

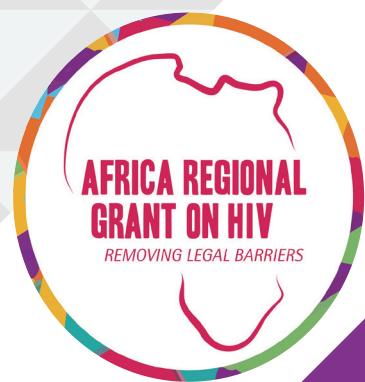
# SMALL GRANTS CASE STUDIES

CATALYSING HIV, TB AND  
HUMAN RIGHTS ADVOCACY IN  
SOUTHERN AND EAST AFRICA

2017



**ARASA**  
AIDS & Rights  
**Alliance**  
for Southern Africa



# ABBREVIATIONS

ARASA	AIDS and Rights Alliance for Southern Africa
CSO	Civil Society Organisation
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex Persons
MDR-TB	Multi-drug Resistant TB
MSM	Men who have sex with men
NGO	Non-Governmental Organisation
NSP	National Strategic Plan on HIV and AIDS
TOT	Training of Trainers
WHO	World Health Organisation
NAC	National AIDS Council

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# THEMATIC AREAS

AND PROJECTS



**CRIMINALISATION**  
HASO  
LGBTI SEY



**DRUGS**  
TANPUD  
PEPA



**GIRLS**  
ASCOBEF



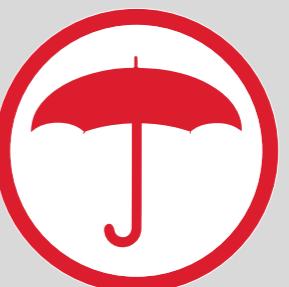
**HIV**  
POSITIVE WOMEN IN ACTION



**PREVENTION**  
CHREAA



**PRISON**  
CHREAA



**SEX WORK**  
BONELA  
HASO  
LGBTI SEY  
CHRR



**STIGMA**  
POSITIVE WOMEN IN ACTION  
CITAM+  
MANARELA  
FARUG



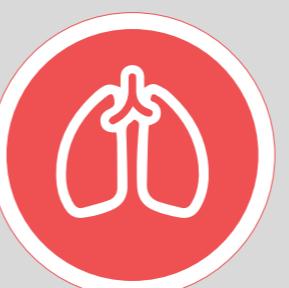
**HUMAN RIGHTS**  
BONELA  
RAINBOW IDENTITY  
CHRR  
CHREAA  
TANPUD  
PEPE  
MANARELA  
FARUG



**KEY POPULATIONS**  
RAINBOW IDENTITY  
TANPUD



**LAW**  
CHREAA  
  
**LGBTI**  
BONELA  
RAINBOW IDENTITY  
JINSIA YANGU  
MAAYGO  
CHRR  
MANARELA  
FARUG



**TB**  
POSITIVE WOMEN IN ACTION  
CITAM+



**TREATMENT**  
POSITIVE WOMEN IN ACTION  
MANARELA  
TANPUD  
FARUG  
CITAM+



**WOMEN**  
ASCOBEF  
POSITIVE WOMEN IN ACTION

## ABOUT ARASA

The AIDS and Rights Alliance for Southern Africa (ARASA) is a partnership of 115 non-governmental organisations promoting a rights-based response to HIV, TB and sexual and reproductive health (SRH) across 18 countries in southern and east Africa. ARASA conducts its work under two programme areas, namely (i) Training and Capacity Strengthening; and (ii) Advocacy, both of which have regional and national components.

[www.arasa.info](http://www.arasa.info)

## ARASA'S PROGRAMMES

Central to ARASA's operational strategy is utilising the partnership to build and strengthen the capacity of civil society to effectively advocate for a rights-based and gendered response to HIV and tuberculosis (TB) in east and southern Africa. This is done with the objective of ensuring that the rights of people living with HIV and those at risk of HIV are respected and protected and those socio-economic rights, the denial of which fuels the epidemic in the region, are respected, protected and fulfilled.

Conscious of the comparative advantages that ARASA has as a regional partnership, its work focuses on using the relative strengths of its partners to facilitate intra-regional sharing of expertise in order to build capacity around HIV, TB and human rights, to replicate good practices around HIV, TB and human rights in the region and to identify and facilitate regional advocacy initiatives on issues that are common to all countries in the field of HIV, TB and human rights.

## ABOUT ARASA'S SMALL GRANTS PROGRAMME

ARASA has provided financial and technical support to national partners to engage in HIV, TB, SRH and human rights training and advocacy through a small grants programme established in 2009. Since then, ARASA's grant making portfolio has steadily increased in response to funding trends in the region and the resulting demand by partners for ARASA to play more of an intermediary grant-maker role as a way to ensure that funding is available for ARASA partners' HIV, TB, SRHR and human rights work. However, the small grants are intended to be catalytic not long-term.

ARASA's small grants are aimed at strengthening the technical and financial ability of civil society organisations to monitor and analyse the efforts of national governments to protect, respect and uphold human rights in the context of national responses to HIV and TB and to engage in effective advocacy initiatives on rights issues.

The grants range from US\$ 5,000 to US\$ 55,000 and are linked to ARASA's regional Training and Leadership Programme, ARASA's Annual HIV, TB and Human Rights Award and ARASA's regional advocacy efforts.

A 2017 external evaluation of ARASA's 2013 – 2017 Strategic Plan found that the grants have contributed significantly to the roll-out of training and advocacy activities across the region. "Despite the size (\$10,000 for most grants), the grants have a significant reach valued by recipients, who can create important platforms to initiate and implement human rights-related training advocacy campaigns".

In 2017 ARASA awarded a total of 24 grants to the value of \$ 235,881.55. Despite the relatively small size of some grants, the reach of some of these interventions has been significant.

This publication focuses on projects implemented in 2017 with support from grants linked to the 2017 regional Training and Leadership Programme, ARASA's 2017 HIV, TB and Human Rights Award and the Global Fund's Africa Regional Grant: Removing Legal Barriers.

## AFRICAN REGIONAL GRANT ON HIV: REMOVING LEGAL BARRIERS

In 2015, ARASA, together with Enda Santé, the Southern African Litigation Centre (SALC), Kenya Ethical and Legal Issues Network (KELIN) and United Nations Development Programme (UNDP), secured funding from the Global Fund to fight AIDS, TB and Malaria for a first of its kind regional programme to be implemented in ten countries in west, east and southern Africa (Botswana, Côte d'Ivoire, Kenya, Malawi, Nigeria, Senegal, Seychelles, Tanzania, Uganda, and Zambia), 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.

In 2017, ARASA awarded 8 Removing Legal Barriers small grants of 10 000 USD each to 7 organisations in Botswana, Malawi, Kenya and Seychelles for national advocacy to address legal barriers to access to HIV prevention, treatment and care services for key populations.

## ARASA REGIONAL TRAINING & LEADERSHIP PROGRAMME

The regional Training and Leadership Programme is designed to create a cadre of civil society leaders on health and human rights in the region who can replicate the training that they have received in their own countries and who can also engage more effectively in advocacy around HIV, TB and SRH in their own countries and in the region. The programme enrols 2 students per country per year from 18 countries in southern and east Africa and consists of 4 face-to-face training workshops per year, supplemented by various assignments.

Upon the successful completion of the programme, trainers may apply for one of seven small grants up to the value of R136 000 to implement training and/or advocacy projects that promote human rights in the context of HIV, TB and SRH.

Through a competitive process ARASA awarded 7 grants to participants from Malawi, Zambia, Uganda, Tanzania, Congo and Eswatini who successfully completed the programme in 2016 to cascade their new learning in their countries and/or implement advocacy projects in their countries in 2017.

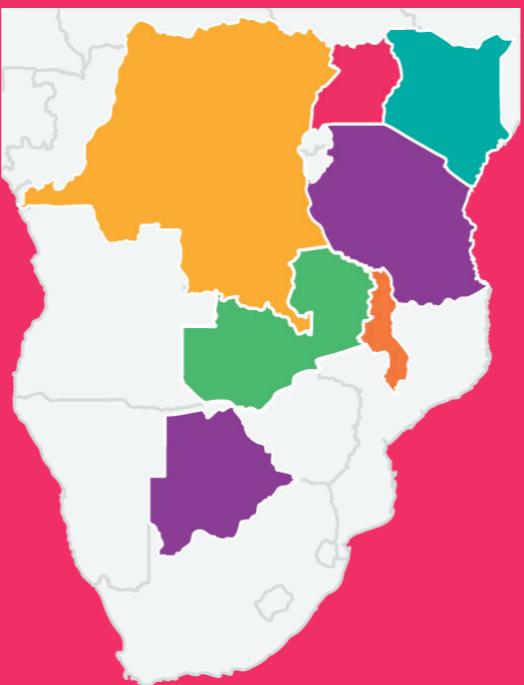
# INTRODUCTION

This publication profiles 14 case studies of projects implemented in 9 countries during 2017 with technical and financial from ARASA through the small grants programme. The 16 projects were identified through ARASA's regional Training and Leadership Programme as well as the "Removing Legal Barriers" programme, supported by the Global Fund's Africa Regional HIV Grant.

In May 2017, ARASA launched its first grants publication, entitled, "Catalysing HIV, TB and Human Rights Advocacy in Southern and East Africa 2012 – 2016". The booklet documents case studies of the impact of 13 projects implemented between 2012 and 2016 also documents ARASA's grant-making process. This booklet is available online at

<http://www.arasa.info/news/small-grants-case-studies-publication/>.

FOCUS AREAS	COUNTRIES
Drug policy and harm reduction for PWUD	DRC
Addressing gender-based violence	Comoros
Strengthening community systems to address TB related stigma & discrimination among people living with HIV	
TB detection in women living with HIV	
Removing legal barriers for transgender people	Botswana
Access to services and policy change for LGBTI people and sex workers	Kenya
Overcrowding in prisons	Malawi
Access to justice for key populations incl. transgender people	Kenya and Botswana
Addressing stigma and discrimination against sex workers and creating a conducive and enabling legal environment for sex workers	Seychelles
Improving the legal environment to strengthen access to services for key populations	Malawi



This publication presents a convincing argument for the power of community-based and national organisations in addressing HIV, TB, SRH and human rights challenges, including social, legal and other barriers to access to HIV, TB and SRH services.

The 14 case studies presented in this publication provide examples of ways in which ARASA small grant projects actively catalysing human rights-based interventions to curb the spread of HIV and TB within the region. Throughout 2017, the grantees implemented innovative training and advocacy activities reaching people living with HIV, religious leaders, health care workers, government officials, civil society organisations, human rights defenders, law enforcement officials, members of parliaments, the judiciary and key populations such as sex workers, people who use drugs, transgender people. They were able to increase rights literacy and access to HIV, TB and SRH services. They were also able to increase access to justice for individuals whose rights were violated and advocated for policy and legal change related to drug use, sex work and homosexuality amongst others.

# ACKNOWLEDGEMENTS

We would like to thank the many individuals and institutions who contributed to this publication. In particular we would like to express our gratitude to the grantees who play a crucial role in their communities and have shared their personal experiences and insights on their many successes and remaining challenges with us. We hope that this report pays homage to the amazing work you are doing to promote a rights-based response to HIV and tuberculosis (TB) in your communities, countries, and in the region.

This report was compiled by Soraya Mentoer, Felicita Hikuam and Paleni Umulungu. Design and layout are by echoledge. A special thanks to Global Fund Regional HIV Grant: "Removing Legal Barriers" for supporting this publication.

# GRANTS SUMMARY

## ADVOCACY PRIORITIES

6

## COUNTRIES

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## GRANTEES

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## GRANTS

17

AMOUNT  
 \$ 235,881.55



# PROVISION OF LEGAL SERVICES TO PROMOTE ACCESS TO JUSTICE

## Botswana Network on Ethics, Law and HIV/AIDS (BONELA)

### BOTSWANA

Article 3 of the Constitution of Botswana states that “every person in Botswana is entitled to the fundamental rights and freedoms of the individual, that is to say, the right, whatever his race, place of origin, political opinions, colour, creed or sex.” Although Botswana society has begun to engage in discussions on the rights of key populations such as people who inject drugs, men who have sex with men, transgender persons, sex workers and prisoners in HIV and AIDS interventions, shifts in negative perceptions of these groups and harmful behaviours towards them, have been insignificant. These harmful and discriminatory practices do not only violate the constitution of Botswana, they are also in contravention of international and regional human rights instruments, which protect the rights to privacy and protections against discrimination, and threaten basic freedoms of association, assembly and expression, which are all guaranteed in the Universal Declaration of Human Rights. Further, these human rights violations create unnecessary barriers to access to legal, sexual and reproductive health and rights (SRHR), HIV, TB and broader health services for all citizens, particularly those accessing public health facilities.

 LGBTI individuals in Botswana continue to face a denial of protection of human rights based on their sexual orientation and gender identity. 

Although Botswana has committed to uphold the principles of the International Covenant on Civil and Political Rights (ICCPR), it has failed to bring its Penal Code into compliance with international principles. The effect of having legal penalties for same sex sexual conduct is that, even if they are not enforced, these laws strengthen and reinforce social stigma and homophobia.

The lack of an enabling legal environment that protects the rights of LGBTI and sex workers are all factors that exacerbate rights violations and injustices in the country. The pervasive lack of understanding of rights amongst the general public, their inability to claim such rights or to seek recourse in the face of violations, represent perhaps the most critical challenges faced by key populations communities.

“The effect of having legal penalties for same sex sexual conduct is that, even when they are not enforced, these laws strengthen and reinforce social stigma and homophobia against sexual and gender non-normative behaviour, whether perceived or real, that may easily cause discrimination or more serious forms of human rights abuses.” Felistus Motimedi, BONELA Director.

BONELA was established in 2002 to create an enabling and just environment for marginalised populations and people most vulnerable to HIV and AIDS through the integration of gender sensitive, ethical, legal and human rights principles into the national response to HIV and AIDS in Botswana. Through its Legal Aid programme, BONELA documents and pursues cases of human rights violations to provide redress for those who require this, including the LGBTI community and sex workers.

As part of the African Regional Grant on HIV: Removing Legal Barriers, ARASA awarded 2 small grants to the value of US\$ 20,000 to BONELA in 2017 for the two projects titled: Promoting access to justice for key populations in Botswana and the second project: Legislative debate and human rights and key populations in Botswana.



### PROMOTING ACCESS TO JUSTICE FOR KEY POPULATIONS IN BOTSWANA

The project aimed to increase awareness of LGBTI rights and increased rights literacy and awareness amongst LGBTI people in addition to increasing awareness of civic duties and the rights of key populations in the context of TB and HIV amongst duty bearers. It increased access to legal aid services for LGBTI persons and actively pursued strategic litigation to provide redress when rights violations occurred. With ARASA's support, BONELA increased the awareness of key populations of the legal aid services offered by BONELA through a newspaper advert placed in a national newspaper with a print run of 17 000. Information on the provision of legal services was also shared on several social media pages and disseminated through partner key populations organisations for a wider audience reach. As a result of these promotional activities, four cases were reported to BONELA. The cases have been documented and are still being pursued.

### LEGISLATIVE DEBATE AND HUMAN RIGHTS AND KEY POPULATIONS IN BOTSWANA.

BONELA brought together ordinary citizens and high profile and strategic influencers in policy, parliament, civil society, religious and traditional structures for a policy dialogue titled “Amplifying Voices of Key Populations: Why Decriminalisation is Key to Getting to Zero New HIV Infections”, which was seen as one of the most complex legal and ‘moral subjected’ issues in Botswana. The dialogue was broadcast live on radio and sparked public dialogue for the whole week as the same radio station engaged for the live broadcast of the event used some of the elements of the session (clips) for their headline news.

BONELA made a concerted effort to collaborate with other key population organisations for the implementation of this project. This proved to be very fruitful as these partners promoted BONELA’s legal aid services to their clientele and reached out to their peers, to develop a safe space for them to seek for services without fear of harassment and judgement.

BONELA, is proud to have contributed to a public discourse on issues related to sex work and LGBTI people and having lifted the cloud of secrecy that used to surround these issues.

For more information contact **Bonela** on (+267) 393-2516 or visit their website: <http://www.bonela.org/>



# PROMOTING THE RIGHT TO HEALTH FOR TRANSGENDER AND INTERSEX PEOPLE

**Rainbow Identity Association (RIA)**

**BOTSWANA**

"Everyone's gender identity is a personal and unique construct"

"You can't know if someone is transgender, unless they tell you themselves"

Botswana is a land-locked country in the heart of the Southern Africa Development Community (SADC), which once had the world's highest HIV infection rate. Botswana is classified as a middle-income country, largely due to it being the world's largest producer of diamonds.

Although Botswana has a generalised HIV epidemic which is fuelled primarily by unsafe heterosexual sex with multiple partners, key populations such as sex workers, men who have sex with men and transgender people have been reported to have disproportionately high HIV infection rates. Although UNAIDS reports that in Botswana, as all other countries in the SADC region, information is most limited with respect to HIV prevalence among transgender people. However, globally transgender women are reported to be 49 times more likely to be living with HIV than other adults of reproductive age.

Recently, courts in Botswana have been lauded for protecting the rights of LGBTI persons in Botswana. A 2014 ruling overturned a government ban on the registration of Lesbians, Gays and Bisexuals of Botswana (LEGABIBO), an LGBTI organisation in Botswana and in 2017, the High Court ruled that 2 transgender persons be allowed to change their gender markers.

Despite these gains, transgender people in Botswana continue to face various human rights violations as well as social, legal and other barriers to accessing HIV-related services.

Rainbow Identity Association (RIA) is the only organisation in Botswana that focuses solely on the needs and rights of transgender and intersex communities in Botswana. It was formed in 2008 to address the challenges faced by the transgender and intersex community in Botswana and to promote their rights, access to services and overall visibility to minimise stigma and discrimination targeted at transgender and intersex people.

In 2017, ARASA provided RIA with \$ 10 000 as part of the African Regional Grant on HIV: Removing Legal Barriers for the project: Access to health service for transformation and intersex community in Botswana to create public awareness of the legal barriers that prevent transgender and intersex people from accessing and utilising health facilities and services.

RIA conducted a legal audit to identify gaps in the Botswana legislation to provide an overview and analysis of the legal environment with regards to the human rights of those who identify as transgender and intersex. The audit concluded that Botswana laws are vague regarding the rights of people who identify as transgender or intersex. As a result, there is no legal protection for these communities, which are exposed to a high level of human rights violations. The results of the audit were presented and discussed during a workshop with 20 transgender and intersex persons. Strategies for advocating on these issues were also identified.

During the workshop, participants reflected on their specific health needs such as hormone treatment, sex reassignment surgery and mental health and substance abuse treatment tailored to transgender clients. They also shared experiences of accessing services in government hospitals or clinics:



**I will never use the government clinic after what happened to me, I gave them my identity card which is what they want before one can be seen by a nurse, immediately they realized that my identity card middle number is one which means male the nurse then called another one to see what she sees as if I am a ghost”**

Information, education and communication (IEC) material on the law and rights of transgender and intersex people was developed and disseminated to the members of the organisation as well as the public.

For more information contact Rainbow Identity on +267 3905493





# STRENGTHENING ACCESS TO JUSTICE FOR ITGNC PEOPLE

## JINSIA YANGU - "my gender."

### KENYA

In 2010, the Kenyan National Assembly passed a new Constitution, which provides protection for all Kenyans from discrimination through The Bill of Rights. In 2014, the Kenyan High Court ordered the Kenya National Examination Council (KNEC) to change the names of a transgender woman on her Certificate of Secondary Education as it was preventing her from gaining employment. Despite these gains,

**transgender Kenyans experience violence, harassment, extortion and other rights violations on a daily basis.**

Transgender people are also neglected in the provision of healthcare services and are disproportionately affected by HIV. A 2016 UN publication stated that they have “borne the epidemiological brunt of HIV disease.”

Jinsia yangu, a Kenyan intersex, transgender and gender non-conforming (ITGNC) led organisation was established in 2012 to increase safe spaces for ITGNC people, and to enhance their wellbeing.

In 2017, ARASA provided Jinsia yangu \$ 10 000 as part of the African Regional Grant on HIV: Removing Legal Barriers for the project: Transgender Persons and HIV Health Rights in Kenya. ARASA provided financial and technical support to Jinsia yangu to implement a project aimed at strengthening access to justice for ITGNC people and to advocate for national mechanisms to prevent and address human rights violations that impede access to HIV and TB services for ITGNC people.

The organisation conducted workshops on human rights and pursuing legal change of names and other administrative services from government agencies for 20 ITGNC persons in Nairobi. Jinsia yangu also worked with the coach of the Kenya Football Federation, who is their intersex focal person, to reach out to the intersex community - 40 intersex persons were engaged through this process. Information, education and communication materials were developed and distributed as part of education and advocacy campaigns.



Jinsia yangu engaged in dialogue meetings with policy makers and other relevant stakeholders including the National AIDS and STI Control Programme (NASCOP), the Registrar of Persons through the Director of National Registration, Department of Immigration, the Kenya Medical Practitioners, Pharmacists and Dentists' Board and county government officials. During these meetings, delegates shared experiences and perspectives on the concepts of transgenderism and identified key issues to consider when developing policies and programmes for ITGNC people.

For the first time, Jinsia yangu participated in a Kenya Key Population Consortium meeting in February 2018 to discuss how to strengthen the engagement of key populations in Global Fund funding platforms and processes. Subsequently, Jinsia yangu has been invited to serve on the Steering Committee of the Kenya Key Population Consortium.

Contact details: For more information contact Jinsia yangu on +254700423343 OR +254728285663. Visit their website: [www.jinsiangu.org](http://www.jinsiangu.org)





# MAAYGO ADVANCE SAFE ENVIRONMENT FOR LGBT AND SEX WORKERS

## Men Against Aids Youth Group (MAAYGO)

KENYA

Code (which criminalises unnatural offences and indecent practices between males) with penalties of up to 14 years imprisonment. Same sex marriage is prohibited in the Constitution, which provides that every adult has the right to marry "a person of the opposite sex". Although the Penal Code does not specifically criminalise sex work, it criminalises aspects of sex work including living off the earnings of prostitution and soliciting for "immoral purposes". There are also a range of municipal by-laws with provisions, which criminalise loitering and indecent exposure.

In 2016 Kenyan courts ruled that forced anal testing of men was constitutional and could be used as evidence in a trial of men accused of homosexuality. In what is seen as a resounding victory for lesbian, gay, bisexual, and transgender (LGBT) rights activists in Kenya and beyond, this ruling was overturned by a Court of Appeal in March 2018. In February 2018, Kenya's High Court began hearing a case to decriminalise consensual same sex conduct, claiming that it is unconstitutional and fuels harassment, abuse and discrimination of the LGBT community.

Despite these legal gains, LGBTI Kenyans continue to face high levels of rights violations and other structural barriers to accessing HIV, TB and SRH services. According to UNAIDS roughly one in five men who have sex with men (MSM) in Kenya is living with HIV. A 2014 survey report also found that almost 1 in 4 female sex workers and 2 in 10 men who have sex with men experience physical or sexual violence (2014 Polling NASCOP Booth Survey Report). Arrests and other forms of intimidation, such as physical violence perpetrated by the police, affect 44% of sex workers and 24% of MSM.

Men Against AIDS Youth Group (MAAYGO) was formed by a group of concerned individuals to respond to the HIV among the MSM community in Kisumu. MAAYGO provides health, HIV and livelihood services to communities, with a focus on MSM and MSM living with HIV. MAAYGO also advocates for the health and human rights of gay men, MSM, transgender people and sex workers.

In 2017, the organisation received financial and technical support from ARASA as part of the African Regional Grant on HIV: Removing Legal Barriers for the project: to conduct workshops and health talks on HIV and sexual and reproductive health and rights for 30 LGBTI persons and sex workers. Before the workshops, most of the participants reported limited knowledge of self-stigma and low uptake of HIV and SRH services. Following their participation in the workshops and health talks, MAAYGO reported an increase in the uptake of health services offered by MAAYGO and other youth and gay friendly facilities.

In addition to strengthening the capacity of MSM and sex workers in Kisumu on health and rights, MAAYGO also hosted a sensitisation workshop to increase the knowledge of law enforcement officials on sexual orientation and gender identity and expression (SOGIE), and the needs of the LGBTI community, including sexual and reproductive health and rights (SRHR). The participants explored how

law enforcement officials can play a role in creating a safer environment for MSM and sex workers to access health services.

"MAAYGO should hold these forums frequently so that our attitudes and perceptions towards LGBTI is changed. Kindly reach more police officers" Phares Nyakongo, participant from the Police Training Centre in Kisumu. MAAYGO hosted an additional three sensitivity training sessions on SOGIE and SRHR with approximately 150 police officers in response to a request from the Kisumu Police Commander. A key outcome of the sessions with law enforcement officials was the appointment of three police officers to MAAYGO's community advisory board, where they advise MAAYGO on how to facilitate safety and security for their members.

Further, the strengthened partnership with law enforcement officials has helped reduce stigma, discrimination and violence perpetrated by the police officers against LGBTI people and sex workers.

During this period, MAAYGO also influenced policy and programming through their participation in the national and county key population technical working groups, which include other civil society organisations, representatives from different departments within the Ministry of Health such as the County AIDS and STI Control Council and other stakeholders.

MAAYGO also conducted two lobby and advocacy forums with representatives from the Ministry of Health to influence the Ministry's programming and advocate for the need to prioritise interventions that address the needs of LGBTI and sex workers. These dialogues resulted in MAAYGO receiving free HIV testing kits, antiretroviral drugs and technical support in the form of reporting tools and supervision of MAAYGO's clinical services by the Ministry of Health.

For more information contact MAAYGO on +254723285425 or Visit their website: [www.maaygo.org](http://www.maaygo.org)





# CHREAA CHAMPIONS THE RIGHTS OF PRISONERS

THE CENTRE FOR HUMAN RIGHTS EDUCATION  
ADVICE AND ASSISTANCE (CHREAA)



## MALAWI

Malawi's first prison was built in Zomba in the south of Malawi in 1935 during colonial rule and would later become the country's only maximum-security prison. The administration of prisons in Malawi during this time was characterised as oppressive, with imprisonment being used as a tool to silence political opponents. Following Malawi's transition from a one-party State to democracy in 1994, major reforms were initiated, including a review of the constitution to make provision for the protection of the rights of prisoners.

Section 42 (1) (b) provides for the right to be detained under conditions consistent with human dignity, which shall include at least the provision of reading and writing materials, adequate nutrition and medical treatment at the expense of the State.

However, conditions in prisons in Malawi have continued to deteriorate and currently do not conform to the standards set by the constitution. The prison in Zomba was designed for a maximum capacity of 800 but holds over 2000 prisoners. Similar conditions of over-crowding exist in Chichiri Prison in the southern city of Blantyre in Malawi. Due to overcrowding there is a high incidence of communicable diseases, such as tuberculosis (TB) and HIV, along with inadequate access to health care and nutrition.

### The overcrowding in both prisons force prisoners to sleep in a sitting position, commonly known as "shamba".

"Life in prison is hard as I have to go to bed with either an empty stomach or sometimes with poor quality diet and having to fight for a place to sleep while seated," said current inmate, Dikirani Windo.

CHREAA is a non-governmental organisation established in 2002 to promote and protect human rights in Malawi. In collaboration with various partners and stakeholders, the organisation has been promoting and protecting prisoners' rights through advocacy, legal advice and assistance since its inception. As part of the African Regional Grant on HIV: Removing Legal Barriers ARASA awarded CHREAA \$ 10 000 to implement a project titled: Improved access to health services for prisoners living with HIV/AIDS and TB.

CHREAA advocated for the reduction of overcrowding in prisons and reviewed the sentencing patterns of various magistrates. Through this they found that the detention of those who committed minor crimes and those awaiting trial contributed significantly to overcrowding. They also found that the majority of those who are arrested are brought to court without any legal representation, are often unaware of their right to bail and how and when to exercise this right. Further, prisoners are arbitrarily detained for months and years, which is in violation of domestic, regional and international human rights instruments.

In an effort to address these factors that contribute to overcrowding in prisons, which exposes prisoners to HIV and TB infection, CHREAA conducted a magistrates' training on non-custodial sentencing, which was facilitated by Justice Zione Ntaba, a judge of Malawi's High Court. The training focused on various alternatives to custodial sentencing.

Since the training, CHREAA has documented numerous positive and encouraging results through its monthly project review of sentencing patterns of various magistrates, CHREAA found that the magistrates are making use of the alternatives to custodial sentences.

"I have handled a number of child cases since I am the designated Magistrate for Child Justice Court. The training has increased my knowledge on the use of alternative sentences for the best interest of a child," stated Second Grade Magistrate Angella Dossi.



Of the 637 cases registered after the training, only one accused person was sentenced to 6 months imprisonment with hard labour, while the others were given suspended sentences, acquitted, cautioned and or given community service.

"The training was an eye opener, we will surely start using alternative sentencing especially when dealing with minor offences ", said Senior Resident Magistrate, Chikondi Mandala.

In addition to the training of magistrates, CHREAA produced booklets on the right to bail for offenders, which were disseminated to the magistrates and other stakeholders. During a follow-up by CHREAA, the magistrates reported that the booklets were useful and easy to understand and use.

CHREAA also conducted a media campaign to raise awareness of the challenging conditions in prisons and lobbied the courts and other policy-makers throughout Malawi to address the barriers this poses to HIV and TB prevention and treatment in prisons. The media campaign was a great success as the Ministry of Justice has subsequently agreed to release terminally ill prisoners and those left with minimal time left on their sentences.

CHREAA also held meetings with prison officials, members of the judiciary and government officials to advocate for improved access to quality health services for prisoners living with HIV and TB. During these meetings participants discussed the contributing factors to prison congestion and possible solutions.

"The meeting was very useful since it has highlighted a number of areas that we were not considered in the past. [We] will lobby the [judiciary] to stop sending people with minor cases to prison to reduce the pressure that we have". Station Officer Assistant Commissioner of Prisons, Thom Mtute.

CHREAA also held a meeting with government officials to how they can advocate for increased funding to health services in prisons during budget drafting and related debates in Parliament.

For more information contact **CHREAA** on **265880770**  
Or visit their website [www.chreaa.org](http://www.chreaa.org)



# THE RIGHTS OF KEY POPULATIONS IN MALAWI

Centre for Human Rights and Rehabilitation (CHRR)

## MALAWI

Malawi maintains criminal sanctions against same-sex conduct in its Penal Code. Consequently, men who have sex with men (MSM) are frequently discriminated against and their needs not being catered for in the provision of critical services such as healthcare. According to UNAIDS (2017), HIV prevalence among MSM in Malawi stands at 17.3% - two times higher than the rest of the adult male population.

Despite the prohibition of discrimination by international human rights instruments and the Constitution of Malawi, very little attention is paid to addressing stigma and discrimination against key populations that include people who inject drugs, men who have sex with men, transgender persons, sex workers and prisoners. The HIV response in Malawi has predominantly focused on the prevention of heterosexual and vertical transmission of HIV. Although there are isolated interventions targeted at key populations, being implemented by some local NGOs, these are not at a significant scale or holistic as they primarily focus on HIV testing and counselling for MSM and the provision of protective devices such as condoms and lubricants. CHRR, which was founded in February 1995, is one of the leading human rights organisations in Malawi, which has championed efforts to increase awareness of human rights, good governance and democracy amongst all Malawians.

The organisation received \$10 000 from ARASA as part of the African Regional Grant on HIV: Removing Legal Barriers to implement a project titled: Breaking Barriers: strengthening access to services for key populations through improving the legal environment.

The organisation did this through monitoring, documentation and reporting of human rights violations targeted at key populations, with a focus on cases of stigma and discrimination as they impede their access to public health and HIV and AIDS treatment. Community-based human rights monitors, specially trained for this purpose, were engaged to do ongoing documentation of cases of human rights violations against key populations. By November 2017, the human rights monitors documented 126 cases, including cases of physical assault, verbal assault, denial of health services and forced outings of people's sexual orientation or gender identity.

The cases provided a strong evidence base of stigma and discrimination as experienced by key populations for CHRRs subsequent advocacy and legal reform efforts. A press release was circulated to various media outlets and published as an advert in the Malawi News dated 9-16 December 2017. The press release formed the basis for a discussion on Nkhoma Radio FM and resulted in 4 additional stories covered in Malawi's leading media houses, including the Nation newspapers, Zodiak Broadcasting Station (ZBS) and Capital FM radio. All stories highlighted the need to decriminalise adult consensual same-sex relations between men as one way of addressing barriers to comprehensive HIV services for MSM and transgender people.

Twelve human rights monitors (2 sex workers and 10 members of the LGBTI community) also posed as mystery clients at six health centres including Koche, Nkope, Malembo, Malindi, Malukula, Malindi and Mangochi District to conduct a survey on the quality of service they received. The participants were advised to pay attention to the reaction and attitudes of health care providers while presenting their problem and to document both instances of stigma and discrimination as well as best practices by health care workers.

The survey results found that there was negative provider perceptions and unwelcoming behaviours by several health service providers, limited provider knowledge on specific health needs of MSM and trans people as well as unavailability of tailor-made services for MSM such as lubricants. In one incident, a clinician demanded a bribe to treat a client,

a clinician demanded a bribe to treat a client, saying he would lose his job if he was discovered treating a gay man because the health centre was owned by a Christian church.



The results of this survey were shared at a meeting with 26 participants including health service providers, peer educators and journalists.

"When I was asked by my boss to attend this meeting, I was reluctant to accept it because I was not comfortable with the topic. Anything to do with gayism for me is a 'no-no' because it's against my religion. But sitting here and listening to the stories has given me a new perspective. The work you people (CHRR/ARASA) are doing is very important because it's about saving lives. We all have a responsibility to treat all people regardless of their status. Our job as clinicians is not to judge, but to treat all. This is what we vow to do when we join this profession." Clinician, Mangochi

### Lessons learned

A key lesson learned during the implementation of this project was that storytelling is still very powerful to change people's perceptions. The CHRR team realised that, rather than simply documenting cases of human rights violations, it is more powerful to let the affected people tell their own stories of how they have been affected by discriminatory practices in health care settings.

Contact details: For more information contact **CHRR** on (+265)992166191 or [www.chrrmw.org](http://www.chrrmw.org)

**CHRR challenges govt, stakeholders' minority rights**

**AYAMBA KANDODO CORRESPONDENT**

"That is why we singled out Chisu. And we expect the Northern Region education division manager Temwa Msiska said the donation will make a difference from what the teachers speak, but from the books which contain much more knowledge than what a teacher is able to talk about in a class,"

Chissoe said the school does not have enough books as over 10 learners share a book. He said the donation will reduce the number of learners sharing a book. ■

Centre for Human Rights and Rehabilitation (CHRR) has advised government and organisations promoting human rights to curb incidences of albino attacks and witchcraft accusations, among other ills. CHRR senior advocacy coordinator Michael Kaiyatsa said this last week in Mulanje on the sidelines of an orientation workshop for journalists from community

will not succeed. "The community is an important stakeholder. If you can observe, all the cases we have had, have been happening in the community. "It is at the village level where people have been killed for being suspected to be witches or where cases of albino attackers have been happening," he said. Kaiyatsa said the cases are high in the communities due to beliefs and misconceptions villagers have towards minority groups, such as albinos, the elderly and lesbians, gays,



# CREATING A CONDUCIVE ENVIRONMENT FOR SEX WORKERS IN THE SEYCHELLES

HIV/AIDS Support Organisation (HASO) in collaboration with Lesbian, Gay, Bisexual, Transgender, Intersex Seychelles (LGBTI Sey)

## SEYCHELLES

In the Seychelles, sex workers are disproportionately affected by HIV, with an HIV prevalence of 6% compared to 1% in the general population. Although there are protective provisions in the Seychelles, many laws and policies are outdated and do not specifically deal with HIV and AIDS or the various inequalities and human rights abuses experienced by people living with HIV or other key populations such as sex workers. Its Penal Code criminalises various aspects of sex work, including the buying and solicitation of sex, owning a brothel and living off the earnings of sex work. These punitive laws and policies that criminalise sex work present a structural barrier to the provision of healthcare services to sex workers.

With support from the African Regional Grant on HIV: Removing Legal Barriers ARASA awarded a grant of \$10 000 to HIV/AIDS support organisation (HASO) in collaboration with the Lesbian Gay Bisexual Transgender and Intersex Seychelles (LGBTI SEY) to implement a project titled: "Creating a conducive and enabling legal environment for sex workers in the Seychelles", which was implemented in complementarity to the grant awarded separately to LGBTI-Sey.

The two organisations organised various activities, which commenced with a focus group discussion with 7 female sex workers aimed at gathering information on the relevant health, social and legal issues affecting sex workers in Seychelles. The focus group discussion centred on the need for an amendment or repeal of the penal code to decriminalise sex work as this would create a conducive and enabling environment for sex workers, which enables access to health services and ensures that they are protected against human rights violations. The participants of the focus group discussion shared their daily experiences of stigma and discrimination, which include abuse by law enforcement officers as well as violence and abuse from clients, their partners and the wider community. They also reported various incidents of arbitrary arrests and detention by law enforcement officers.

The outcomes of the focus group discussion were presented to 6 members of the National Assembly members of the HIV and AIDS committee, the women parliamentary caucus and the National AIDS council during an advocacy workshop, which was also attended by several sex workers.

**"We have to protect the human rights of everyone in areas of law enforcement."**

We teamed up with HASO through evidence base and support decriminalising and not legalising sex work," said Honourable Clive Roucou, member of parliament and chairperson of the Sexual and Reproductive Health Rights committee, who delivered the key note address.

After much deliberation the members agreed to present and advocate for the documentation of cases of violations of human rights of sex workers and to lobby for public support and awareness raising workshops. The members of the National Assembly also expressed an interest in organising exchange visits to countries such as Mauritius and Madagascar to gather success stories and learn from their experience of creating an enabling environment for sex workers.



To increase awareness of the health and rights of sex workers, 2000 leaflets on sex work and health rights issues were developed and disseminated. Billboards with similar messaging were also erected in strategic places across Mahe, Praslin and La Digue islands.

For more information contact **HASO** on **+2484325108**





# **LESBIAN GAY BISEXUAL TRANSGENDER INTERSEX SEYCHELLES (LGBTI-SEY)**

# Addressing stigma and discrimination against sex workers in Seychelles

SEYCHELLES

The Constitution of the Republic of Seychelles is the supreme law in Seychelles. It recognises the inherent dignity and the equal and inalienable rights of all member of the human family as the foundation for freedom, justice, welfare, fraternity, peace and unity. It further reaffirms that these rights include the right to life, liberty, and the pursuit of happiness free from all types of discrimination. The Constitution also guarantees the right to equal protection of the law of all its citizens and to freedom from discrimination.

Seychelles has a concentrated HIV epidemic, with a low prevalence (less than 1%) in the general population with a higher prevalence for key populations. In a survey amongst sex workers in Victoria in 2014, HIV prevalence was found to be 6%.

Sex workers live in precarious socioeconomic situations and often experience stigma and discrimination that impacts of them accessing health and medical services.

Lesbians, Gay, Bisexual, Transgender and Intersex Seychelles (LGBTI-Sey) was established in May 2015 to provide an open, safe, inclusive space and community that is committed to challenging sexism, genderism, homophobia, biphobia, transphobia and heterosexism. The organisation is the first NGO of its kind in Seychelles and has been actively advocating for an enabling environment for LGBTI people, sex workers and people who use drugs. The organisation also strengthens the capacity of its members on health and rights issues and is an official member of the LGBTI Coalition of Indian Ocean and the Southern African Trans Forum.

In 2017, LGBTI-Sey was awarded a small grant of USD10,000 through ARASA's African Regional Grant on HIV: Removing Legal Barriers, to implement a project entitled "Addressing stigma and discrimination against sex workers in Seychelles and advocating for improved service delivery".

The organisation contributed to the reduction of institutional, social and cultural stigma against sex workers and improved access to health and psychosocial support services for sex workers living on Mahe, Praslin and La Digue islands of the Seychelles.

LGBTI-Sey hosted a dialogue with 50 social and healthcare professionals, which resulted in the participants signing a pledge to support the reduction of stigma and discrimination against sex workers. The organisations also conducted site visits to health and social institutions and facilities on Praslin and La Digue islands, to sensitise their employees on the rights and healthcare needs of sex workers.

By the time this publication was completed, LGBTI-Sey was finalising the implementation of outstanding activities, provided for through a no-cost extension from

ARASA

For more information contact **LGBTI Sey** on +248 261017.





# ASSOCIATION COMORIENNE POUR LE BIEN-ÊTRE FAMILLE (ASCOBEF)

COMOROS

Comoros, a series of volcanic islands in the Indian Ocean off the east coast of Africa, are recognised as one of the world's poorest countries with a high population density and an economy based mainly on subsistence agriculture and fishing. The country's health care system is challenged by a shortage of medical personnel, modern facilities, and supplies. According to the 2016 UNAIDS Country Factsheet, the country has an HIV prevalence rate of less than 0.1% with less than 200 adults and children living with HIV.

According to ARASA's 2016, HIV, TB and Human Rights in Southern and East Africa Report, Comoros has ratified both the 1989 Convention on the Rights of the Child and the 1990 African Charter on the Rights and Welfare of the Child. Despite this, the report highlights that violence and abuse of children has also been reported as a key concern in the first report of the Indian Ocean Child Rights Observatory (Observatoire des droits de l'enfant de la région de l'Océan Indien (ODEROI)), published in October 2006. The report highlighted disturbing trends in increased sexual assaults; gender-based violence and abuse; exploitation of children for economic reasons; rising juvenile crime; and increased school drop-outs. Unfortunately, incidents of child abuse are often not reported.

The Comorian Association for Family Welfare (ASCOBEF) was established in 1994 by a group of citizens concerned about the wellbeing of women and children to provide comprehensive sexual and reproductive health and rights programmes and services, including family planning, gynaecological counselling and services, antenatal care, information, education and communication (IEC) programmes and behaviour change communications (BCC) activities to promote health-seeking behaviour. The organisation prioritises advocacy against gender-based violence and provides victim support.

In 2017, ARASA provided financial and technical support to ASCOBEF through its TOT small grants programme to implement a project titled: Technical and programmatic support for the activities of the listening and care services for children and women victims of violence in Ngazidja. The organisation aimed to increase access to quality integrated sexual and reproductive health and rights services and information as well as access to justice for victims of gender-based violence, including sexual violence.

ASCOBEF's three "Listening and Caring" centres documented 551 cases of child abuse. About 80% of these involved sexual violence, including that of a 4-year-old girl who requires surgical intervention to repair physical damage from a violent sexual attack.

For more information contact ASCOBEE on (269) 323 7900



**SOCIÉTÉ**

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**SANTÉ PUBLIQUE**

## L'Ascobef a formé 45 agents du service d'écoute et de la société civile

**L'ASCOBEF a organisé une formation dans les trois îles en vue de renforcer les capacités du personnel du service d'écoute et de la société civile en matière de droits de l'homme et du VIH au niveau national.**

Ils sont 45 agents de différents services d'écoute et de la société civile à pouvoir bénéficier de cette formation. La formation a été organisée dans les trois îles, 20 agents à Ngazidja, 15 à Anjouan et 10 à Mohéli. Elle avait pour objectif de renforcer les capacités de ces agents du personnel des services d'écoute et de la société civile en matière des droits de l'homme et le VIH au niveau national. « La formation s'est bien passée dans les trois îles. Les participants étaient très actifs et on voyait leur engagement et détermination à savoir beaucoup sur la formation », avance Massoudini Soitihi, le superviseur du centre d'information et d'animation des jeunes (ASCOBEF Moroni).

La formation est financée par l'AIDS & RIGHT Alliance for Southern Africa (ARASA) et avait comme thème la promotion des droits humains et les droits des personnes vivant avec le virus du sida (VIH). Il y avait aussi les sous-thèmes basées sur la violence basée sur le genre, les violos sexuels sur mineurs, la prise en charge psychologique, la situation du VIH au pays, les droits de l'homme, la population clé... la santé sexuelle et reproductive. « Les débats étaient vraiment animés et ces agents vont assurer le relai par la suite pour former la communauté sur les droits de l'homme et les droits des personnes vivant avec le virus du Sida.

Depuis l'apparition du VIH Sida aux Comores, le pays cumule un total de 218 cas jusqu'à décembre 2016 avec une prédominance de 65 des femmes. Le nombre de décès cumulé est de 65 personnes. Aujourd'hui, 42 PVVH vivent sous ARV avec 95% de charge virale indétectable et la prévalence chez les adultes est de 0,2%.

**Mohamed Youssouf**

**Formation de 45 agents du service d'écoute et de la société civile**



**La Gazette des Comores**  
Une information plurielle, une liberté de pensée et de ton

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**VOYAGE NOCTURNE DU PROPHÈTE**

## Les avis des ulémas divergent sur le jeune du « mihraj »





# HARM REDUCTION, HIV AND HUMAN RIGHTS

## Pleaders of children and elderly people at risk “PEPA”

### DEMOCRATIC REPUBLIC OF CONGO

The Democratic Republic of Congo has been marred by civil society over the past few decades and armed conflict still persists in eastern part of the country. The violence and other rights violations linked to the armed conflict have had devastating consequences for the country.

Although HIV prevalence rates in the country are significantly less than its neighbours in the Southern Africa Development Community, 370 000 % of people are infected with HIV. HIV is particularly high amongst key populations, including people who use drugs (PWUD) and estimated at 84, 5%.

Pleaders of Children and Elderly People at Risk – (Plaideurs des Enfants et des Personnes Agees a risqué) (PEPA) is a non-governmental organisation (NGO), founded in 2007 to assist victims of human rights violations, including assisting children and the elderly, during the civil war.

At the end of 2016, the organisation was awarded a TOT small grants along with 6 others organisations through the competitive process linked to ARASA's regional Training of Trainers programme. In May 2017, the organisation was awarded the 2017 ARASA HIV, TB and Human Rights award, which was also accompanied by a grant of R136 000, for their work in eastern Democratic Republic of Congo.

<http://www.pepahumandignity.org/index.php/news>

“We are extremely honoured to receive this award. PEPA works in eastern DRC, a conflict zone and one of the most violent regions in the DRC, with high levels of human rights abuses. Despite this and with very limited financial resources, PEPA has accomplished a tremendous amount of work in 2016 in terms of engaging political leaders, advocating for the respect of human rights and providing basic assistance to people living with HIV and vulnerable communities,” said Apollinaire Zagabe, Executive Director of PEPA.

Although PEPA had not worked on drug policy or harm reduction issues before, they decided to use both grants to advocate for the protection and promotion of the human rights of people who use drugs in DRC by raising awareness of the challenges posed by laws and policies which negatively impact the health and rights of people who use drugs in DRC and advocating for drug policy reform.

In addition to conducting awareness raising sessions on HIV, TB and hepatitis C prevention and treatment for people who use drugs and community members, PEPA hosted a training workshop on HIV, TB and human rights for 30 people who use drugs.

“As drug users, we are still part of society and the community and we should not be criminalised just because we are drug users.”

PEPA is doing a great job to help us through education and training program. We are improving every day because of the work and support from PEPA,” said a participant of the workshop.

PEPA also convened a drug policy reform commission for magistrates, law enforcement officers, people who use drugs, members of parliament, lawyers and civil society, to consider the challenges posed by the criminalisation of drug use and the plight of people who use drugs in DRC. The meeting resulted in the formalisation of the drug policy reform commission, which aims to provide ongoing support to advocacy issues in this regard and consists of 10 commissioners. The commission held two meetings during 2017 and has identified two articles that need amendment in the current drug law, which will form the basis of future advocacy efforts.

For more information contact PEPA on +243998244785 or visit their website: [www.pepahumandignity.org](http://www.pepahumandignity.org)  
email: [info@pepahumandignity.org](mailto:info@pepahumandignity.org)



In September 2017, PEPA successfully implemented a day of action as part of the “Support. Don’t Punish” campaign for the first time in DRC. The march, which went through the town of Goma in the east of DRC, brought together more than 260 people including people who use drugs, civil society representatives, communities, advocates, women, youth and other stakeholders. IEC materials including postcards, t-shirts and flyers were distributed during the launch. A petition, based on recommendations from the Drug Policy Reform Commission meeting - to amend drug policy in DRC to decriminalise drug use - was submitted to Parliament and to the Office of the Governor at the conclusion of the march during the launch of the campaign.

To view a brief news clip of the march, visit:





# TB SUMMIT PUTS TB ON THE MAP

## Positive women in action

### ESWITINI

Eswitini a severe multi-drug resistant TB (MDR-TB) epidemic of estimated incidence are 69/100,000 population, with a TB/HIV co-infection rate of 75% (WHO Global TB Report, 2016). The high burden of MDR-TB, as well as the high levels of stigma associated to TB pose a major threat to national TB Control efforts. As recently as in June 2016, the community of Mfabantfu in Manzini threatened to banish TB patients from their areas out of fear that they would spread the infection. As a result, people at risk of or infected with TB hide their illness and do not access the necessary treatment, which can ultimately lead to their death.

Positive Women Together in Action is a legally registered national organisation that began operating in Eswitini as a support group of people living with HIV in March 2004 in response to an increasing need for support amongst HIV positive women. The organisation works closely with women living with HIV to ensure that their voices are amplified and that their sexual and reproductive health and rights issues are addressed.

In 2013, while the organisation was conducting a treatment literacy workshop for women living with HIV, it was established that more than three quarters of the participants of the workshop, a 2-year-old baby who had come with her mother, either actively had TB at the time or have previously had TB. This led to the organisation seeking help from the National TB Programme to strengthen its efforts to increase awareness of HIV and TB prevention, treatment and care as well as the link between the two diseases.

With financial and technical support from ARASA's small grant programme, the organisation received R 136 000 to implement the project: **TB/HIV Summit for women living with HIV in Eswitini**. The organisation conducted a baseline survey to gather data on TB-related human rights violations targeting women living with HIV and those with TB. One hundred and seventy-five cases of TB-related human rights violations were documented during 6 focus group discussions. The base line survey found that even though a lot has been done to ensure access to TB treatment, care and support services, there are still a lot of challenges relating to TB-related stigma and discrimination at health facilities, in the family and the community. "While my community gossiped about me and this hurt me and my children but now I understand that it was lack of knowledge from here I will be a TB educator", Nelisiwe Dlamini, Moneni.

The results of the survey were presented during a national TB and HIV summit hosted in July 2017 by Positive Women Together in Action with the aim of bringing together women living with HIV, civil society, government representatives and other partners to share new information and research on how to increase access to TB diagnosis, prevention and treatment services. The summit provided a platform for women from various communities to come together, share experiences and challenges that form part of their daily lives and to deliberate on issues presented by specialists.

**"I used to fear visiting people who have TB, because I was afraid of being infected."**

From now on, I will visit and take care of them and use the infection control information I got in this workshop". Busisiwe Makhanya, Mvembili Hhohho region.

The outcomes of the summit and the results of the survey were presented to various stakeholders including officials from different civil society organisations, the national TB Program and Eswitini National AIDS programme during a national TB/HIV meeting organised by the Ministry of Health to help influence future policy and programming decisions by these stakeholders. Further the outcomes of the summit also informed the drafting of the Global fund TB /HIV grant proposal and the summit report was referenced in the country's proposal.

For more information contact **Positive women in action** on  
+ 268 76364366/+268 25056357





# MALAWI NETWORK OF RELIGIOUS LEADERS LIVING WITH OR PERSONALLY AFFECTED BY HIV AND AIDS (MANERELA+)

MALAWI

## Stigma and discrimination in Mangochi in Malawi

Mangochi district, in the Southern Region of Malawi near the southern end of Lake Malawi is home to a predominantly Muslim community with strong values against lesbian gay bisexual transgender intersex (LGBTI) people. The high levels of homophobia have contributed to many cases of stigma and discrimination and fuel fear of harassment, violence and other rights violations amongst the local LGBTI community.

## Malawi Network of Religious Leaders living with or personally affected by HIV and AIDS (MANERELA+) promotes the rights of LGBTI people in Mangochi

MANARELA+ is the only known faith-based organisation in Malawi working towards bringing an end to stigma and discrimination amongst the LGBTI community. The organisation was established in 2004 as an interfaith and voluntary membership network aimed at mobilising religious leaders living with or affected by HIV to use their influence to challenge stigma and discrimination.

In 2017, MANARELA+ received R136 000 from ARASAs TOT small grants programme to implement the project titled: Reducing stigma and discrimination for LGBTI in the context of HIV and AIDS. The project aimed to contribute to the creation of an enabling social environment for LGBTI people in Mangochi district by reducing stigma and discrimination targeted at LGBTI people and increasing their access to quality healthcare services.

MANERELA+ conducted two sensitisation meetings with 60 traditional and religious leaders in the Mangochi district sensitise the leaders on issues of sexuality, sexual orientation and gender identity. The platform also provided a space for sharing the impact of homophobia, transphobia, stigma and discrimination on the health and rights of LGBTI people. The interactive dialogue sessions provided a platform for both LGBTI people as well religious and traditional leaders to share their views and come to an understanding of how they can collaborate to reduce stigma targeted at LGBTI people and increase access to healthcare services for LGBTI community.

“I want to admit that as religious leaders we have really been contributing a lot to this stigma and discrimination through what we have been preaching to our followers.

Now I have come to understand the sexual orientations. I used to think that LGBTI only do what they do because of money, drugs or that maybe they are satanic followers. Since that meeting I had some session with my Imams and most of acknowledged that they lacked information on the matter and that what I shared with them was an eye opener.” Sheikh Mwanyali of the Muslim Association of Malawi (MAM)



MANERELA+ also conducted two separate training sessions with 60 LGBTI people to strengthen their legal and rights literacy as well as how they can act on rights violations they may experience. Gift, a transgender woman from Madeco shared the following reflection after participating in the training: “I used to feel powerless and felt like I did not have any right in life. I used to shun getting medical help when I was faced with health problems because of the negative attitudes that health care workers have towards our communities. I have always been scared to seek even help from police despite being harassed several times by fellow community members because of who I am. The training that MANERELA conducted has empowered me a lot. I know my rights as a human being and I will confidently start seeking health services and seek redress where I feel my rights are being violated. This is who I am, am a human being and I know I deserve equal access to those rights and services”

MANERELA+ also trained 30 health care providers including clinical officers, medical personnel, HIV testing service providers, ART coordinators as well as sexual and reproductive health coordinators from various facilities within the district on HIV prevalence in the country and the recognition of MSM as a key population within the national HIV strategic plan. The participants also included representatives from Christian Health Association of Malawi (CHAM), which runs almost 50% of health care facilities in the district.

“Most of the healthcare workers do not have adequate information on sexuality, sexual orientation, gender identity and human rights. Mostly we do not have skills on how to handle LGBTI without offending them. As health workers we made a vow to help people regardless of their background but at the same time depending on where we come from we hold different values. That’s why in the past there have been many cases of stigma and discrimination towards the LGBTI community. Going through the training I have seen the need to treat the LGBTI with confidentiality, respect and in a friendly manner to promote their access to the services we provide as health workers. It is true that the HIV prevalence for MSM is higher than the other population, I realize now that one way as health workers we are to blame for that as we have contributed to the fear of access to health services through our attitudes and actions. I recommend MANERELA to have many trainings so that more health workers are trained”. Pilirani HIV testing services Coordinator

Contact details: For more information contact **MANERELA** on **+265 999 472 810** or Visit their website: [www.manerela.org](http://www.manerela.org)





# TO PROTECT THE HUMAN RIGHTS OF PEOPLE LIVING WITH DRUGS

## Tanzania network for people who use drugs (TaNPUD)

### TANZANIA

The criminalisation and stigmatised nature of drug use in Tanzania makes it difficult to provide harm-reduction services and related treatment to people who use drugs (PWUD), which renders them at significantly higher risk of HIV infection. 15.5% of people who inject drugs in Tanzania are living with HIV. Although drug is criminalised in Tanzania, the government have recognised the importance of a harm reduction approach. However, services to key populations such as people who use drugs have drastically reduced recently following the suspension of organisations who provide these services.

Tanzania Network for People who Use Drugs (TaNPUD) was established in 2011 with the goal of advocating for the health and human rights of PWUD in Tanzania.

In 2017, TaNPUD received financial and technical support from ARASA to implement a project titled: "Strengthening TaNPUD on legal actions and evidence-based advocacy". With this support, a 25-member crisis response team was established and trained on how to document and respond to human rights violations. The training also included how to report a case at the police station, how to negotiate with law enforcement officers and judiciary and how to negotiate bail for PWUD who have been arrested for drug possession.

A total of 306 cases, ranging from cases of police harassment and raids to more serious cases of PWUD being killed by community members for stealing, were recorded during this period. Of these, 261 cases were attended to and resolved by the crisis response team. "Many of the female users reported cases of abuse and violations by police officers.

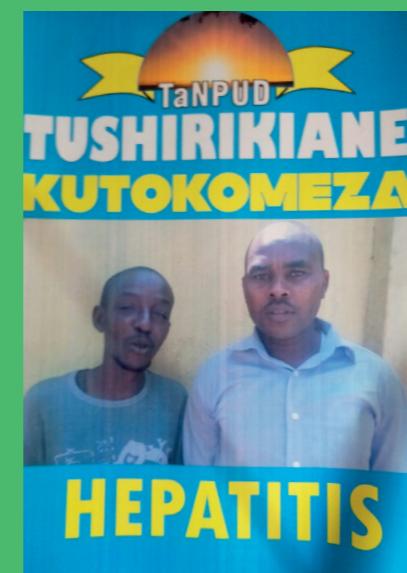
**They are asked or forced to have sex and when they refuse they are sentenced and their rights are violated,"** explained Happy Assan, TaNPUD's Coordinator.

In addition to documenting human rights violations against PWUD, the organisation created a referral network for those who have suffered human rights violations and advocated for the prevention of human rights violations against PWUD. As part of the referral network, TaNPUD engaged with police officers, at the gender desk and the Pastoral Activities and Services for People with AIDS (PASADA) as well as local government authorities.

The Crisis Response Team also supported the development of advocacy messages on the rights of PWUD, which were included in leaflets that were distributed to the public.

For more information contact **TANPUD** on +255 657 562 108

<http://supportdontpunish.org/videos/tanpud-video-on-drug-use-and-harm-reduction-in-tanzania-support-dont-punish-with-english-subtitles/>



<https://www.youtube.com/watch?v=ITYWNB0ejoU>

**SUPPORT. DON'T PUNISH**  
A global advocacy campaign for drug policies based on health and human rights

Support. Don't Punish is a global advocacy campaign calling for better drug policies that prioritise public health and human rights. The campaign aims to promote drug policy reform, and to change laws and policies which impede access to harm reduction interventions.

**Photo Project**  
The interactive photo project is a key element of the Support. Don't Punish campaign. Currently featuring some 8,000 photos from all over the world, the project works as a virtual platform for activists to connect and as an ever-growing visual petition for better drug policies.

To participate, follow three simple steps: 1) use the campaign logo on the back of the flyer; 2) take a picture with it; and 3) send it to campaign@idpc.net. We regularly post the photos on social media, check them out, tag yourself and share them widely!

**Help us spread the word!**  
The Support. Don't Punish campaign relies on its participants' passion and ingenuity and enthusiasm to carry our message forward. This Facebook page is a great place to like, share, mentions and re-share this grassroots initiative to help this grassroots movement grow in strength and reach.

**Global Day of Action**  
On 26th June, as part of the global day of action, you can join thousands worldwide by organising an action in your city and calling for drug policy reform. Previous actions included giant video projections, street art, rallies, flash mobs and other campaigning resources, our always up-to-date calendar of events, film screenings, and many more.

**Visit our website**  
Whether you're looking for inspiration in the hundreds of actions that have taken place since the launch of the Support. Don't Punish banner or interested in documents, reports, news, and other campaigning resources, our always up-to-date calendar of events, film screenings, and many more.

E-mail: [w.w.supportdontpunish.org](mailto:w.w.supportdontpunish.org) | [f/support.dnpunish/](mailto:f/support.dnpunish/) | [campaign.idpc.net](http://campaign.idpc.net)

**WHEN ARRESTED DRUG USERS GO TO:**

**JAIL THEY...**

- ...suffer withdrawal;
- ...share used needles;
- ...get infected with HIV,TB or Hepatitis;
- ...have no access to testing;
- ...have no access to medication;

**HEALTH SERVICES THEY...**

- ...get tested;
- ...receive clean needles;
- ...can join OST;
- ...get access to Naloxone;
- ...receive education about harm reduction;
- ...receive ARV;

**AND DIE...**

**AND RETURN TO SOCIETY...**

**WHAT DO YOU PREFER FOR OUR SOCIETY?**



# DENIAL OF THE RIGHT TO HEALTH IN UGANDA

## Freedom and roam Uganda (FARUG) UGANDA

The criminalisation of same sex sexual conduct has a profoundly negative impact on the health and rights of lesbian, gay, bi-sexual, transgender and intersex (LGBTI) persons. Uganda is no exception. Despite staunch opposition from LGBTI activists and human rights organisations in Uganda and across the globe, President Yoweri Museveni signed the Anti-Homosexuality Bill, which increased the penalty of same-sex sexual conduct to life imprisonment, into law in February 2014. Although the constitutional court declared the Act "null and void" based on the procedural grounds that Parliament lacked a quorum when it passed the bill, in August 2014, the enactment of the law underscored the state-sponsored homophobia, which fuels anti-homosexuality sentiments in Uganda.

Since the enactment of the Anti-Homosexuality Bill, LGBTI Ugandans have reported an extraordinary increase in rights abuses, including arbitrary arrests, police abuse and extortion, the public release of their names, resulting in loss of employment, public assaults and verbal abuse. The criminalisation of homosexuality has also been found to perpetuate homophobia, transphobia and stigma amongst health providers, which results in a denial of access to health services, limited health care services provision centres and harmful treatment by health providers and workers.

Established in 2003, FARUG is one of the oldest non-governmental organisations in Uganda, that has been actively leading advocacy related to sexual orientation and gender identity through lobbying and dialogue to create and facilitate greater visibility and voice for the lesbian, bisexual, and queer (LBQ) community.

In 2017, through ARASAs TOT small grants programme provided financial support of R136 000 to FARUG to implement a project titled: Integrated access to quality sexual and reproductive health and rights towards a healthy and empowered LBTI community. The project aimed at addressing barriers that hinder access to HIV, STI and TB prevention care, treatment information and services for LGBTI Ugandans.

The project was based on the findings of research conducted by FARUG in 2013, which confirmed that most health care practitioners lacked the basic information necessary to care for and treat the LBQ community.

Throughout 2017, FARUG conducted training sessions with health service providers from four different health centres and documented how this resulted in an improvement in access to services without discrimination for LBQ women.

"We have been able to receive queer people on a weekly basis especially those on anti-retroviral drugs and the hospital environment is quite welcoming to them. This project has opened our minds to [be] more understanding of LBQ health needs and strengthened our relationship between Mengo Hospital and the key populations. We are also trying our best to sensitise our fellow workers who may not know about LBQ health." Alice Nanono, Senior Counsellor Mengo Hospital.

FARUG also conducted training on HIV, TB and human rights for LBQ people in order to strengthen their legal literacy and enhance their ability to demand access to HIV and TB services. Several participants reported that they had learned a lot from the workshop.

FARUG also used various social media platforms to reach out to LBQ people and conducted a one-day dialogue with religious leaders, health care service providers, local council leaders, police officers, parents and relatives of LGBTI persons to discuss the rights of LBTI persons and the impact of social marginalisation as well as how LGBTI people can be treated fairly in police cells.



**"Lesbians should also be catered for and shown love just like everyone else. Neglecting and isolating lesbians leads to drug abuse, alcoholism and forces them to run away from home."**

Madam Sauda Namuwaya. (Teacher at Glory education center).

FARUG collaborated with health care providers at Mengo hospital in Kampala to increase access to testing and screening for HIV, Hepatitis B and sexually transmitted infections (STIs). Over 25 LBQ persons received Hepatitis B vaccinations and 40 people were screened for HIV and STI's.

"I got to know that the first step to my wellbeing and access to HIV and TB related services is testing. This is very important." Kakande Christine, Feminist and Rugby player.

FARUG disseminated 500 copies of an information handbook on HIV, TB and human rights, which includes a directory of LGBTI-friendly health care centres to members of the LGTBI community. As a result of these activities, LGBTI people reached by FARUG have reported feeling more comfortable with accessing HIV and TB-related services at the Mengo hospital instead of self-medicating.

For more information about FARUG please visit their website: [www.faruguganda.org](http://www.faruguganda.org)





# THE STATUS OF TUBERCULOSIS IN ZAMBIA

Community initiative for TB, HIV/AIDS & Malaria (CITAM+)

ZAMBIA

The burden of tuberculosis (TB) in Zambia is among the highest in the African region and in 2013 the prevalence was estimated at 388/100,000 population according to the World Health Organization (WHO) and an estimated incidence rate of 427/ 100 000 population. Stigma associated with TB is often the cause of many people affected by TB refraining from seeking and accessing much needed medical treatment. This is fuelled by a lack of information on TB that leads to myths and misconceptions regarding the disease. Together, all these factors have contributed to many new TB infections in Zambia.

## Revival and strengthening of community support systems in addressing tuberculosis in Zambia

The Community Initiative for Tuberculosis, HIV and AIDS & Malaria (CITAM+) was established in 2007 by people living with HIV, most of whom had also contracted TB at one point in their lives and had successfully completed TB treatment. The mission of CITAM+ is to advocate for national access to information, treatment, care and support for people infected and affected by TB and HIV in Zambia, with special concern for women, children and those with drug resistant tuberculosis (MDR/XDR).

Through ARASA's TOT small grants programme the organisation received R136 000 to implement a project titled: Revival and strengthening of community support systems in addressing TB related stigma and discrimination among people living with HIV. The organisation contributed to the reduction of TB related stigma and discrimination amongst people living with HIV in Zambia. They trained 20 people living with HIV support group leaders as trainers on TB, HIV, treatment literacy and adherence. The organisation developed and distributed 500 information, education and communication (IEC) materials on TB and HIV to the trainers for use in their community mobilisation efforts. In turn, the trainers used their new-found skills to conduct five community outreach sessions to raise awareness of these issues in their communities.

"The training enhanced my understanding about the HIV life cycle, how the ARVs stop HIV from multiplying and TB/HIV co-infection. This has made it possible for me to know that there is always a happy life after an HIV-positive diagnosis and I have since understood the importance of supporting my mother to adhere to her treatment". Paul Chileshe

A high-level stakeholder meeting attended by representatives of the Parliamentary Committee on Health, the Ministry of Health, civil society organisations (CSOs) and journalists was hosted to share the impact of TB on people living with HIV and to explore how this can be addressed at the national level.



**"It is the responsibility of us the affected and infected people to ensure that HIV discrimination and stigmatization is the thing of the past. Let us make the right noises as was the case in the early 90s. Together let's say no to stigma and discrimination"**

-Hon. Dr. Christopher Kalila

Participants attending the high-level stakeholder meeting agreed to champion and support the Zambia Parliamentary TB caucus and to work closely with CITAM+. The launch of the Zambia Parliamentary Caucus on TB took place on 27th March 2018. The launch was attended by the Minister of Health, who delivered the key note, the Deputy Speaker of the National Assembly who officially launched the Caucus, Chairperson of the Africa Region TB Caucus who is also a Member of Parliament from Kenya and the Director of Africa Region TB Caucus from Kenya. They were joined by Yvonne Chaka chaka, champion for the Global Fund to Fight AIDS, TB and Malaria, the United Nations MDG Envoy for Africa and renowned South African singer, 35 Zambian Members of Parliament and representatives from civil society organisations, the Ministry of Health National TB Programme, National AIDS Council, affected communities, media, UN agencies, international organisations and other development partners. CITAM+ serves as the secretariat of the Zambia Parliamentary Caucus on TB and has received numerous expressions of support for this role from various stakeholders.

For more information contact CITAM on +220977960043 or Visit their Facebook Page: [Citam Plus](#)

<https://zambianeye.com/zambian-launches-national-tuberculosis-parliamentary-caucus/>



