



WELCOME TO THE ARASA NEWSLETTER!

In our first newsletter for the year we are so excited to share with you what we have been up to in the first quarter of 2019.

ARASA has always been an organization that does its best to keep up with the ever-changing times, therefore we are proud to share our new strategic direction focusing on Sexual Reproductive Health and Rights (SRHR) and Bodily Autonomy and Integrity (BAI).

Angola is the latest to join the ranks of African countries legalising consensual same sex relationships. We interview the Director of IRIS Angola, a LGBTI advocacy organization, to gain a deeper insight.

In March the Commonwealth hosted Roundtable discussions in Namibia focused equality and inclusion in the context of reproductive health and rights, sexual orientation and gender identity. We introspect on how health care providers and services often exclude or discriminate against key populations.

Under capacity strengthening, we reflect on the work done by our grantees through the Small Grants programme. Then we highlight the start of the first module of the Training and Leadership Programme (TALP) and the convening of DSD monitors in Johannesburg, South Africa.

Should you have any questions, comments or contributions for future editions of the newsletter, please email ARASA Communications communications@arasa.info.

For updates and more information on ARASA's work, visit our website www.arasa.info and connect with us on Facebook @ARASA, Twitter @_ARASAcemms and Instagram @arasa_network.

Until next time!



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WINDS OF CHANGE: A NEW DIRECTION FOR ARASA

In December 2018, the ARASA Board of Trustees approved a new Strategic Plan and Theory of Change for the period 2019 – 2022, titled: “The new frontier: Disruption, innovation and mobilisation for bodily autonomy and integrity”. We interviewed ARASA’s Deputy Director, Felicita Hikuam to gain further insight into the exciting new direction the organisation is about to embark on.



Felicita Hikuam

Question: What is the most significant change in ARASA’s strategic direction?

Felicita Hikuam (FH): The most significant change related to ARASA’s new strategic direction is a shift away from a niche focus on HIV and TB to more broadly addressing the social and structural determinants of health, central to which are the rights to bodily autonomy and integrity, as well as equality, equity and social justice. Other significant changes highlighted in the strategic plan include learning from our 16 years of experience to strengthen cross-movement collaboration; make better use of technology to drive innovation; taking our influence in regional consensus to national and local impact; and supporting our partners and individual civil society leaders and organisations we work with, from beneficiaries to agents, who drive national policy change.

Question: What has necessitated this change in strategic focus?

FH: The shift in strategic direction was necessitated by a recognition that, whilst there has been progress in mainstreaming human rights in the HIV and TB responses in Southern and East Africa the battle is not won until policy changes are fully secured and implemented in every country in the region. This is the new frontier for ARASA in the fight for respect for human rights, which requires for civil society advocacy to be sustained and scaled up. We are concerned by the closing civil society space and the persistent shortfall in regard to access to health services, which is exacerbated by reducing funding and a failure to address the root causes of ill health have necessitated a shift in direction.

We see the broad-based approach of the Sustainable Development Goals (SDGs) as an opportunity to connect issues known to interact in our region and are encouraged by the recent adoption of rather progressive regional SRHR frameworks and a revitalised focus on HIV prevention in Southern and East Africa.

Question: How was the Strategy developed?

FH: The Strategy was developed based on an analysis of the findings of an external evaluation of ARASA's previous Strategic Plan conducted in 2017 and intensive consultation with Trustees and partners on various drafts of the document. In addition, the ARASA support team participated in an intensive four-day reflection and dialogue process supported by the Community Development Resource Association (CDRA) in September 2018. This process centred on providing a space for ARASA staff to reflect on input from the partners and trustees amongst others, on how ARASA can transform into an organisation that is better able to respond and adapt to the changing funding and development climate and to increase the sustainability and hence the longevity of the organisation. The outcomes of this process were shared with the Trustees for input and adopted during their meeting in December 2018.

Question: What are the implications for ARASA's 100 partners?

FH: While the partnership will continue to form the basis for our existence and the stimulus for our work, we will take steps to ensure that the partnership model is lean, strategic and 'fit for purpose' for the next three years. To achieve this, we will adapt our partnership model to be dual-tiered, with a core of up to 50 like-minded, progressive, well-established and committed partners, who will be actively engaged and supported - financially and technically - to further our joint advocacy objectives at the national and local levels. We will leverage on the existing expertise, knowledge, network and commitment of these partners to collectively set and implement our advocacy objectives over the next 3 years. This transition will be undertaken in a respectful and transparent manner over the coming few months.

Question: What strategies will be used to implement the new Strategic Plan?

FH: ARASA will continue to use its multi-dimensional, multi-level and multi-directional operational approach at various levels. We will work from bottom-up to support partner organisations and the communities that they represent or work for to conceptualise and own their advocacy messages and
(Continued)

strategies, to voice their opinions and claim their rights and to demand to be fully included in policy and programme spaces, as guided by principles of inclusion and meaningful engagement. We will work from the top-down with various key influencers including Members of Parliament; the judiciary; and National Human Rights Institutions to build their understanding of the need for respect for and protection of human rights and the impact of failure to do so on health. We will work at the horizontal level to facilitate horizontal learning that allows individuals, civil society organisations, regional and national government legislators and policy makers, national human rights institutions and members of the judiciary to connect across the region in order to learn from each other and to collectively find solutions. In addition, we will explore and consolidate innovative and strategic partnerships with regional and international groups to further our advocacy and capacity strengthening goals.

THE NEW RAINBOW NATION: AFRICA OPENS DISCOURSE FOR LGBTI RIGHTS

By He-Jin Kim and Paleni Amulungu



Members of Associação Íris Angola

Over the last 5 years, the political and social discourse on the LGBTI rights in southern and east Africa has become a focal point of human rights legislation. As a result, same sex sexuality was decriminalized in Mozambique in 2015 and in the Seychelles in 2016. In 2019 Angola became the next country to decriminalized consenting same sex relationships, while courts in Botswana and Kenya are considering the issue as well.

In Kenya, the High Court is expected to rule on two petitions concerning the Kenyan Penal code: Sections 162 (a) and (b), and Section 165. These two sections criminalise “unnatural offences” and “indecent practices between males”; even though the law doesn’t provide for definitions of these terms, they historically have referred to sexual acts between men. The petitions before the High Court argue that this violates the rights enshrined in the Kenyan constitution.

A similar case is currently in the Botswana High Court, challenging the constitutionality of specific sections in the Botswana Penal Code that criminalise same sex sexuality between consenting adults.

In both Kenya and Botswana courts have ruled in favour of LGBTI rights in recent years. In a landmark case in 2014 the Botswana the Hight Court ruled that LEGABIBO, an LGBTI rights organization, should be allowed to legally register after the government had denied this; this ruling was upheld by the Botswana Court of Appeals in 2016. In Botswana courts also have ruled in favour of transgender persons who brought cases forward related to recognition of their gender identity, while in Kenya courts have ruled in favour of transgender people seeking to legally change their names.

On 23 January 2019, Angola passed a new Penal Code decriminalising consensual same-sex relationships among adults. Simultaneously, Angola prohibited discrimination on the basis of sexual orientation or gender identity and expression. These events are hailed widely as a success story for the lesbian, gay, bisexual and transgender (LGBT) communities in the region.

INTERVIEW:

ARASA SAT DOWN WITH IRIS ANGOLA DIRECTOR, CARLOS FERNANDES, TO DISCUSS THE IMPACT THAT THE PENAL CODE HAS ON KEY POPULATIONS IN ANGOLA.



Carlos Fernandes

Question: Due to this monumental shift in human rights for the LGBTI community, can you give us a bit more background on the situation in Angola prior to the passage of the new penal code? What were the main issues, in your opinion, faced by members of the LGBTI community in Angola?

Carlos Fernandes (CF): Allow me to emphasize that the previous Act was from 1889. It contained crimes against nature, associated to homosexuality. The biggest challenge is family in regards to, discriminating members of the LGBTIQIA community – from physical and verbal aggressions, restriction of movement, stopping paying for education fees and, often, kicking them out of the house. Education and employment indicators/levels are very low and HIV and other STDs prevalence is growing.

Question: Please give us a brief background into your role in being part of the organisations that brought the new penal code about?

CF: Advocacy should not be only focused on the LGBTI community. Only with the support of all Civil Society Organizations it will have a strong impact and visibility, proving it is not an issue of a specific group but society at large. Parliamentary Working Committees are equally important

Question: Through your affiliation with the ARASA Training of Trainers (TOT) programme, would you say that some of the advocacy skills that you have learned helped you to strengthen your capacity as an organization and as a result lend a hand in helping in the passage of the penal code decriminalizing consensual same-sex relationships among adults?

CF: The TOT was extremely important for me. As Director of an Angolan LGBTIQ Association, it allowed me to advocate at different levels with several stakeholders, alerting to human rights we must defend as opposed to divert it to issues of morality or tradition. Today I am part of a group of experts in key populations in Africa.

Question: Your organization (IRIS) was recently officially registered, can you tell us what this meant for you? How has your organization been able to operate thus far?

CF: Despite having concluded the legal aspects in 2018, since 2013 we have worked (initially) with other NGOs and thereafter we were able to remain active partially thanks to the Association's own team who tries to address the different challenges we are presented with. It hasn't been easy, but, in advocacy-related matters, we have occupied several spaces allowing us to spread our message in the several strategic plans at a country and continental level.

Question: Do you believe that the passage of the penal code has the potential to further decriminalise consensual same-sex relationships among adults in the rest of southern Africa?

CF: Yes, I do. Many countries use morality, tradition and fear to remove this sexual minority's rights. Seeing how some countries accepted to create mechanisms to punish who violates other people's rights is important to motivate other governments and communities in Africa, because that's our struggle.

RIGHTS FOR ALL: INCLUSION OF THE LGBTI IS NEEDED FOR SRHR RIGHTS IN NAMIBIA

By Paleni Amulungu



First Lady of Namibia, Monica Geingos during her key note address calling for more open dialogue on SRHR particularly with young people.

The Commonwealth hosted a mass Roundtable discussion on equality and inclusion, in the context of sexual reproductive health rights (SRHR) in Namibia, on the 25th and 26th March 2019 in Windhoek, Namibia. An additional two-day Round table discussion was held on the 28th and 29th of March to address SRHR in relation to gender identity and sexuality.

Attended by various government officials, stakeholders, CSOs, key populations and traditional leaders the meeting took stock of the various stigma and barriers that affect young girls, women and key populations when seeking sexual and reproductive health care services.

The LGBTI and gender non-conforming (GNC) community, in particular, still continue to face discrimination globally as they are a key population that are often excluded in the national discourse. In Namibia the LGBTI community to face, “barriers to accessing health care including, prejudice, verbal abuse, lack of knowledge on the part of health care providers regarding the specific needs of LGBTI individuals, violation of patient confidentiality and the criminalisation of sodomy”.^[1]

Led by the Ombudsman of Namibia, John Walters, participants were drawn from the government, faith-based organisations, civil society, academia and the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI+) community. One of the main barriers agreed upon during the Roundtable was the importance of language in addressing the topic of gender identity.



John Walters

[1] Source: <http://www.lac.org.na/projects/grap/Pdf/lgbthealth.pdf>

“Language is important - we should unlearn such things as hate speech, racism, sexism and other offensive words to describe a human being,” said Walters. “We should break down the name calling and try to see the common good”.

On the 17th of May 2018 Out-Right Namibia (ORN) launched Outreach Health drop-in-centre*, the first dedicated intersex health care facility in the country. Members of the LGBTI community are able to receive HIV testing and counselling, access to PrEP, HIV treatment and mental and sexual reproductive health services. This is a phenomenal occurrence for Namibia, is one of a kind, meaning that many other Namibian members of LGBTI community, continue to be excluded from “mainstream” health care facilities or service providers.

Though sexuality is included in the 1995 Beijing Declaration and Platform of Action, it is yet to be given attention and form part of the national political agenda. It is paramount that a national and political discussion is had on dicriminalising homosexuality in Namibia. .

It is only then, that members of the LGBTI community will be seen and treated as equal contributing members of society and thus are able to access better health care services

Though all parties in attendance showed their appreciation for a new national dialogue, the issue of sexuality and gender identity must continue to be discussed in order for public perception to change for the creation of a more inclusive society.

**The Outreach Health drop in centre is located at the ORN offices, 30 Lister St, Windhoek West. For more information please call +264 61 237 329*



Participants during the Roundtable discussions on SRHR in Windhoek, Namibia.



GO TIME! THE 2019 ARASA ANNUAL TRAINING AND LEADERSHIP PROGRAMME KICKS OFF

By Bruce Tushabe

Module 1 of the Training and Leadership Programme (TALP), focusing on human rights and sexual reproductive health and rights (SRHR), took place in Johannesburg, South Africa from the 11th to the 15th of March 2019.

The TALP is part of ARASA's training and capacity strengthening programme aimed at amplifying the scope of work of ARASA partners and other civil society organisations (CSOs) in the SADC, East African region, including Ocean countries.

This year ARASA received 235 applications from 18 countries and 38 participants were selected from Angola, Botswana, Malawi, Comoros, DRC Congo, Mozambique, Kenya, Tanzania, Uganda, Zambia, Namibia, Madagascar, Zimbabwe, Lesotho, Swaziland, South Africa, Seychelles and Mauritius. From these countries participants come from a wide range of fields of work, such as, CSOs, media houses, law enforcement agencies and various representatives from ministries of health and justice. Furthermore, some of the participants are also activists, community health advocates, health workers, prison officers representing people living with HIV and AIDS, Sex workers, members of the LGBTI community, youths, people who use drugs, to name a few.



ARASA participants doing a group exercise during the TALP in Johannesburg, South Africa

This year's training and leadership programme will comprise of 4 modules, covering a wide range of topics such as; Module 1, Human Rights and Sexual Reproductive Health advocacy; Module 2, building blocks in SRHR and HIV programming; Module 3, content on structural interventions for HIV prevention; Module 4, Advanced training and leadership.



COMMUNITY MONITORING PLATFORMS ON DIFFERENTIATED SERVICE DELIVERY (DSD) IN SOUTHERN AFRICA

By Bruce Tushabe

ARASA in partnership with ITPC and support from international AIDS Society (IAS) are in the process of launching three community treatment observatories (CTOs) in Southern Africa. CTOs are a community-led group focused on collecting data pertaining to prevention, testing, care and treatment services, thus overall creating a much-needed demand for differentiated service delivery (DSD) and routine viral load testing (RVLT) in the region.

From 4th to 5th of February CTO implementing teams came together in Johannesburg, South Africa for a pre-implementation workshop. Partners from Zimbabwe, (Zimbabwe National Network of People living with HIV - ZNNP+), Community Initiative for Tuberculosis, HIV/AIDS and Malaria (CITAM) in Zambia, and Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA) in Malawi will work on the year long project on community monitoring and mobilization of DSD.

This project has three key objectives: (1) to increase the number of countries that include DSD within national HIV policies and guidelines,

(2) to support research and amplify the evidence for DSD, and (3) to ensure that DSD is client-centred and promotes the involvement and engagement of communities in the design and delivery of care.



DSD partners from Zambia, Malawi and Zimbabwe participating in a pre-implementation workshop in Rosenbank, South Africa. Johannesburg, South Africa. 4-5 February 2019.

KNOW YOUR RIGHTS: CREATING LEGAL SPACES THROUGH THE SMALL GRANTS PROGRAMME

By Soraya Mentoora

The ARASA Small Grants programme is aimed at strengthening the capacity of national civil society groups, networks of people living with HIV and key population organisations to advocate for an enabling legal environment. In 2018, ARASA disbursed a total of 15 small grants. 7 of these grants were awarded based on the outcome of participating in ARASA's Training and Leadership Programme (TALP), where projects were implemented in Malawi, Lesotho, Kenya, Uganda and DRC.

As part of the Africa Regional HIV programme for Removing Legal Barriers (RLB), ARASA provided 8 small grants of \$10 000 each to civil society and human rights organisations and key population groups in Botswana, Kenya, and Malawi. Through the small grants programme, these organisations were able to implement various national advocacy initiatives to prevent and address human rights violations that impede access to HIV and TB services.

Many of the organisations focused on RLB for key populations and the various challenges they face and continue to live in fear of stigma and discrimination from their communities and thus unable to access much needed health and legal services.



Trainees during a human rights and law literacy training geared towards gay men and MSM communities in Botswana.

The Men for Health and Gender Justice Organisation from Botswana implemented a project with their grant to empower and strengthen the LGBTI/MSM communities in Botswana.

The organisation hosted specific training opportunities for LGBTI and male sex workers on health and human rights literacy and community meetings to break the barriers and address stigma and discrimination from service providers such as, health care workers and law enforcement officers. Through the literacy programme the participants were able to know their rights and defend themselves without fear and share their untold and undocumented experiences and stories.

“How can I defend the rights I do not know I have?”, said one of the participants who attended the training programme.

The situation is no different for sex workers in Kenya where the Bar Hostess Empowerment and Support Programme (BHESP) provided litigation support and increase access to justice for female sex workers.

The organisation was able to take 9 matters of 116 incidents reported to court. BHESP also successfully engaged 18 members of the judiciary to challenge the prejudice suffered by sex workers.

“The perfectly unethical biasness of judges against sex workers is rampant in our courts, it is a vice crafted by the misogynistic interpretation of law. What is the result?

Harm!Pain!Injustice. It is high time that we as implementers of the law have the right attitude towards sex workers on the interest of justice whenever perpetrated”, said one advocate of the high court in Kenya.



The training was aimed at providing human rights knowledge so that they can be fully enjoyed.

WORKING TOGETHER: ARASA DIRECTOR CALLS FOR MORE INCLUSIVE APPROACH



ARASA Director, Michaela Clayton (front - right) and other panelist from the high level consultation on promoting human rights in Geneva, Switzerland.

We need a top-down, bottom-up approach to promoting human rights” – ARASA Director, Michaela Clayton

On 12 February 2019, the United Nations in Geneva, Switzerland held a high-level consultation on the promotion of human rights in the HIV response.

ARASA Director, Michaela Clayton, presented at the consultation and called for an inclusive top-down, bottom up approach, in which concrete actions must be taken to ensure that political leaders and civil society work together.

The consultation sought to share regional and subregional strategies and best global practices, with a central theme of removing harmful criminal laws and structural barriers. Though traditional barriers such as stigma and discrimination continue to persist, new barriers, such as lack of inclusion of criminalized populations are included in universal health coverage, need to be addressed.

COMING NEXT! OPPORTUNITIES AND UPCOMING EVENTS



Call for Applications: HIV Criminalisation Online Short Course

This online course will introduce participants to information about the criminalisation of HIV transmission, exposure and non-disclosure. It will also focus on the negative impact HIV Criminalisation as a public health response, has had on the human rights of people living with HIV and key populations and on universal access to HIV prevention, treatment, care and support.

Deadline: 1 May 2019

Apply for the course here:

https://docs.google.com/forms/d/1LkBs0fIw8HatlhAa2plamlxCpFNs8_jcMApXOApdcbY/edit?fbclid=IwAR0FBEDtXsuG_r24XyxCcZWOWMGI_J6MAJ-gGLzCRqVNGCzPstBnKycTodM



Training and Leadership Programme (TaLP) Module 2

Module 2 of the TaLP will take place in Johannesburg, South Africa, on the 20th to the 24th of May 2019. Module 2 will cover the building blocks of Sexual Reproductive Health Rights and HIV programming.