

# Newsletter Issue 27

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**Welcome to the 27th edition of the ARASA newsletter!**

As the year winds down, we are excited to update you on what we've been up to over the past few months.

Our focus for much of the year has been on integrating the findings and recommendations of the 2017 external evaluation into the way we work while developing a Strategic Plan for the next few years. Much of this has focused on how to remain fit for purpose in the changing health, political, economic, social and developmental context in southern and east Africa as well as globally.

A priority for us in this regard has been responding to the recommendation of the external evaluation, to conduct an extensive partner audit to help ARASA make an informed decision about the composition of the partnership. In this newsletter, we share the outcomes of this audit and the implications of these findings for the partnership.

In November 2017, ARASA hosted a graduation ceremony for the 10<sup>th</sup> class of its regional Training and Leadership Programme, formerly known as the regional Training of Trainer's Programme. You can read reflections from several participants of the programme on what they have gained from the programme and how they have used the new skills

and knowledge to strengthen HIV, TB and Human Rights advocacy in their countries.

As in previous years, ARASA has continued to provide technical and financial support to the implementation of HIV, TB and Human Rights Capacity Strengthening and Advocacy Programmes in Mauritius, Kenya and Uganda. In this edition of the newsletter we pay homage to Community Health Advocates who operate on the frontline of HIV, TB and human rights advocacy and share reflections from Kenyan CHAs on what they have achieved with support from the Country Programme.

2018 marked the last year of the implementation of the Africa Regional Grant on HIV: Removing Legal Barriers supported by the Global Fund to Fight AIDS, TB and Malaria. In September we hosted the 3rd Regional Capacity Strengthening Convening for African National Human Rights Institutions in partnership with the Network of African National Human Rights Institutions (NANRHI) and HIV Justice Worldwide. We are excited to share the outcomes of the convening as well as the impact of these convenings at the national level with you in this edition.

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

For updates and more information on ARASA's work, visit our website [www.arasa.info](http://www.arasa.info) and connect with us on Facebook [@ARASA](https://www.facebook.com/ARASA), Twitter [@\\_ARASAcotts](https://twitter.com/_ARASAcotts) and Instagram [@arasa\\_network](https://www.instagram.com/arasa_network).

Until next time!

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## Towards a partnership fit for purpose



# REPORT

## ARASA Partner Audit 2018

This report captures the findings of a partner audit ARASA's 115 civil society partners in 2017. The partnership audit was based on a recommendation of the 2017 external evaluation of ARASA's 2013 – 2017 Strategic Plan. The results of the audit will be used to inform a partnership statement on the remit, values and purpose of the ARASA partnership. It will also inform a review of the partnership application, vetting and selection process with the aim of helping the ARASA partnership to transform into a partnership that is fit for purpose in the changing context.



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In October, ARASA concluded an extensive a partner audit of its 115 civil society partners based on a recommendation of a 2017 external evaluation of ARASA's 2013 – 2017 Strategic Plan. "The recommendation was that we conduct an intensive audit of the partners and their respective policy positions and other advocacy activities as this would help ARASA to make an informed decision about the composition of the partnership in regard to gaps in representation, organisations that do not share ARASA's principles etc.," explained Felicita Hikuam, ARASA's Deputy Director.

The partner audit, which received 100 responses, was conducted by way of an electronic questionnaire using Google Forms in English, Portuguese and French.

Based on the responses, we conclude that, there appears to be unity of purpose amongst the respondents as the mission of the majority of ARASA partners includes raising awareness; empowering communities; strengthening capacity; facilitating access to safe spaces; advocacy on HIV, Hepatitis, TB, human rights; and holding duty bearers accountable in their mission. The vast majority of partners work to promote and protect the rights of people living with HIV, TB and hepatitis, sex workers, lesbian, gay, bisexual, gay, transgender and intersex (LGBTI) persons, people who use drugs, prisoners, women, youth and persons with disabilities.

In addition to the values congruent with ARASA's values, several respondents mentioned diversity, innovation, confidentiality, sustainability, loyalty, unity/ solidarity, sustainability, Botho (humanness), equality, collaboration and partnership as key values of their organisation.

The majority of the 96 respondents to this question (58), joined the ARASA partnership during between 2012 and 2017 to gain access to capacity strengthening opportunities (51); networking (26); solidarity for advocacy (15); exposure to regional and international platforms (9); and access to funding (9). Sixteen respondents mentioned that they were attracted by the congruency between the purpose and values of their organisation and ARASA.

All 50 respondents to the question: "In which ways does your organisation contribute the ARASA partnership?" reported that they are contributing to the principles of the partnership by conducting joint advocacy with other ARASA partners in the country (46); promoting ARASA's work and the values of the partnership in national, regional and international engagements (44); assisting in-country ARASA partners and other CSOs to conduct human rights, HIV, TB and SRH trainings/workshops (44); referring to being ARASA partners in funding proposals

(43); and share information and guidance on key advocacy issues ARASA should focus on (41).

The majority of the 92 respondents who responded to this question mentioned that key positive developments or changes they observed or experienced in ARASA in the past 3 years have included the growth in size, diversity, geographic reach and advocacy issues as well as increased support to financial sustainability of partners. Regarding access to financial resources for human rights programming and ARASA partners, one respondent explained: “ARASA has managed to open opportunities for funding for its partners by providing good recommendations and guarantees for partners to access funding. ARASA has also provided technical assistance to help partners fund-raise and successfully respond to sophisticated and highly technical call for proposals.” Another respondent stated: “The capacity to fund more CSO in areas of removing legal barriers to create a favourable environment where the key populations can operate.”

The most frequently mentioned negative developments in the past 3 years include the limited capacity to communicate in French and Portuguese and limited support to strengthening national collaboration in countries that do not host Country Programmes.

Analysis of the organisational positions on a number of policy issues showed that the policy issues which resulted in the highest number of incongruent responses between ARASA’s position and that of the partners were criminalisation of HIV transmission, exposure and/or non-disclosure; laws that legalise child marriage; decriminalisation of drug use and possession of drug paraphernalia for personal use; and decriminalisation of all elements of adult sex work.

Half of the 14 organisations with policy positions that were contrary to ARASA’s position, joined prior to 2012, whereas the other half joined between 2012 and 2018. Policy issues with the highest number of unsure / no position responses were drug use and possession of drug paraphernalia for personal use; the decriminalisation of abortion; and decriminalisation of all elements of adult sex work. All responses that were unsure or had no position were from organisations that joined the partnership between 2012 and 2018.

“We are very grateful to our partners for participating in this process and being so frank and honest in their reflection,” stated Felicita. “The results of the audit will be very useful in informing discussions on a new partnership model and a review of the composition of the partnership as well as the partnership application, vetting and selection processes with the aim of ensuring that the ARASA partnership is fit for purpose in the changing context”.

You can read the full report at: <https://www.arasa.info/media/arasa/Resources/research%20reports/report-arasa-partner-audit-2018-final-for-sharing-2.pdf>

### **ARASA TOT 2018: Growing the cadre of human rights champions and master trainers**



On 9 November, ARASA hosted a graduation ceremony at Premier Hotel in Johannesburg, South Africa to recognise the achievements of 33 participants who received certificates of competence for having completed the 10th intake of the regional Training and Leadership Programme (formerly known as the Training of Trainer's Programme).

“The graduation ceremony presented a platform for us to acknowledge the efforts of all the graduates and to recognise the exemplary performance of some graduates,” explained Bruce Tushabe, ARASA’s Regional Training and Capacity Strengthening Officer. “This year, we presented 7 awards for outstanding performance including Trainer’s Trainer of the year, plus 5 prizes for those who performed exceptionally well in their assignments.”

The winners of the awards are:

**Best trainer of year:** Tirayaone Lincoln Kgaswanyane, Botswana.

**Trainer of year:** Mary Nyathi, South Africa

**Trainer's trainer of year:** Juali Tino Daniel, Mozambique

**2nd choice trainer's trainer:** Rachelle Bhooyroo, Mauritius

**3rd choice trainer's trainer:** Winnifred Buccarie, Seychelles

**Best facilitator:** Jacob Segale, South Africa

**Best dressed trainer:** Kagiso Osupeng, Botswana

As in previous years, the graduates were selected through a competitive application process to represent a cohort of two representatives per country for each of the 18 countries in which ARASA operates. The 4 week-long modules of the programme have focused on key HIV, TB and human rights advocacy themes such as human rights monitoring and using media as an advocacy tool; sexual orientation and gender identity issues; the science of HIV and TB as well as HIV/TB prevention and treatment literacy (incl. viral load testing); intellectual property laws and access to treatment. Alumni of the programme from 2016 and 2017 moderated sessions on M&E, SOGIE and leadership respectively.

“Pre- and post-workshop assessments conducted to assess the extent to which ARASA has improved the capacity and knowledge of participants in regard to the topics covered during the module found that participation in the 3 module had improved the knowledge and skills of the majority of participants on the topics covered,” stated Tushabe. “The majority of participants also reported feeling more confident to train others on the topics covered during the module and having increased capacity to apply the tools such as community mapping, and skills including facilitation skills and proposal writing in their countries.”

Below are reflections from 2 participants on the impact of the programme on their personal and professional lives:

**Winifred Buccarie, Seychelles**



“For me personally, it has been an incredible journey full of all sorts of discoveries about my calling as an advocate, my passions as a human being and about my fellow brothers and sisters, comrades in unity for common purposes all over Africa.

For me, it has not always been an easy road, each module has had its own challenges in every way possible from the time I stepped on the plane to depart from my family in Seychelles [to attend the first module in February] to the time I stepped on the plane to depart from my family in South Africa [after attending the first module]. I must confess that like all of my fellow comrades I have looked forward to the mail from Bruce containing confirmation of the next module (lol) every three months of 2018.

If I were to start recollecting, I would recall especially the challenges of the third mostly scientific module about TB, the opportunities I have had and duly taken to be a better version of myself and the paths crossed where I have met unforgettable people and the resulting self-confidence I have gained which today enables me to stand assertively to face any hurdle found along my way each living day.

When I applied for the ToT I had just been to a workshop organized by my local organization (HASO) [an ARASA

partner in Seychelles] and ARASA following work done to consolidate the legal stage for the development and sustainability of access and rights for key populations in Seychelles. I wanted to learn more about ARASA, so I went on the internet and searched. It was at that very same time that I saw the Call for Application for the TOT and without hesitation I grabbed the opportunity.

Back then in November 2017, I [had an understanding of] almost everything within the HIV and human rights contexts and as a human rights advocate, I was already alert to every action around me including within my professional circle, whereby the rights of people are threatened and violated. What I needed was to put all the notions I had into context and acquire the confirmed knowledge and confidence to stand up and #voice# out against all the controversial and contradictory actions around me that I felt deep inside my heart was unjust, unfair, unequitable and totally wrong but against which I did not have enough weapon to stand with courage especially at times when my conscience was persistent but audacity was lacking.

When I joined the ToT, I was a caterpillar...today nearing my graduation from it, I realize and am proud that I have turned into a butterfly...

The knowledge I have gained coupled with the confidence acquired (I love the word confidence because it sounds so sweet and powerful) have pushed me to mingle within circles of people and organizations which have expanded my horizon even beyond my expectations to places and positions where I, myself never even thought I could reach.

One of my greatest achievements since joining the ToT, has been the slow but sure change of the Commissioner of the Seychelles Police Force's view of my participation within the ToT itself. When I first started in February 2018, he was adamant that despite the human rights basis of the course, the whole content has nothing to do with police duties and hence I had to take time out of my annual leave to attend... I have consequently been able to convince him that everything within the HIV and human rights contexts have everything to do with the police as the main actor in law enforcement. Today I am proud to attest that not only was I released to attend Module 3 and Module 4 but since June 2018, I have been appointed to various national committees especially related to key and vulnerable populations namely:

Police Representative on the Seychelles Street Pastors' Board (Street Pastors comprise of volunteer civilian members who form themselves into groups and patrol the streets at night especially on weekends where we meet people on the street – sex workers, people who use drugs and others- and we assist them in referrals, counselling and prayers as

well as small subsistence in the form of food, water or hygiene items based on their request.

Police Representative on the National Gender Working Group also involved in drafting the Gender Based Violence Act.

And lately my greatest achievement – being appointed as the Legal Officer for the Citizens Engagement Platform Seychelles/ European Union Joint Project for a Crisis Centre for vulnerable women and victims of GBV

Recently I assisted HASO in facilitating a workshop on HIV awareness and decriminalization of sex work for Senior Police Officers. We hope to do the same for all law enforcement organizations in Seychelles, and for that I hope to be able to get the support of ARASA to fine-tune and implement my advocacy plan submitted as part of the HIV criminalization online course assignment.

Being part of the ToT has not only trained me in knowledge, it has also refined me in confidence and taught me all the better practices of impact advocacy and networking for personal growth and community influence for change. Being in the TOT has ‘taken me places’ for the better for both myself and the communities in which I serve.

I am grateful to ARASA and to all the facilitators, trainers and comrades who have walked by my side and taken the journey with me...I never once thought of giving up but only because I knew I was supported and had been given an opportunity to which I had to live up and prove myself worthy. I hope that this bond continues to grow in strength and actions.

I won't say goodbye because the fight goes on and am sure we will meet again along the path for HIV and TB justice worldwide.”

**Tino Daniel, Mozambique**



"Since attending the ToT, I have learned to apply the training that I have received to my human rights work in my home country of Mozambique.

Currently there are several cases of human case violations against people living with HIV and TB. During my research for the task that I sent to ARASA regarding the knowledge that I improved on the second module, I could see that the health units themselves violate the human rights of certain key populations living with HIV or TB.

One of my actions was to [deliver] a lecture at the nurses' training centre to highlight the importance of understanding and appreciating the human rights of key populations. [Access to] universal health care in

Mozambique will only be achieved with the appreciation of human rights, civil society organizations, human rights activists and others.

The people most in need of support, i.e. HIV services, are still the least likely to receive them in the rural parts of Mozambique. Often, it is women and young girls who face the mass discrimination that prevents them from gaining access to health care information and services.

Additionally, children and adolescents lack unconditional access to information on HIV, sexual and life skills education, and paediatric formulations of HIV drugs. As a result of this gap I worked on training adolescents on producing informative radio programmes for community radio broadcasts. Based on the feedback that we have received thus far, these programmes have a wide reach and have been able to provide accessible information on human rights.

I was also given the opportunity to share the lessons that I had learned [during my participation in the ToT] with my colleagues. This was beneficial to us all as we cover issues ranging from sexual abuse of minors, early pregnancies to premature marriages in all districts of the country. At various speaking engagements across the country I was also able to explain [the importance of knowing their human rights] to some key populations, in particular [as it relates ] to their health.

In addition to [conducting] lectures and presentations, I [was able to engage] the health unit of the district of Lichinga, Niassa province on how to strengthen the engagement of civil society in the defense of TB and HIV during my research for the task I had been given by ARASA to gather knowledge on HIV and TB treatment literacy. During this trip we were able to see how people living with HIV and TB are treated and I took the opportunity to explore what medicines were being prescribed and whether they [had any side-effects that can cause] discomfort. This was an eye-opening experience for me and I took the opportunity to talk to the health care providers on the importance of human rights and [why] they should extend empathy to the beneficiaries that they treat.

In summary, my time during the ARASA ToT was extremely beneficial for the work that I do within my country. As a result, my leadership and activism skills have vastly improved. Though there are continued human rights violations occurring in Mozambique, I am encouraged [that we can address this] by collaborating with other activists within my community and I am therefore always happy for the skills that I have learnt from ARASA that I can pass on to

others."

### **Community Health Advocates: Making a change for the better through community monitoring**

In 2018, the ARASA-supported Kenya HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programme entered its 2nd and final year. The programme, is coordinated by a Country Programme Coordinator and hosted by Kenya Legal and Ethical Issues Network on HIV & AIDS (KELIN) but guided by an eight-member programme steering committee, which includes ARASA partners KELIN, Kenya Sex Workers Alliance (KESWA) and Lwala Community Alliance.

“As was the case with previous Country Programmes, supported in other countries, 30 Community Health Advocates (CHAs) were recruited from the existing community structures and networks of the partners and are being supported to increase human rights literacy in their communities and monitor access to HIV and TB services and commodities,” explained Lynette Mabote, ARASA’s Programmes Lead.

The CHAs receive a monthly stipend and receive intensive training on HIV, TB and human rights advocacy. The findings of their monitoring activities are fed through to the national level to inform advocacy campaigns on priorities identified by ARASA partners in the country.

In Kenya, each CHA was assigned a sub county. During the inception stages of the programme, the CHAs hosted two introductory community dialogues for community members and other stakeholders as well as to solicit their support.

The following case studies reflect on the impact of 3 CHAs in Kenya.

*Contributions compiled by Katherine Karambu, Communications Officer of the Kenya Legal and Ethical Issues Network on HIV and TB (KELIN).*

**Caren Wambui Omanga, CHA, Kisumu County**



Caren Omanga, from Nyando in Kisumu County, was trained as a paralegal prior to becoming a CHA in 2017. She was invited to join the CHAs in order to support women, land and property rights and further advocacy for human rights in the context of HIV and TB.

Some of the achievements Caren has realized over the two years include her appointment to the Constituency AIDS Control Committee (CACC), which has only seven members representing people living with HIV. “For two years, my work has been seen and the impact felt on the ground. I advocate for human rights in every community forum I participate in and share my contacts to facilitate referral of cases. The community has gained confidence in me having believed that I fight for their rights and they can rely on my support. This inspires me to keep serving the community” she says.

Between May and October 2018, Caren documented 59 cases of human rights violations. This, she notes, is an indication of increased awareness in the community about how to report cases of human rights violations to seek justice and recourse for the survivors.

Caren also sits in the County Gender Technical Working Group which informs county policies and includes representatives of the governor, senator, and other women representatives, which provides direct access to the leadership of the county to share pertinent issues affecting the community. It is at this forum that Caren was able to advance the need for at least two community safe houses for the survivors of sexual and gender based violence, one in Nyando and the other in Seme sub county. She followed up the matter with the Woman Representative of Kisumu county who served from 2013 to 2017. The safe house in Nyando was constructed with donor support and is scheduled to be launch in the near future. For sustainability purposes, the centre will be run by the County government which will ensure that human resource; safety and security as well as food security needs of those harboured in the house are catered for in the annual County budget.

Furthermore, Caren serves in the technical working group on youth and the District AIDS Steering Committee in Kisumu County to identify and address issues affecting the youth with regard to HIV. It is through these platforms that the stakeholders realised the importance of introducing youth friendly facilities offering HIV related services, to ensure more youth adhere to treatment. "The facility in the Nyando sub county, in Ahero operates on Saturdays, to provide time for the youth in schools to come and receive treatment. The facility provides privacy to the youth, protecting them from scrutiny and stigma by the community," asserted Caren. The youth friendly facilities, in which Caren has the role of advocacy and addressing the social challenges faced by the youths passing through, are also found in two other sub county hospitals in Rabuor and Nyangande.

Caren also sits in the Court Users Committee (CUC), a platform that has helped her in following up on cases lodged at the court. The CUC has played a key role in helping representatives of the community interact with other court users like lawyers, the police, children and gender officers, representatives from community-based organizations and non-governmental organizations (NGOs), and even magistrates, previously thought to be out of reach. "We now dialogue freely with the magistrates and they help CUC members understand the court procedures, enabling us to explain the same to members of the community, such as the right to bail or bonds and issues that hinder cases from progressing," says Caren.

One of the key challenges she faced while working within the community was the number of compromised cases that

led to out of court settlements, denying justice to the survivors of sexual and gender-based violence. Further, although communities in Kisumu County were well informed on antiretroviral therapy (ART), there was still an information gap regarding the management of tuberculosis (TB). As a result, people were not aware and were dying, with worst cases being among people living with HIV who defaulted on their ART treatment.

Caren says she received a case of a 16-year-old boy who had allegedly been sent up-country by his parents to die. She took the boy to hospital and he was diagnosed with tuberculosis. Thanks to the youth friendly facility offering services at the Ahero Hospital, the boy was put on ART and drugs to treat the TB.

Caren has also found the information, education and communication (IEC) materials on various topics including the management and treatment of HIV and TB treatment; how to report cases of SGBV, and succession steps to inheritance very useful. She has disseminated the materials to various stakeholders including clinicians at the hospitals, staff at the gender desks in police stations, and the CUC. “Pamela, the new sergeant in charge of the Administration Police in Ahero, has greatly benefitted from the IEC materials, learning the appropriate steps to taken to help survivors seek justice and medical attention in cases of rape and defilement. We have worked together and I have trained her on these aspects while we work together,” says Caren.

## Esther Nelima, CHA, Mombasa County



In December 2017, Esther Nelima, a CHA from Likoni in Mombasa County received a report that three adolescent girls and two young women had been detained at the Coast Provincial General Hospital for three weeks for not being able to pay their hospital bills after giving birth. When Esther visited the hospital to establish the nature of the case and raise her concerns over the infringement of the rights of the women, the hospital management initially refused to discuss the cases with her. Esther worked with KELIN staff to write a protest letter to the government directive to remind them that all deliveries in public health facilities are free of charge. After two days of hawk-eyed advocacy, the hospital administration released the five women immediately after waiving all of their hospital bills.

Esther has reported that being a CHA has been a life changing experience for her as the training received in 2017 equipped her with knowledge on the science of HIV, advocacy skills and the appropriate channels to follow in pursuing justice for survivors of sexual and gender-based violence. “The training was an eye-opener for me. Before, I could not go to report cases confidently at the Police station. But after the training, I became bold, well informed and courageous to follow up cases,” recalled Esther.

The information, education and communication (IEC) materials on how to report cases, the rights of people living

with HIV, and the Kenyan Constitution provided after the first training have been instrumental in Esther's advocacy work. The IEC materials, especially those that have illustrations, provided a basis to engage the community and test their knowledge on different subject matters, such as the need to speak up against sexual and gender-based violence.

With these new skills and support from other CHAs and organization's such as KELIN, Esther was able to complement the existing knowledge gaps in her community such as how to report cases to the police; ensuring one gets an OB number from the police station; following up to know which police officer was assigned to the case; and following up on the case to secure justice for the survivors.

Esther, who also works with the Coast Sex Workers Association (COSWA), has used opportunities to participate in and address community meetings and county technical working groups for key populations and adolescents to clarify myths and misconceptions about HIV and TB. She also conducts door to door visits and trains community members living with HIV on the science and other facts related to HIV, TB, and human rights during support groups sessions.

As a vocal human rights defender, Esther received an invitation from the Minister of Health from Taita Taveta County as a CHA and Programme Officer of the Coast Sex Workers Alliance (COSWA) to give remarks during the launch of a population-based impact assessment survey launched by the Kenya Population-Based HIV Impact Assessment Survey (KENPHIA). The experience was humbling and encouraging and she looks forward to working in the new county to adopt a human rights approach and addressing the issue of consent in regards to HIV testing. She says she is finally living the life she has always wanted: making a difference in the lives of those who are vulnerable in society.

**Zulfikar Bhuttoh, CHA, Kisumu County**



In the wake of rampant cases of within communities, Zulfikar Bhuttoh, a CHA from Kisumu County and other paralegals supported by KELIN and other civil society organizations KELIN, sensitized members of the community on the importance of reporting such cases for justice to be realized.

“KELIN as an organization identified me when I was a paralegal practicing. When I was trained as a CHA I spent most of my time organizing spaces for discourse on HIV, TB and SRHR. Through these various discussions as a CHA and paralegal we were able to identify pivotal court cases in our county,” says Zulikar.

Through these community mobilization efforts, Zulfikar documented over 15 cases of sexual and gender-based violence (SGBV) and ensured that they were taken to court. Seven cases have been concluded and perpetrators received convictions, with the least among them sentenced to 10 years imprisonment. A chief was sentenced to 20 years after 31 months of relentless follow up in court. Currently, an assistant chief is also facing related charges at the Maseno court; the hearing is ongoing.

### **Getting to know your National Human Rights Institutions (NHRIs)**

In September, ARASA hosted the 3rd Regional Capacity Strengthening Convening for National Human Rights Institutions (NHRIs), as part of the Global Fund supported Africa Regional Programme on HIV: Removing Legal Barriers programme.

“The meeting, which we co-hosted with the Network of African National Rights Institutions (NANRHI) and HIV Justice Worldwide, brought together 29 representatives of NHRIs from across Africa,” explained Nthabiseng Mokoena, ARASA’s Regional Advocacy Officer. “One of the main aims of the meeting was to provide a platform for NHRI representatives to engage in evidence informed discussions and identify their roles in advancing human rights-based responses to HIV, SRH and TB.”

The meeting also aimed to facilitate the sharing of lessons learnt and identification of functional models learned on how NHRIs can promote and protect the rights of People living with HIV and key populations, through monitoring the impact of criminal law on TB and HIV; to increase the capacity of NHRIs around key structural barriers to HIV, SRH and TB services, in order to strengthen their reporting and guidance to governments priority areas of focus; and to evaluate the impact and outcomes of the convenings since 2016.

The deliberations covered topics ranging from criminalisation of HIV and sexual and reproductive health and rights to regional human rights mechanisms and their impact on health systems and strengthening the role of NHRIs.”

Some pictures and reflection on the discussions from this meeting can be accessed here:



<https://www.facebook.com/AIDSandRightsAllianceforSouthernAfrica/posts/10156592539557305/>

In order to further unpack and understand the mandate and challenges facing NHRIs, we sat down with Marie Ramtu, Programmes Officer of the Network of African National Human Rights Institutions (NANHRI) and Fetol Siakor of the Independent National Commission on Human Rights (INCHR) of Liberia.



## **Interview**

**ARASA:** Please give us some background on NANHRI and how it is connected to the NHRI Capacity Strengthening Convening that took place earlier this year?

**Ramtu:** The NANHRI is a regional membership organisation of African National Human Rights Institutions (NHRIs) whose Secretariat is based in Nairobi, Kenya. NANHRI works towards the strengthening the capacity of NHRIs in Africa to assist them in fulfilling their mandate of protecting and promoting human rights as stipulated in the Paris principles. The network achieves this through its Secretariat that coordinates efforts amongst the NHRIs by linking them with other key human rights actors both at the regional and international level. NANHRI has a broad mandate to address all forms of human rights violations.

**Siakor:** The Independent National Commission on Human Rights (INCHR) of Liberia is an NHRI created by an Act of the National Legislature of Liberia in 2005, in line with Article VIII of the Comprehensive Peace Agreement signed in Accra, Ghana, to promote and protect human rights. The Commission's establishment followed the end of the second Liberian civil war which acknowledged the dire need for the promotion and protection of human rights and a deliberate attempt to begin addressing some of the excessive violations and disregard for human rights that precipitated and characterized the 14 years long civil war in Liberia. Although created in 2005, the Commission did not become operational until 2010.

The Commission was also established to ensure the realisation of human rights not as an end in itself, but also to play an instrumental role in achieving other national strategic objectives, employing rights-based approaches within the governance structures, enhancing peace and national reconciliation and ultimately contributing to human development in Liberia.

**ARASA:** Why are NHRIs important in protecting and promoting the rights of key populations?

**Ramtu:** NHRIs are independent state bodies with a constitutional and/or a legislative mandate to protect and promote all human rights. They are part of the state apparatus and are primarily funded by the state and their operations are guided by the Paris Principles.

**Siakor:** NHRIs are essential in protecting and promoting the rights of key populations because they have the responsibility to defend the fundamental rights of everyone including key populations that experience a violation of their fundamental rights by both state actors and private individuals on a daily basis. Thus, NHRIs have a duty to ensure rights promotion and protection are carried out without discrimination of any kind as required by law from time to time. This may, in turn, contribute to respect for human rights, conflict prevention, conflict resolution and development

**ARASA:** How can NHRIs best work with civil society organisations, regional bodies and United Nations bodies to advocate for a human rights-based response to HIV, TB and SRHR in their respective countries and in the region?

**Ramtu:** In addition to what I mentioned before, joint litigation, joint treaty body reporting, joint implementation of recommendations and concluding observations are some of the most effective way that NHRIs can collaborate with others.

**Siakor:** NHRIs can best work with civil society organizations (CSOs) to advocate for a human rights-based response to HIV, TB, and SRHR in their respective countries and in the region by amongst others building the capacities of CSOs working on HIV, TB, and SRHR to be able to raise public awareness of and provide human rights services, and address challenges facing vulnerable groups, especially key populations. Key CSOs representing the interest of LGBTs, people living with HIV and TB and people who use drugs should be included in programmes that promote and protects the rights of gays, transgender people, and people who use drug. They can also take concrete steps in the form of dialoguing with legislators to amend or repeal discriminatory laws, policies and practices, that adversely affects people living with HIV, TB, gay men, sex workers, the people who inject drugs, transgender persons, women and girls, and ensure that their human rights are sustained and protected, including the right to health. They can work with national counterparts to support action to address human rights abuses, including sexual violence, discrimination, and stigma. To do this effectively requires governments heavily investing in human rights interventions as part of the HIV response while acknowledging that the risk of inaction is a failure to attain healthy lives. We are also collaborating with the government of Liberia to amend or repeal those draconian laws meant to criminalize those living with and affected by HIV/AIDS and TB and acknowledging that such laws in fact, often have adverse effects on public health.

**ARASA:** How have the ARASA-supported NHRI capacity strengthening convenings been beneficial to you and your Commission?

**Siakor:** The Regional Capacity Strengthening Convenings have provided platforms for representatives of NHRIs, CSOs and other partner organizations to share ideas, seek clarifications and collaborate on ways to bring an end to stigmatization, discrimination, and violence against key populations on the African Continent. It also deepened NHRI representatives' knowledge and understanding on HIV, TB, and SRHR and helped to build the capacities of NHRI staffs to support key populations.

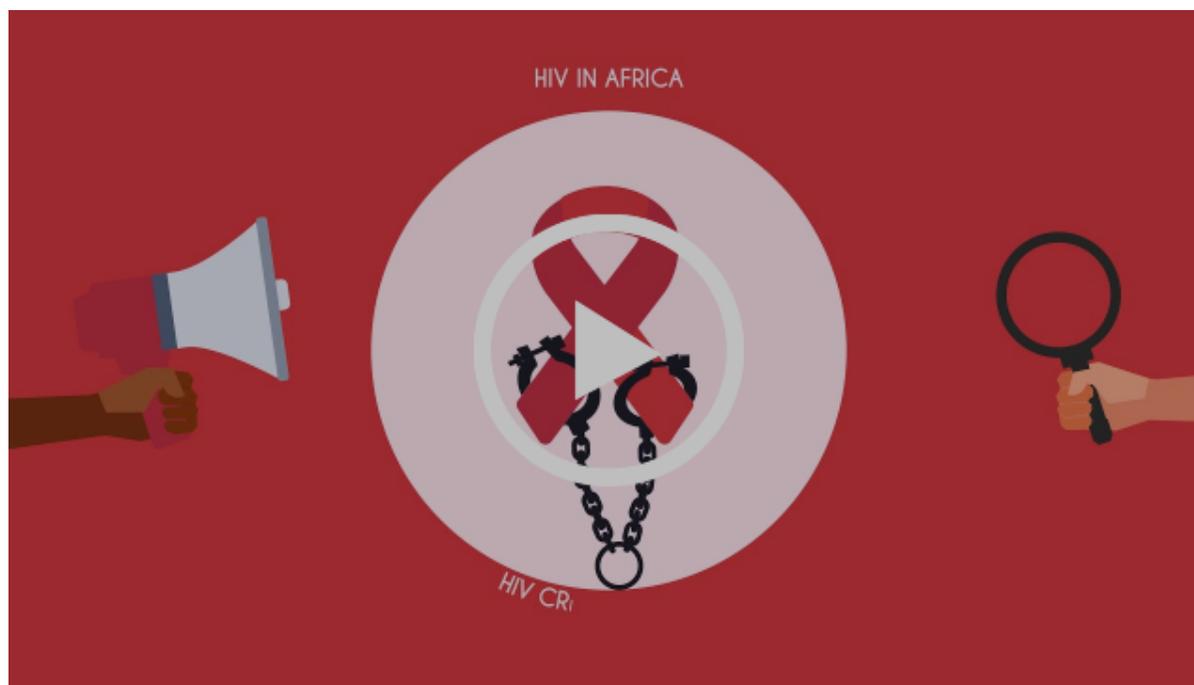
**ARASA:** Can you provide specific recommendations for NHRIs and for CSOs in advocating for a human rights-based response for HIV, TB, and SRHR?

**Ramtu:** NHRIs and CSOs should intentionally work towards specific, measurable, achievable, realistic and timely (SMART) joint initiatives and avail the necessary financial and non-financial resources to realize the set objectives.

**Siakor:** Based on my experience working with people living with HIV and TB and CSOs servicing key populations in Liberia I have various recommendations. NHRIs and CSOs servicing key populations should include members of the key populations from the beginning and end of activities, events and decision-making processes that affect them, to create a sense of ownership. Additionally, we should continue our advocacy with lawmakers aimed at amending or repealing discriminatory laws that discriminate against LGBTIQ and members of other vulnerable groups from accessing legal, justice and health services. There should also be more in-depth collaboration between NHRIs and CSOs, where information, ideas, experiences and best practice to enhance human rights can be shared.

More on role of NHRIs visit:

<https://www.nanhri.org/>



Watch video here: [https://www.youtube.com/watch?v=Q93cgYtsr\\_Y&t=2s](https://www.youtube.com/watch?v=Q93cgYtsr_Y&t=2s)

ARASA in collaboration with the Network of African National Human Rights Institutions (NANHRI), under the Africa Regional Grant on HIV: Removing Legal Barriers, facilitates regional learning spaces for evidence-based discussions, peer-to-peer learning and sharing of experiences between National Human Rights Institutions and Civil Society Organisations. Under this program, NHRIs are encouraged to:

- Engage in health and human rights issues;
- Support the promotion and protection of the rights of key populations, women and children; and
- Engage in advocacy, research, litigation, and law review and reform for the removal of legal barriers

ARASA encourages you to know, engage and support your NHRI.

