
Human Rights**

**Networking
and partnership**





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