

Annual Report 2017

Capacity Strengthening Mobilisation
Transparency Advocacy HIV and TB
Human Rights Equity
Sexual and Reproductive Health and Rights
Treatment Access
Catalytic Funding Inclusion
Harm Reduction
Empowerment Rights
Collaboration
Criminalisation
Health Legal Barriers
Viral Load Testing
Governance Enable
Voice

ARASA
AIDS & Rights
Alliance
for Southern Africa

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ARASA

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Dear friends and colleagues

The past year was a period of intense reflection for the ARASA team as it signalled the end of our Strategic Plan for the period 2013 to 2017 and thus an external evaluation of our work during this period. It was humbling and encouraging to learn that the evaluators found that ARASA “punches above its weight” by being able to transform its budget, staff size and portfolio, into significant results. We could not have achieved this without your support.

I am honoured to share this annual report with you and to present a snapshot of ARASA’s achievements during 2017.

Effecting positive change to legal and policy environments for a more effective HIV and TB response requires time and consistent effort. But, as reflected in this annual report, we have started to see incremental changes in the mind sets and perspectives of our policy and lawmakers. A clear example of this was the adoption of the regional strategy for HIV prevention, treatment, care and sexual and reproductive health and rights for key populations by the Southern Africa Development Community (SADC) Ministers of Health in November last year. Given how hard civil society and key populations pushed over the last few years for the strategy to be developed and approved and the initial pushback from the SADC Secretariat as well as Member States, this is indeed quite an achievement.

We are also encouraged by reports from media professionals, law enforcement officials, judges, lawyers, national human rights institutions and members of Parliament about how they have used new skills and knowledge gained from our capacity strengthening interventions and relationships facilitated with our partners. For example, in 2017 we learned that, following their participation in the first regional workshop for National Human Rights Institutions (NHRIs), the NHRIs in Kenya and Botswana invited civil society and key population groups to train their staff on human rights issues affecting key populations and in shared information on the various reporting mechanisms that are available within the commission with these groups.

But much work remains to be done. We are facing an uncertain future, in terms of closing civil society space in some countries in the region, decreasing funding, particularly for human rights programming, and in terms of political commitment and leadership for the HIV response, globally and in the region. Further, the daily realities of rights violations and a denial of access to HIV, TB and SRHR services facing adolescent girls, women, prisoners and key populations such as sex workers, people who use drugs and lesbian, gay, bisexual and transgender people leaves much to be desired. We are convinced that, now, more than ever before, we need partnerships such as ARASA’s to support civil society in southern and east Africa respond to these threats.

We are a small and compact team but I continue to be amazed daily by how much the team achieves programmatically, while sustaining their energy, passion and commitment to ARASA’s mandate. We are equally constantly impressed by the impact our 115 partners have in their communities and countries, which inspires us to keep going.



The ARASA staff and trustees would like to acknowledge the tremendous contribution made by Mr. Mwondela and Mr. Benade to HIV and human rights in southern and east Africa and to ARASA in particular, during their tenure members of the ARASA Board of Trustees. We thank them for their years of service and leadership as board chair and treasurer.

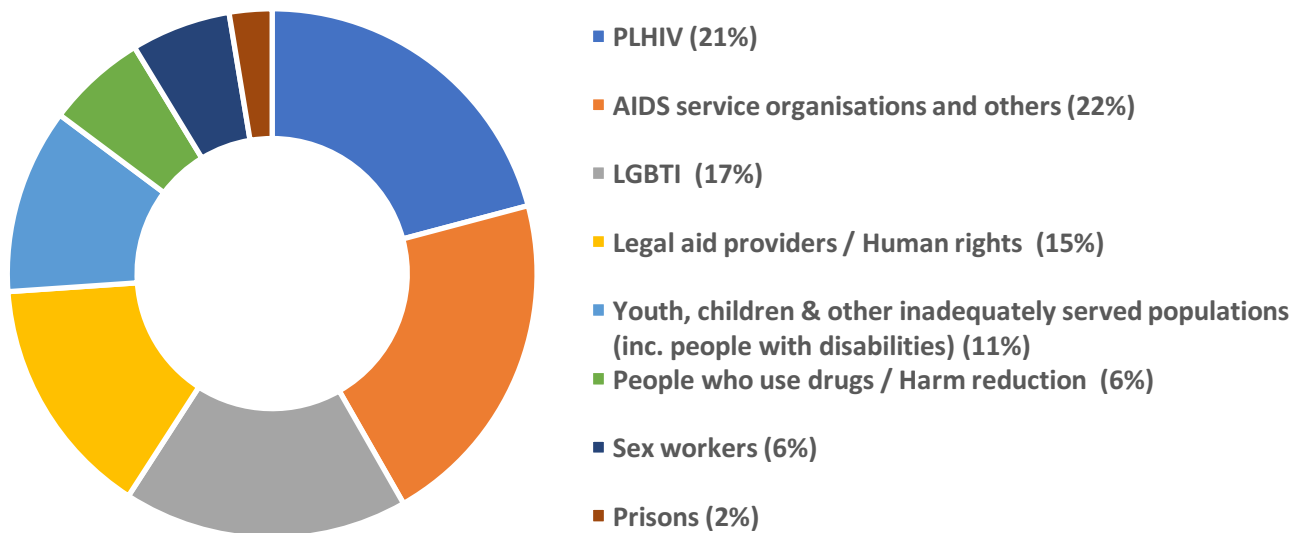
We are excited to commence the implementation of a new Strategic Plan (2018 – 2022) and trust that we can continue to count on your support.

Thank you
Michaela

Who are we?

Established in 2002, the AIDS and Rights Alliance for Southern Africa (ARASA) is a regional partnership of 115 non-governmental organisations (NGOs) working together in 18 countries in southern and east Africa, to promote a human rights approach to HIV, AIDS and tuberculosis (TB) through capacity strengthening and advocacy.

ARASA partners per constituency (12/ 2017)



OUR VISION

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

OUR MISSION

- ARASA promotes a human rights approach to HIV, TB and sexual and reproductive health in southern and east Africa, by utilising its strategic partnership of civil society organisations (CSOs) for capacity strengthening and advocacy.
- ARASA's partners bring diverse skills and perspectives from communities and areas of interest, which enables it to stay informed and elevate key human rights issues to national, regional and global level to influence policy.
- ARASA strengthens partners' diverse skills and perspectives from communities and areas of interest, which enables it to stay informed and elevate key human rights issues to national, regional and global level to influence policy.

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

ARASA works to contribute to the following four outcomes:



Civil society on national level advocates for acceptable, accessible, affordable and quality SRH, HIV and TB care and support services for people living with HIV and TB and key populations most affected;
Intermediary Outcome: ARASA partner CSOs have improved capacity to advocate and strengthen capacities of other CSOs;

Service providers have increased capacity to provide acceptable, accessible, affordable and quality SRH, HIV and TB care and support services for people living with HIV and TB and key populations most at risk;



Potential influencers engage in legal, policy and social change that promotes access to acceptable, affordable, quality health services; particularly for people living with HIV and TB and key populations at higher risk of HIV and TB; and

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



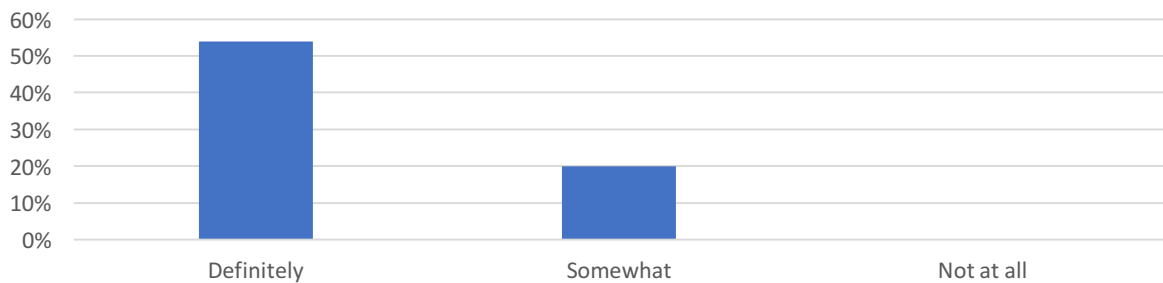
ARASA works to contribute to these outcomes through Capacity Strengthening and Advocacy, both of which have regional and national components. Our Capacity Strengthening is designed to strengthen civil society capacity for effective HIV, TB and human rights advocacy in southern and east Africa. Our Advocacy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

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

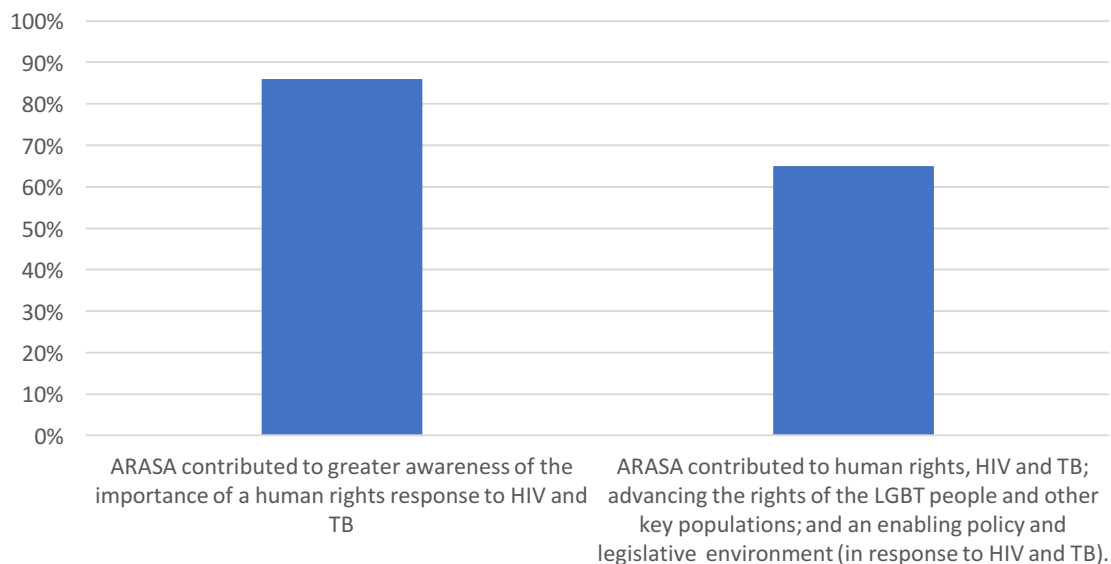
Strengthening the partnership

An external evaluation of ARASA's Strategic Plan (2013 – 2017) conducted in 2017 found that the size and diversity of its partnership ensures that ARASA is a strong voice for human rights for southern and east Africa, which further enables it to take on new and emerging human rights concerns and the key priorities of partners.

The extent to which partner's expectations are being met



Extent to which being an ARASA partner has impacted on human rights in partner's countries





In May, ARASA hosted the ninth Annual Partnership Forum (APF) in Johannesburg, South Africa for 94 representatives from 115 ARASA partners. As in previous years, the ARASA team updated partners on the achievements of the organisation since the previous APF. Partners also used the platform to network, share lessons learned and explore ways to address HIV, SRH and TB-related human rights challenges facing their countries.

Highlights of the meeting included Uganda being selected as the country for the roll-out of the 2018 HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programme and Pleders of Children and Elderly People at risk (PEPA), based in the Democratic Republic of Congo receiving the 2017 ARASA HIV, TB and Human Rights award for their work in eastern Democratic Republic of Congo.

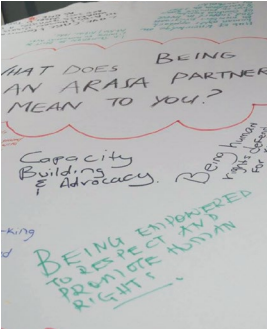
“We are extremely honoured to receive this award. PEPA works in eastern DRC, a conflict zone and one of the most violent regions in the DRC, with high levels of human rights abuses. Despite this and with very limited financial resources, PEPA has accomplished a tremendous amount of work in 2016 in terms 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.



In addition to strengthening the partnership, ARASA continued to strengthen its collaboration with national, regional and international organisations including the International HIV and AIDS Alliance, the International Treatment Preparedness Coalition, HIV Justice Global Consortium, the United Nations Development Programme, Southern Africa Litigation Centre, Enda Santé and Kenya Ethical and Legal Issues Network to develop and implement advocacy programming focused on key and emerging human rights issues.



Reflections from partners on what it means to be an ARASA partner:



Capacity building, networking and training for effective advocacy for improved service delivery to the most marginalised and communities living with HIV.

Being committed to stand by the side of the minority groups, defending their rights through advocacy.

Love, care and commitment to AIDS and human rights issues working towards a better and just world. Together as one.

My head up. Strong and courageous through capacity building from ARASA.

Unity, communication, information, education on human rights, law, policy, justice, fairness and equality for all.

ARASA builds grassroots organisations and transforms us to a strong and vibrant movement.

It means being empowered to do more and being informed with crucial information.

Networking. Capacity building. Access to small grants. High-level advocacy.

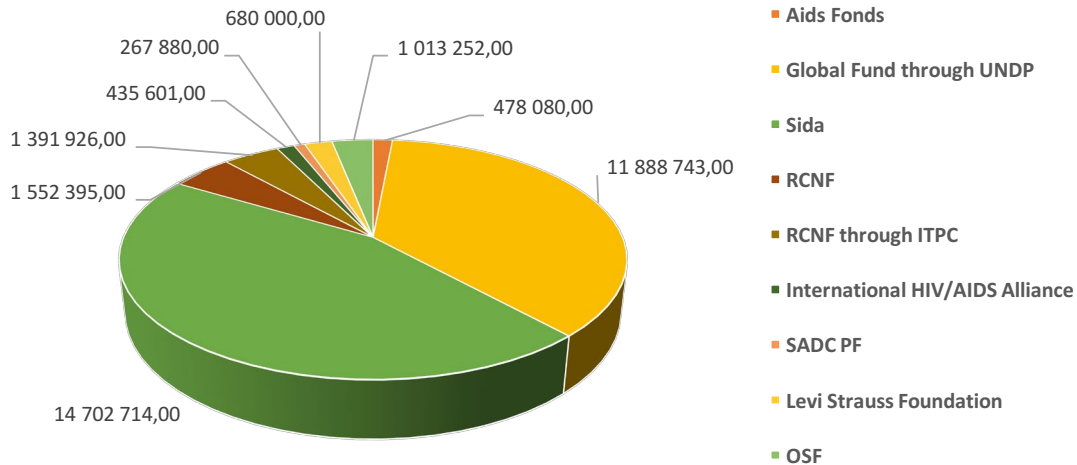
Being a pace-setter in advocating for human rights.

Great platform to network – I will call it #thehub.

Financials

In 2017, ARASA received financial support to the total value of N\$ 32,410,591 from the Swedish International Development Cooperation Agency (Sida), Robert Carr Civil Society Network Fund, Aids Fonds, International HIV/AIDS Alliance, Levis Strauss Foundation, Southern African Development Community Parliamentary Forum and the Global Fund to fight AIDS, TB and Malaria (through United Nations Development Programme).

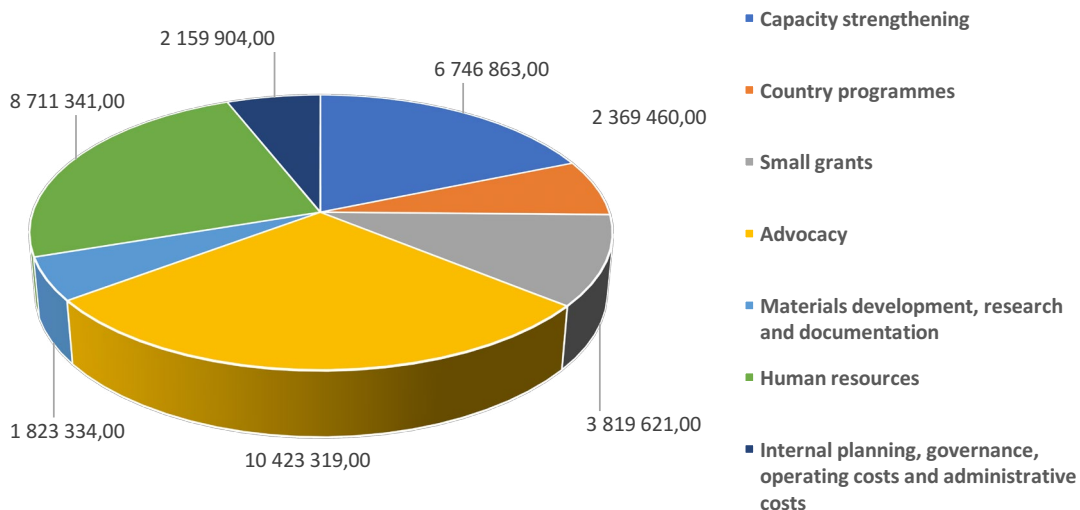
Funds received in 2017 in N\$



ARASA continued to fare well in regards to the traditional measure of “effective” spending, as measured by the proportion of overall expenditure (above 75%) used for programme activities versus administrative costs. According to the evaluators, this has consistently been the case over the previous Strategic Plan (2012 – 2017).

ARASA’s total expenditure in 2017 was N\$ 36, 053 841. Compared with the total income, this resulted in a deficit of N\$ 3,479,039, which was off-set by N\$ 9,129,988 carried forward from 2016. ARASA received an unqualified audit report in respect of the 2017 financial year.

Expenditure in 2017



What we achieved in 2017

The 2017 external evaluation found that ARASA “punches above its weight” by being able to transform its budget, staff size and portfolio, into significant results. In 2017, the bulk of our income was spent on advocacy interventions, which included support provided to partners in focus countries to implement advocacy activities related to advocacy priorities identified by partners during the Annual Partnership Forum (APF).

During this period, we spearheaded and supported capacity strengthening and advocacy activities at national, regional and international levels to contribute to the following four outcomes:



Civil society on national level advocates for acceptable, accessible, affordable and quality SRHR, HIV and TB care and support services for people living with HIV and TB and key populations;
Intermediary Outcome: ARASA partner CSOs have improved capacity to advocate and strengthen capacities of other CSOs;



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



Potential influencers engage in legal, policy and social change that promotes access to acceptable, affordable, quality health services; particularly for people living with HIV and TB and key populations; and



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

HIV, TB, SRHR and Human Rights Advocacy Training of Trainers Programme

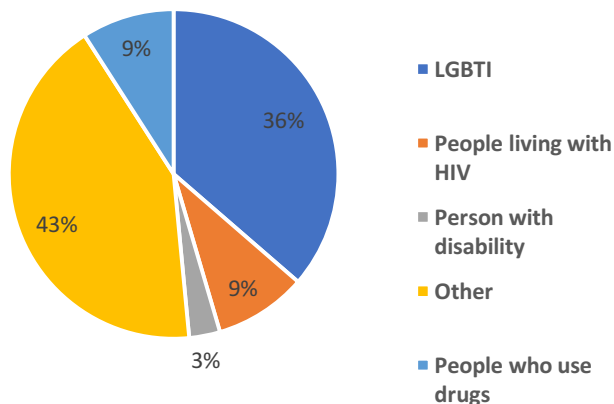
Our capacity strengthening interventions are designed to strengthen civil society capacity for effective HIV, TB, SRHR and human rights advocacy in southern and east Africa.

During this period, the regional HIV, TB, SRHR and Human Rights Advocacy Training of Trainers Programme continued to be a key vehicle for ARASA’s capacity strengthening efforts.

In November 2017, 36 civil society leaders from 18 countries graduated as master trainers on health and human rights advocacy during the 4th and final workshop of the 2017 ToT programme.



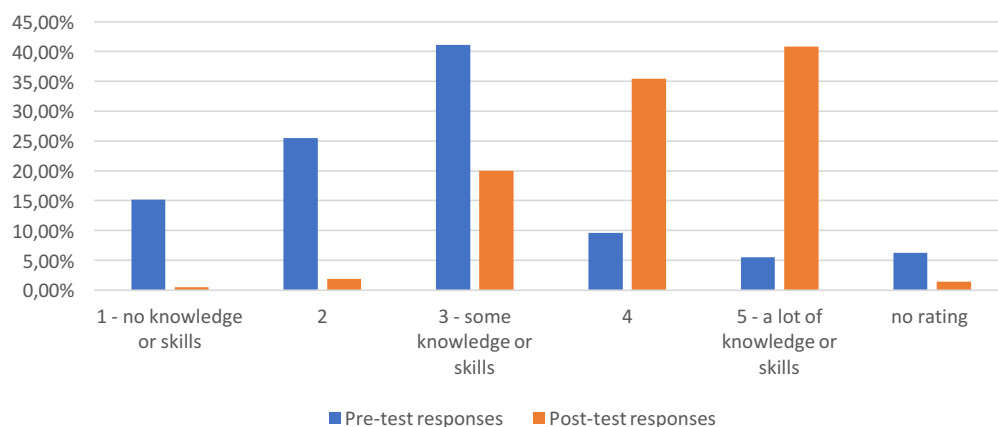
Representation of 2017 ToT participants

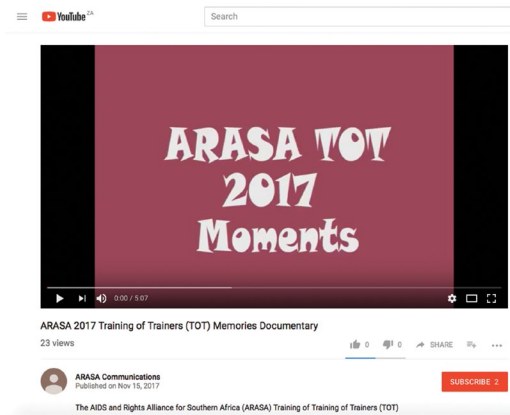


Themes covered in the 4 modules of the ToT

- HIV, TB and SRH as human rights issues;
- Human rights monitoring tools;
- Developing advocacy plans;
- Using the media as an advocacy tool;
- Science of HIV and TB as well as treatment literacy (incl. viral load testing);
- Intellectual property laws and access to treatment;
- Project management and M&E;
- Financial management;
- Fundraising; and
- Developing advocacy and training

Changes in knowledge before and after module 4 on treatment literacy





Impact of the ToT as reported by the participants:

An assessment conducted with the participants of the 2017 ToT found that their participation in the ToT has had a significant impact on their lives and organisations. The respondents reported that they have conducted training for religious leaders; LGBTI and women’s organisations; media; paralegals; and Boda Boda riders. Advocacy conducted as a result of participation in the 2017 ToT included participating in Technical Working Groups of the National AIDS Council in Zambia to highlight challenges facing inmates living with HIV; advocating for access to health care services by LGBTI community without discrimination in Malawi; and collaborating with other CSOs to request for TB LAMP tests in Kenya in addition to the existing ones.

A ToT participant from Namibia, reported that they secured a grant for N\$10 000.00 from The Other Foundation to conduct research in 2018. A participant from Seychelles started a new project called “My Life is Precious” targeting secondary school students in their organisation. A participant from Zimbabwe, was promoted to senior health reporter as a result of participating in the ARASA ToT, which has strengthened her ability to write in depth and balanced feature stories on health issues.



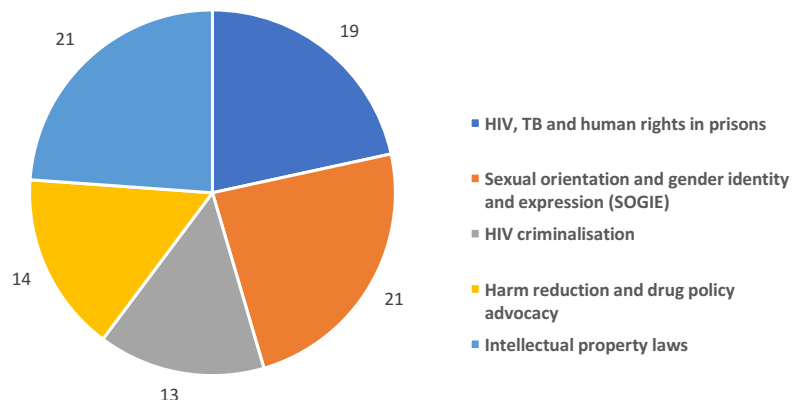
To hear more reflections on the impact of the ToT from other participants visit: <https://youtu.be/tLQP-dPx1Kw>

Online short-courses

In 2017, ARASA updated the online training platform Moodle to ensure a more seamless and accessible interface (see: <http://learning.arasa.info>) and conducted 5 online training courses which were completed by 67 participants.

The online training courses have also been streamlined to incorporate 3-day offerings on ‘how to develop an advocacy plan’. These allow participants the opportunity to develop and submit ‘Advocacy action plans’ by the time they complete the course.

Number of participants who completed online courses



Impact of online courses:



Our organisation, The Eagles For Life (TEFL) currently sits on several county level technical working groups, such as the Key Population Technical Working Group, and has made great inroads in as far as engagement with county level policy makers and influencers are concerned using knowledge learnt from SOGIE online training course. We have initiated a county advocacy team and developed an institutional advocacy strategy using the knowledge and materials received during the course. We have also been organizing social events to reduce the stigma associated with LGBTI persons and also to educate the public on the need to appreciate that LGBTI persons are also human beings with needs and rights. - *Abuya Enosh, TEFL, Kenya*

Since I participated in the HIV, TB and human rights in prisons course, we have successfully lobbied for placement of an M&E technical advisor from Voluntary Service Overseas (VSO) who is now attached to our Health Services Directorate. We have successfully lobbied UNODC to conduct an M&E capacity building training course for our health staff and a training on adolescent sexual and reproductive health and rights which was hosted from 18 to 24 March 2018. We have also successfully engaged Regional Psychosocial Support Initiative (REPSSI) to provide psychosocial support for young offenders. We successfully trained peer educators in all our institutions and facilitated formation of support groups with technical assistance from the National AIDS Council and Zimbabwe Network of People living with HIV (ZNNP+). So far I appreciate the knowledge I gained from the course and I will keep on advocating for the prisoner's health rights. - *Alois Mandizvidza, Zimbabwe Prisons and Correctional Services, Zimbabwe*



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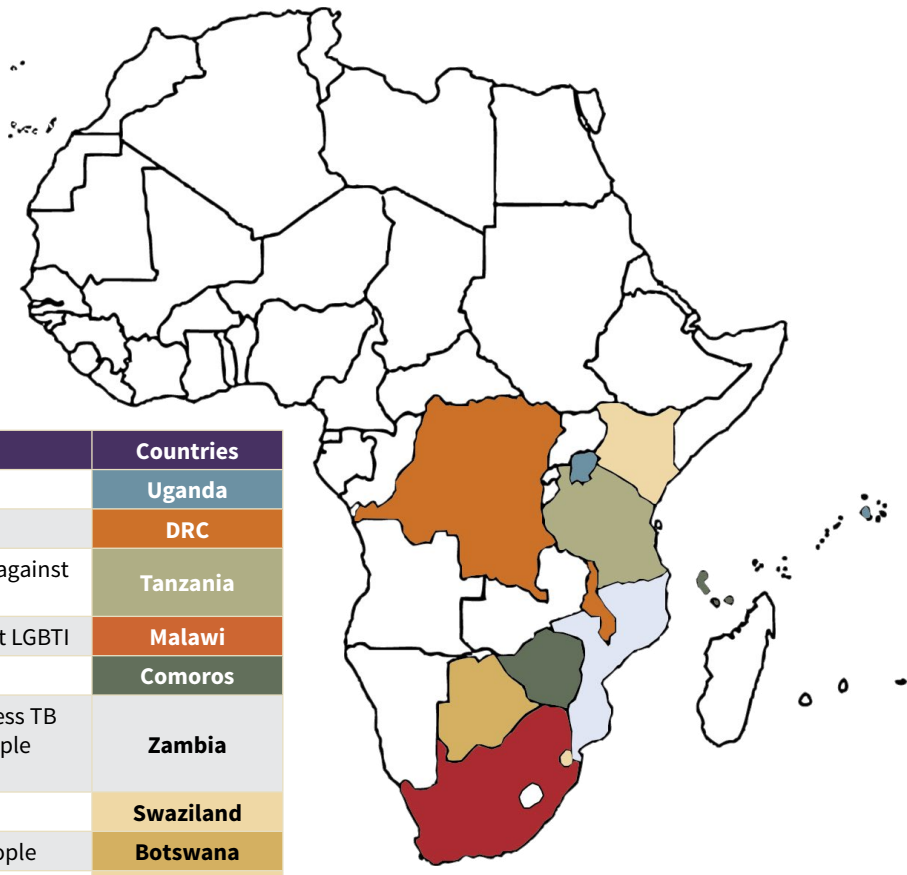


The HIV, TB and human rights in prisons course has really added valued to my work. My organisation is currently implementing an HIV prevention programme in prisons in Lesotho and I am leading the implementation. I am using the concepts of the course to plan my interventions. I have also been able to engage with prisons officials to maintain access to condoms and lubes, improve access to testing and treatment. - *Lehlohonolo Mohasoa, Phelisanang Bophelong HIV/AIDS Network, Lesotho*

Catalytic funding for HIV, TB, SRHR and human rights capacity strengthening and advocacy

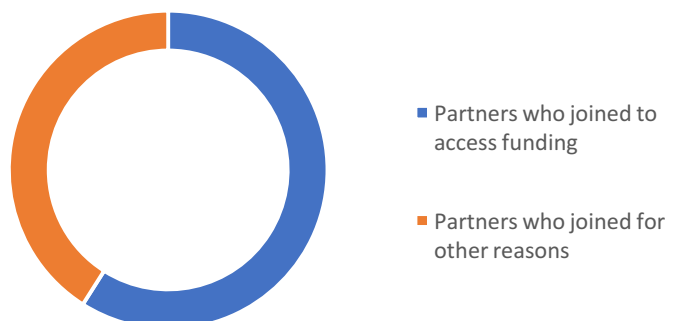
The external evaluation conducted in 2017 concluded that the changes in funding trends in southern and east Africa have influenced the demand by partners for ARASA to play more of an intermediary grant-maker role as a way to ensure that funding is available for ARASA partners' HIV, TB, SRHR and human rights work.

ARASA awarded 24 grants to the value of N\$ 3,186,138 for civil society, human rights and key populations organisations to implement capacity strengthening and advocacy activities on human rights issues affecting their communities.



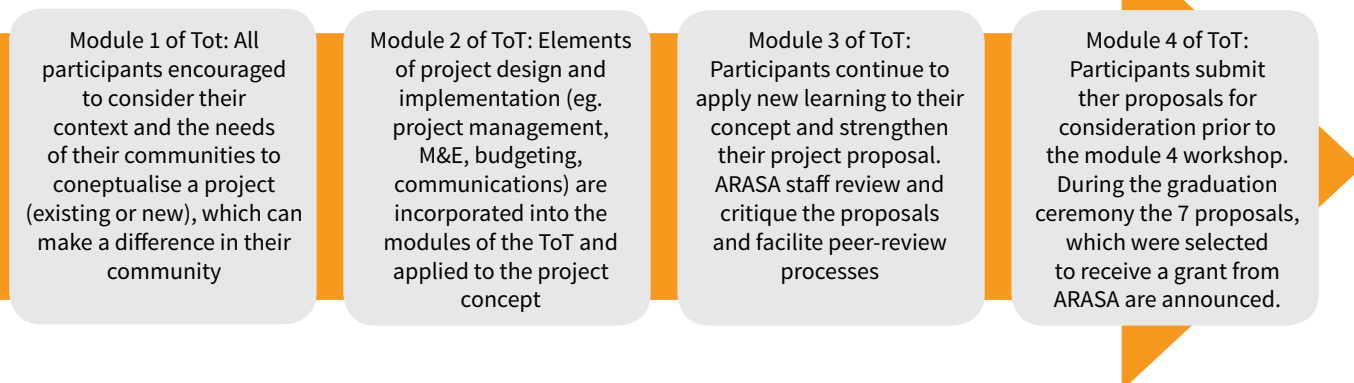
Focus areas	Countries
Access to HIV and STI services for LGBTI	Uganda
Drug policy and harm reduction for PWUD	DRC
Documentation of human rights violations against PWUD	Tanzania
Reducing stigma and discrimination against LGBTI	Malawi
Addressing gender-based violence	Comoros
Strengthening community systems to address TB related stigma & discrimination among people living with HIV	Zambia
TB detection in women	Swaziland
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 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
Advocating for drug policy reform and harm reduction for PWUD	Zimbabwe
	Malawi
	Mozambique
	South Africa
Advocacy to address treatment access challenges presented by intellectual property laws	Zimbabwe
	Botswana

% of partners who joined ARASA to access funding

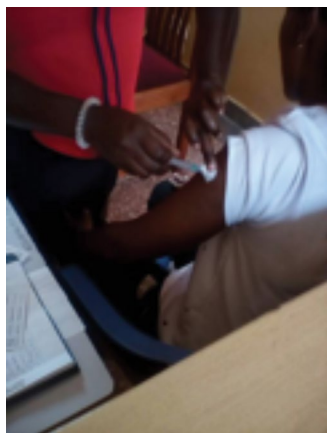


ARASA also continued to strengthen its grant making system in order to minimise the risks associated with onward granting of funds. ARASA has also strengthened the link between the capacity strengthening efforts of the ToT programmes and its grant-making.

Integrated ToT and proposal development model



The impact of this new way of working was already evidenced in 2017 with the submission of robust, conceptually strong grant proposals, which were well aligned to address the human rights, HIV and TB challenges identified by participants. Further, several ToT participants reported having accessed funding from other donors as a result of this process.



With financial support from ARASA, Freedom and Roam Uganda (FARUG) used various social media platforms and hosted a workshop to increase awareness of HIV, TB and other sexually transmitted infections amongst LGBTI people. They collaborated with health care providers at Mengo hospital in Kampala to increase access to testing and screening for HIV, Hepatitis B and STIs. The project has also contributed to increased awareness of the needs and human rights of LGBTI people amongst at least four health care providers working at Mengo hospital.

FARUG also 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 LGBTI persons and the impact of social marginalisation as well as how LGBTI people can be treated fairly in police cells.

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 LGBTI 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.

In May 2017, ARASA launched a booklet, 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 as well as ARASA’s grant-making process.



This booklet is available online at <http://www.arasa.info/news/small-grants-case-studies-publication/>.

HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programmes

ARASA provided financial and technical support for the implementation of HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programmes in Tanzania, Mauritius and Kenya.

Country	Advocacy focus areas
Tanzania	<ol style="list-style-type: none"> 1. Enabling legal environment; 2. Gender Based Violence prevention and redress for victims; 3. Updating of TB/HIV guidelines; and 4. Access to HIV/TB health services with particular focus on prisoners, sex workers, LGBTI, miners, people who inject drugs, adolescents living with HIV.
Mauritius	<ol style="list-style-type: none"> 1. HIV, TB and human rights in prisons; 2. Right to health for sex workers and LGBTI; and 3. Human rights-based responses to harm reduction and drug policy reform.
Kenya	<ol style="list-style-type: none"> 1. Reform of laws and policies and the enforcement of protective laws; 2. Advocacy in regards to restructuring county health systems; and 3. Advocacy for access to information, health care services and commodities.

Tanzania: Shrinking civil society space and its impact on HIV, TB human rights training and advocacy

2017 marked the conclusion of the ARASA-supported Country Programme in Tanzania. Unfortunately, the year coincided with a significant decrease in civil society space in the country, which had a significant impact on the implementation of the Country Programme activities.

The organisation’s Director, along with twelve other colleagues, including foreign nationals, were arrested in October 2017 and detained by the Tanzanian police for “promoting homosexuality”. Although no one was charged, CHESA’s activities remain suspended by the Registrar of NGOs pending police investigations.

Together with various regional and international partners, including UNAIDS, ARASA provided technical support during the implementation of an emergency response plan to address the immediate challenges presented by this crack down on civil society space. In addition, ARASA provided financial support to the National Council of Non-Governmental Organisations (NaCoNGO) and CHESA to host a capacity strengthening workshop for 30 of NaCoNGO’s Executive Council members to follow up on a dialogue hosted between civil society and representatives of various government institutions to discuss the suspension of services for key populations by the Ministry of Health in 2016. A key outcome of the May 2017 meeting was an agreement that it was in the common interest of all the organisations present to advocate for a review of the NGO policy and for changes to be made to the de-registration process for NGOs.

Prior to the suspension of its activities, CHESA reported that the 15 Community Health Advocates (CHAs) linked to the Programme were successfully monitoring health and rights at the community level and were reporting an increase in awareness of HIV, TB, SRH and human rights in their communities. More than 3000 community members, including police officers, ward councillors, teachers, health care providers and other members of the public were reached through monthly advocacy dialogue sessions on HIV, TB, SRH and human rights in 9 districts of the country. More than 50 group discussions on sexual orientation and gender identity (SOGI), legal and regulatory challenges (policies and laws), culture, tradition and beliefs were hosted with various community members including boda boda drivers (motor cyclists), fishermen and high school and university students.

In the Tarime district 308 children (who had been lost to follow-up) were re-introduced to care following community outreach and awareness raising sessions hosted by the CHAs with parents, traditional leaders and health care providers to address barriers to access to services.

“In 2015, Mama Gibore’s two children were among those identified to be living with HIV but she did not start them on anti-retroviral treatment (ART), believing that her children would die soon from the incurable disease. During a visit to her home by the CHA’s, she was sensitised on the importance of ART in a session with “role model children” [who were also on treatment] and urged to attend information sessions [on paediatric treatment] hosted at health facilities. In April 2016, she enrolled the children for treatment as a result of sensitisation by the CHAs.”

At the national level, the Country Programme trained 17 media professionals and engaged 292 university students studying at 7 tertiary education institutions of law, journalism and gender on sexual orientation and gender identity issues. The International Day against Homophobia and Transphobia (IDAHOT) was commemorated with various activities including sensitisation sessions with 75 staff of 5 Embassies on how sexual orientation and gender identity issues, stigma, discrimination and homophobia affect the lives of key populations and their ability to access justice, healthcare and other social services in Tanzania. Following this activity, Canadian Embassy committed to funding 2 LGBTI organizations in Tanzania.

Mauritius: Country Programme

In Mauritius, the Country Programme entered its second year of implementation. A group of 7 CHAs reached 1400 people through community sessions on HIV, HCV, sexual orientation and gender identity, drug policy, sex worker rights, and stigma and discrimination.

Although they initially faced various challenges during community outreach efforts due to the island context and size, the CHAs reported that they are seeing evidence of the positive impact of the activities based on the changes in attitudes and understanding of participants of the community sessions.



Mauritius: Other achievements of the Country Programme:

- Re-introduction of the MST programme following strong advocacy from civil society, including members of the Country Programme Advocacy Committee (PAC) for several years;
- Held a national candle light memorial and smaller memorials at various NGOs and in various communities attended by 600 people, including 2 village Presidents;
- Participated in the ‘Support don’t Punish” day of action and implemented campaign activities, including a silent protest in front of the Parliament;
- Commemorated World Hepatitis Day for the first time in Mauritius, which coincided with the announcement that Mauritius received a voluntary license from the Medicines Patent Pool (MPP) to access affordable Sofobuvir and/or Daclatasvir resulting in many more patients accessing treatment for hepatitis C without the formal qualification criteria imposed by the previous Minister of Health;
- Hosted a national harm reduction symposium attended by 100 participants, including the President and Prime Minister of Mauritius, to promote access to harm reduction services and encourage drug policy reform;
- Reached over 400 inmates through awareness raising sessions on drugs, HIV, HCV and human rights at three prisons including on Rodrigues Island, where, for the first time, an NGO was given permission to implement activities for inmates. This engagement also resulted in a commitment by the prison authorities and Ministry of Health to re-introduce methadone substitution therapy in prisons;
- Marked International Sex Workers’ Day and the two-year anniversary of the sex workers’ organization with a massive media campaign, which raised visibility of sex worker’s rights;
- Participated in the 12th LGBTI ‘Nu La” (broadly translated as ‘we exist’) Pride and published a barometer of SOGIE-related public statements by Members of Parliament and representatives of the four main political parties in Mauritius and laws tabled in the National Assembly of Mauritius;
- Marked World AIDS Day with activities organized by all CHAs in their respective regions to disseminate HIV prevention information and conduct rapid HIV testing for about 300 people. In one region, a mayor and her daughter both took up the offer of testing. In another region, the CHA was able to persuade Imams (Muslim priests) who were initially reluctant to provide permission for the activity to be conducted in their community.
- Secured funding from the Commonwealth Foundation to continue various activities once the financial support from ARASA ends.

During the 2016 Annual Partnership Forum, it was decided that Kenya would be the country to host the next roll-out of an ARASA-supported country programme. Following a competitive application process, the Kenya Ethical and Legal Issues Network was selected as host organisation for the programme.

Together with the other ARASA partners in Kenya, KELIN convened a stakeholder consultation meeting in April 2017 attended by 40 participants from various constituencies. During a partner's meeting for ARASA partners in Kenya the next day, it was agreed that the programme would be implemented in the five counties (Kisumu, Homa Bay, Migori, Nairobi and Mombasa) hardest hit by HIV.

An eight-member programme steering committee, consisting of ARASA partners in the country provides technical guidance and oversight of the programme, while a Country Programme Coordinator, based at the KELIN office in Kisumu, leads the implementation of programme activities.

Kenya: Key achievements of the Country Programme:

- A basic and advanced training for 30 CHAs on HIV, TB, SRH and human rights, including treatment literacy, advocacy approaches and monitoring health governance accountability;
- Mapping of human rights barriers experienced with regard to HIV, TB and SRH in the five counties using a tool developed to assist in documenting cases of human rights violations;
- Development of an action plan for advocacy for the review of punitive sections of the laws that hinder the full enjoyment of human rights in relation to HIV, TB and SRH based on an analysis of the human rights challenges identified by the CHAs;
- Sensitisation activities to increase awareness of health rights and create linkages with health care facilities were conducted for community members, duty bearers and other stakeholders;
- Treatment literacy training conducted by the CHAs reached 2,719 individuals including health care providers, people living with HIV and TB (including youth living with HIV), key populations, local administration chiefs and religious leaders;
- The CHAs have already responded to rights violations in their communities to ensure access to justice by assisting community members to report cases to the police and/or to access pro bono lawyers working with KELIN.

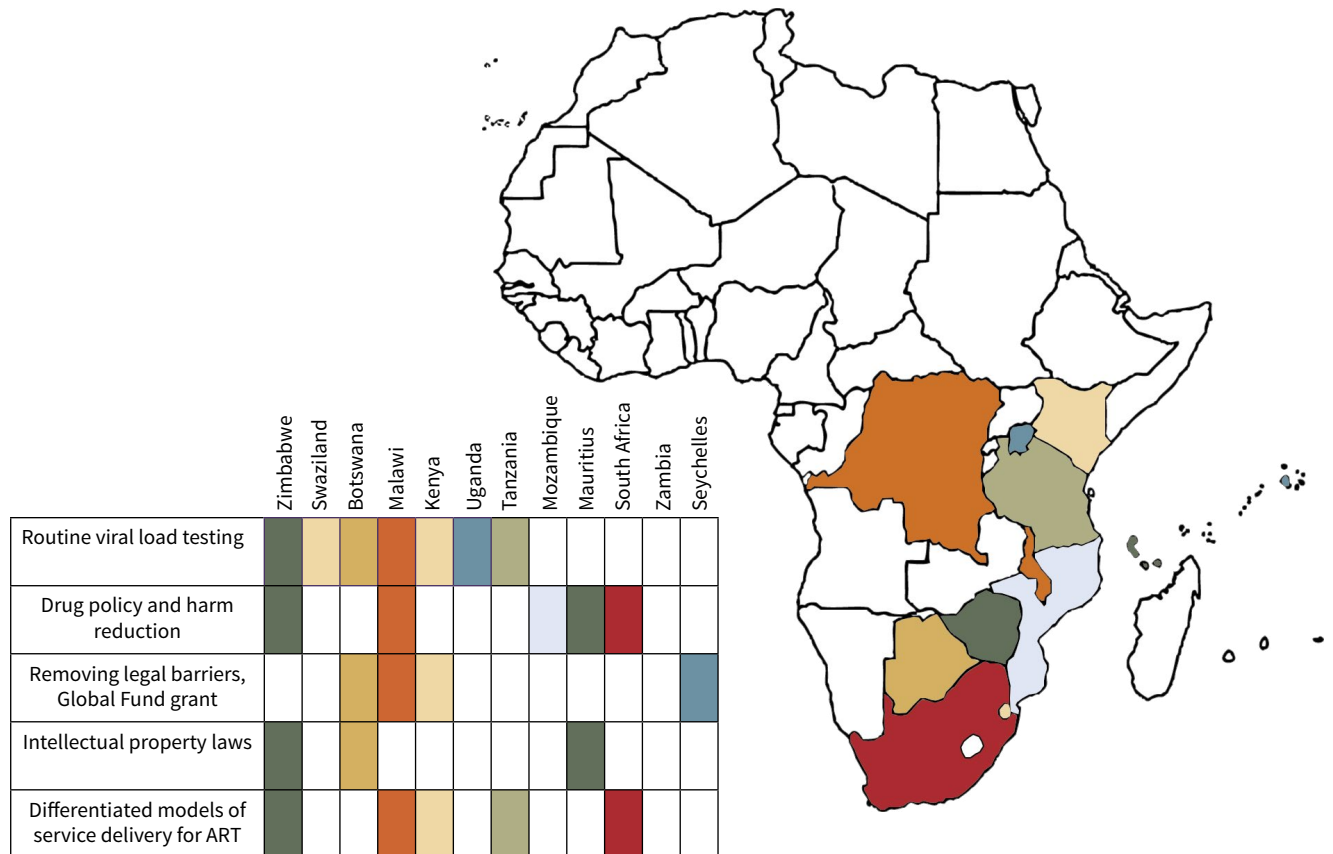
“One of the cases involved 5 women who were detained at the Coast Provincial General Hospital for not paying their hospital bills after giving birth. When a CHA based in the Likoni Sub-County area learned about this, they held discussions with the hospital administration and challenged them on the practise, citing the government's policy directive that all maternity services in government health facilities should be free. When the CHA informed the hospital of her intention to help the women to take legal action against the hospital, the hospital waived the bills and released the women.”

Advocacy

Our Advocacy is designed to promote an enabling environment for an effective response to HIV, TB and SRH in southern and east Africa, with human rights at the centre.

ARASA's focus areas for national and regional advocacy are determined by partners during the APF.

The map below illustrates the countries in which advocacy activities on the various issues were supported:



During this period, ARASA collaborated with various international, regional and national partners to spearhead and support the following advocacy campaigns:

Campaigns spearheaded and supported

‘Be Healthy – Know your viral load’ campaign

Partners in 11 countries, including Zambia, Swaziland, Botswana, Malawi, Kenya, Uganda and Tanzania have been supported by ARASA, in collaboration with ITPC and with financial support from the Robert Carr civil society Network Fund (RCNF), since 2015 to advocate for increased access to viral load testing. This issue was also integrated into ARASA's capacity strengthening efforts, including the ToT module on treatment literacy (see section on the regional ToT programme above).



Differentiated models of care and ART delivery

In collaboration with ITPC, ARASA contributed to the following in regard to this campaign during this period:

- Hosting of a 5-day training workshop on Differentiated Models of ART delivery with the support of the International AIDS Society (IAS) for 33 participants from networks of people living with HIV, community-based organisations and activist organisations from 8 focus countries (including Kenya, Malawi, South Africa, Tanzania and Zimbabwe).
- Hosting of a follow-up workshop in November for more than 20 of the same participants. This resulted in the identification of country priorities and corresponding advocacy activities.
- Provision of grants ranging from USD 20,000 to USD 40,000 to partners working in consortia consisting of key populations and mainstream HIV service and human rights organisations to implement projects which merge advocacy for routine viral load testing and differentiated models of service delivery for treatment.
- Launch of an activist toolkit titled: 'What Works for Me: Activist Toolkit on Differentiated Service Delivery' during a satellite session co-hosted with the International AIDS Society and the World Health Organisation (WHO) on 4 December 2018, during the International Conference on AIDS and STIs in Africa (ICASA).

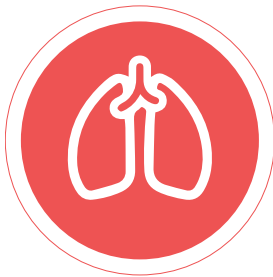
Intellectual property laws and access to treatment

With financial support from AIDSfonds, ARASA collaborated with the Southern African Regional Programme on Access to Medicines (SAPAM) to support partners in Botswana, Mauritius and Zimbabwe. We contributed to the following achievements:



- In Zimbabwe and Botswana various stakeholders, including civil society organisations, policy makers, the media and people living with HIV, were engaged to build a critical mass of allies who push their governments to fully utilise the flexibilities provided for in the TRIPS agreement. Following her participation in the activities, Member of Parliament, Hon. Dr. Ruth Labode, emerged as a champion amongst parliamentarians in Zimbabwe and committed herself to pushing for barriers posed by intellectual property laws to be addressed.
- In Botswana, radio slots, newspaper adverts and community monitoring meetings were also used to raise the awareness of community members on intellectual property laws.
- ARASA's Programmes Lead, Lynette Mabote, addressed the European Union (EU)-African, Caribbean and Pacific (ACP) Joint Parliamentary sitting on issues of intellectual property as a barrier to access to medicines in Brussels, Belgium in March. This meeting resulted in the adoption of a resolution on improving access to basic health-care systems, notably to medicines against infectious diseases, during the EU-ACP Joint Parliamentary Assembly in Port-au-Prince (Haiti) in December 2017.
- Co-hosted a two-day joint session entitled: "Towards Enhancing Access to Medicines through the Adoption of a Human Rights Approach and Harnessing the TRIPS Flexibilities with SADC PF In April 2017. This resulted in the development of a resolution on intellectual property laws and access to medicines, which was adopted by the SADC PF Plenary Assembly Session in July 2017.
- Integration of intellectual property rights into the ToT module on treatment access and the hosting of an online training course titled: "Addressing Intellectual Property and Access to treatment" for 28 participants.





TB and human rights

Achievements contributed to in regard to advocacy on TB and human rights included:

- Participating as a civil society representative on the Executive Committee of the Regional Coordinating Mechanism for the Global Fund TB in the Mining Sector (TIMS) regional grant.
- Providing financial and technical support to African Young Positives (AY +), as well as networks of young people living with HIV in Swaziland, Tanzania, Uganda, Zimbabwe and Zambia to mark World TB Day on 24 March 2017, reaching more than 6,500 people through flash mobs, press conferences and community engagement, as well as a vibrant social media campaign under #AfroYouthStepUpforTB. A “Call to Action”, was delivered to the Ministers of Health in Swaziland, Uganda and Zambia as well as government officials and policy makers in the other countries.
- Launching an Activists Guide to the LAM test together with the Treatment Action Group (TAG) during a webinar hosted on 3 October.

Criminalisation of HIV transmission, exposure and/or non-disclosure

ARASA and the HIV Justice Worldwide Network, with funding from the Robert Carr civil society Networks Fund (RCNF), contributed to the following:

- Co-hosted a regional dialogue on HIV criminalisation, which was attended by 40 advocates, lawyers, judges, Members of Parliament and representatives of civil society organisations and national human rights institutions from across Africa.
 - The dialogue was followed by a 2-day closed meeting titled: “*The feminisation of and alternatives to HIV criminalisation*”, for 22 female participants, including lawyers, members of Parliament, law enforcement officers, representatives of Human Rights Institutions, civil society and ARASA team members.
 - Supported successful advocacy by civil society partners in Malawi, which resulted in the removal of provisions, which criminalise HIV transmission in the Malawi HIV and AIDS Prevention and Management Bill.



Removing Legal Barriers: Supporting advocacy campaigns in Botswana, Kenya, Malawi and Seychelles

With support from the Global Fund, through the HIV Regional Grant: Removing Legal Barriers, ARASA provided technical and financial support to partners in Botswana, Kenya, Malawi and Seychelles to host National Advocacy Campaign meetings between May and October 2017.

In Kenya, a 15-point plan of action for strengthening advocacy to reduce violence and discrimination against key populations was adopted. In Malawi, participants called for the implementation of protective policies, strengthening of key population networks and strengthening of coordination mechanisms for key and vulnerable populations, including the establishment of a stand-alone technical working group on Key Populations in the National AIDS Commission.



In his 2016 World AIDS Day statement, the President of the Republic of Seychelles referred to this work by stating: “Moreover, together with our regional and multilateral partners, we are finalising a National Action Plan to remove legal barriers to HIV/AIDS and revise laws, policies and institutions to address discrimination and increase access to services.”



You can also read a media article about the advocacy campaign meeting hosted in the Seychelles [here](#).

Drug policy reform and harm reduction

With financial support from the Open Society Foundations, ARASA continued to coordinate the Southern Africa Drug Policy Reform Network. In August, ARASA, TB/HIV Care Association and the International Drug Policy Consortium (IDPC), hosted 30 participants at a two-day regional pre-conference ahead of the 2017 South African Drug Policy Week.



In September, HeJin Kim, ARASA’s Key Populations Programme Officer participated in the Mauritius Harm Reduction Conference and appeared on national television as part of a panel discussion on drug policy.

In June, ARASA and the International Drug Policy Consortium (IDPC) supported national partners in Malawi, Mozambique, South Africa and Zimbabwe to host national ‘Days of Action’ as part of the global ‘Support Don’t Punish’ campaign. Activities implemented by the partners included issuing press releases, hosting of press conferences and social media campaigns on Facebook, Twitter, WhatsApp, Pinterest and Instagram; marches, soccer matches, workshops with the judiciary and legislators, visits to prisons and facilitated access to HIV and Hepatitis testing in collaboration with organisations such as MSF. Regional and global solidarity was facilitated through the release of a regional ‘call to action’, which highlighted the need to address harmful drug policies and practices across SADC.

Supporting service providers to influence change



National Human Rights Institutions Promoting and Protecting the Rights of Key Populations

ARASA and the Network of African National Human Rights Institutions (NANHRI) co-hosted the second regional capacity strengthening workshop for National Human Rights Institutions (NHRIs) with support from the Global Fund to Fight AIDS, TB and Malaria Africa Regional Grant on HIV: Removing Legal Barriers through the United Nations Development Programme (UNDP).

The meeting, hosted under the theme: “*Promoting and Protecting the Rights of Key Populations: Making Rights A Reality*” brought together 31 senior NHRI representatives from across Africa. During the meeting, the NHRI representatives shared lessons learned from the activities they implemented after returning home from the previous workshop in 2016. They reported that they trained their colleagues; improved their violence reporting tools; and participated in working groups on key population issues.

The peer learning between NHRIs has resulted in a very effective relationship between the Malawi Human Rights Commission (MHRC) and the Kenya National Commission on Human Rights (KNCHR). Prior to the meeting the MHRC announced its intention to host a public inquiry on LGBTI issues in Malawi, which was boycotted by civil society organisations, who cautioned against the potential risk this may cause for LGBTI people.

During the workshop, the KNCHR led a discussion on different ways to host effective public inquiries without placing vulnerable populations in danger. A few weeks later, MHRC announced that it had cancelled the public inquiry in favour of a situational study of the lives of LGBTI persons in Malawi. This was a great victory for civil society and key populations in Malawi and an excellent example of the value add of facilitating spaces for national human rights institutions to learn from each other.

Members of parliament influencing change in legal environments

Members of parliament remained a key focus of ARASA’s efforts to strengthen the capacity of potential influencers to engage in legal, policy and social change that promotes access to acceptable, affordable, quality health services particularly for people living with HIV and TB and key populations.

In July, ARASA joined the SADC Parliamentary Forum (SADC PF), various UN agencies and other civil society organisations to co-host a Regional Women’s Parliamentary Caucus, which resulted in the adoption of the Mahé Declaration for sustained engagement by SADC Parliaments to implement Resolution 60/2 of the Commission on the Status of Women (CSW) entitled “Women, the Girl Child and HIV and AIDS during the 41st Plenary Assembly Session of the SADC PF.



The meeting was covered extensively in the national and regional media including this article in a local newspaper: <http://www.nation.sc/article.html?id=254894>

Improving media coverage on HIV, TB, SRH and human rights

Since 2016, ARASA has been engaging media professionals in southern and east Africa to help strengthen their capacity to report on HIV, TB, SRH and human rights advocacy issues by inviting them to attend regional meetings, linking them to knowledgeable civil society organisations in their countries and supporting them to write in-depth articles on the issues covered.

In September, ARASA invited 5 media professionals from Botswana, Malawi, Seychelles and Tanzania to the second regional capacity strengthening meeting on the role of NHRIs in the HIV response for key populations in Africa, mentioned above. This engagement resulted in several media articles in the home countries of the media professionals who attended the meeting. For example, an article titled: “Need for public to be sensitised on human rights” was published in The Nation newspaper in Seychelles.



See: <http://www.nation.sc/article.html?id=255630>

Second Africa Regional Dialogue on HIV, TB and the Law

ARASA and the UNDP Regional Service Centre for Africa hosted the second regional Dialogue on HIV and the Law with support from the Global Fund’s Africa Regional Grant on HIV: “Removing Legal Barriers”, exactly six years after the first Africa Regional Dialogue on HIV and the Law was hosted in Pretoria, South Africa.

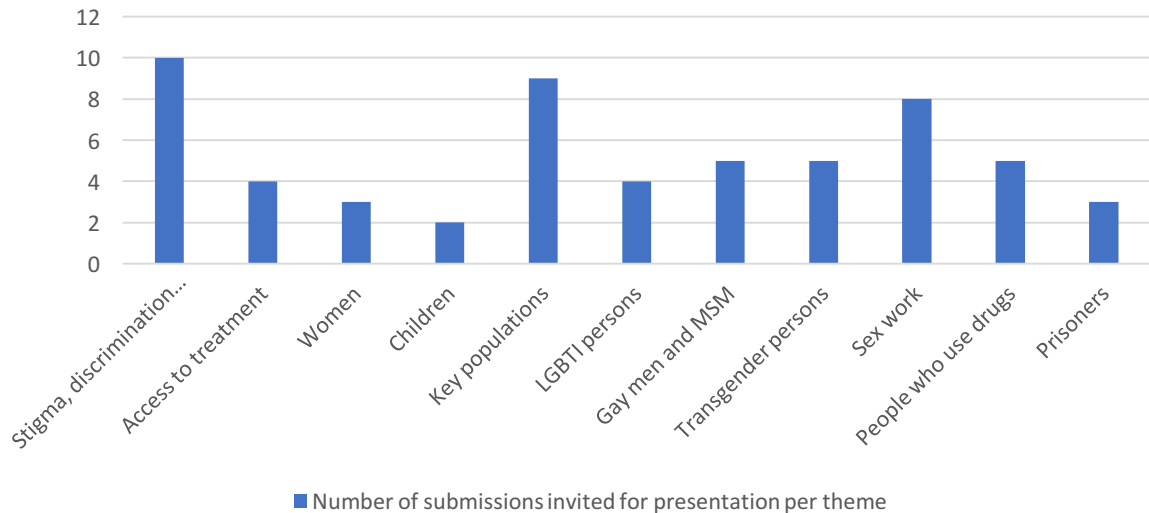


The dialogue brought together 140 government and civil society participants from across Africa to discuss progress on the implementation of the findings and recommendations of the Commission on HIV and the Law in the region and to evaluate their impact, highlight issues and countries that continue to face challenges and make strategic suggestions and recommendations on the way forward.

On the first day, government and civil society met separately to prepare for the dialogue. On the second day they came together for a dialogue moderated by Eusebius Mckaiser, a well-known South African radio personality. The government expert participants included representatives from government, judiciary, law enforcement officers, parliamentarians, members of National Human Rights Commissions and representatives of National AIDS Commissions.

The 58 civil society representatives present were selected on a competitive basis out of 118 submissions from across the African continent by activists, community workers, people living with HIV, members of other key populations, researchers and lawyers.

Number of selected submissions per theme



The dialogue was available as a live webcast on <http://africadialogue.net>.

During and following the dialogue, the ARASA team received feedback from participants including the following:



The ARASA initiative of putting TB on the agenda and bringing the legal fraternity to interact with CSOs for a common position regarding mitigating of the risks emanating from positive law towards vulnerable populations, to me this has been so useful to the fight against TB/HIV. Submissions from the legal team have been quite guiding.

Appreciation of progress already made since the 1st Africa Regional Dialogue 6 years ago is refreshing news, clarification and better understanding of issues, learnt best practices and hope to feedback my workmates in government on these issues, am optimistic recommendations made will push the agenda positively.”

And extracted from a letter sent by the representative of the Malawi Department of Justice:



It is useful to me as an individual but also to Malawi police service, as we are on forefront to victimise gay and lesbian rights. With this information I got here, I will take up the matter to the inspector general so that he takes action on. I also appreciate ARASA for organising this important meeting.

Representation

In 2017, ARASA continued to prioritise influencing regional and global health governance mechanisms through participation in high-level expert advisory groups to sensitise and advise global health officials on emerging issues; reviewing draft guidance documents and frameworks and providing analysis on human rights in the context of national law reform, litigation, regional policy-making, global health governance and global health finance.

Policy platforms	Level	Capacity
UNAIDS Human Rights Reference Group	Global	Co-chair
UNAIDS Scientific and Technical Advisory Committee	Global	Member
Global Fund Working Group on human rights and M&E	Global	Member
Global Fund Community, Rights and Gender Advisory Group	Global	Member
TB REACH Programme Steering Group	Global	Member
Ethics Advisory Group (EAG) of the International Union Against Tuberculosis and Lung Disease	Global	Member
African Commission on Human and People's Rights	Continental	Observer
Regional Coordinating Mechanism for the Global Fund Grant: TB in the Mining Sector in Southern Africa	Regional, southern Africa	Member of the Executive Committee

ARASA at ICASA

Despite prior commitment from the conference secretariat and common practice at previous conferences, the conference organisers decided not have a human rights networking zone during the 19th International Conference on AIDS and STI's in Africa (ICASA) hosted in Abidjan, Côte d'Ivoire from 4 to 9 December 2017. Fortunately, the African Council of AIDS Service Organisations (AfrICASO) made their booth available for ARASA to use at which t-shirts, caps and other information on HIV, TB and human rights were distributed. UNAIDS also made their private offices available and 6 of the planned sessions were hosted there.



In addition to hosting these sessions and distributing materials at the booth, the ARASA team collaborated with ITPC to launch a toolkit to support demand creation for differentiated models of ART service delivery and hosted a dialogue on structural interventions for HIV prevention titled: “Missing piece of the puzzle: Rights + Equity + Justice 4 HIV prevention”.

Posters on ‘Religious Leaders, changing HIV perspective on faith healing’, ‘Effective KP-led advocacy with Global Fund structures to increase financing for Key Populations in Botswana, Malawi, and Tanzania’ and ‘Strategic Investments for Critical Enablers in Africa: The Good, the Bad and the Ugly’ were presented. We also co-hosted the launch of the HIV, the law and human rights in the African human rights system report with UNAIDS, AMSHeR and the HIV Committee of the African Commission on Human and People's Rights (ACHPR). Together with partners including

SALC, IDLO, UNAIDS and the HIV Committee of the ACHPR, we co-hosted special session on criminalisation and access to justice as well as a consultation on HIV, human rights and law..

We also moderated a session on advocacy to improve services, policies and capacity convened by the PICTH partnership and co-hosted a community dialogue: Vulnerability of PLHIV to Tuberculosis (TB) – and what to do about it.



Highlighting the impact of the law on HIV at the African Commission on Human and People's Rights

ARASA has enjoyed observer status at the African Commission on Human and People's Rights (ACHPR) since 2012. In 2017, ARASA participated in the public sessions and NGO Forums of both the 61st and the 62nd Ordinary Session of the African Commission on Human and People's Rights (ACHPR).

A major achievement for ARASA and other partners during the 62nd Ordinary Session was the provisional adoption of the HIV, the Law and Human Rights report, developed by the ACHPR HIV Committee in collaboration with UNAIDS, ARASA and African Men for Sexual Health and Rights (AMSHER), by the Commission pending inclusion of amendments and observations.

The executive summary of this report was launched by Commissioner Maiga, the chair of the ACHPR during ICASA 2017 during an event co-hosted by the ACHPR HIV Committee, UNAIDS, ARASA and AMSHER.

The full report was launched during a side event of the 30th African Union Summit in January 2018 in Addis Ababa, Ethiopia and provides a useful tool for civil society in the region to advocate for a human rights-based response to HIV.

During the 62nd Session of the ACHPR, ARASA also delivered a statement on the criminalisation of HIV transmission, non-disclosure, and exposure, which was developed in collaboration with the Southern Africa Litigation Centre (SALC), Coalition of Women Living With HIV and AIDS in Malawi (COWLHA); the Women's Lawyer's Association Malawi (WLA); the Centre for Human Rights Education, Advice and Assistance (CHREAA); and the Zambia Network of Religious Leaders Living with or personally Affected by HIV and AIDS (ZANERELA+).

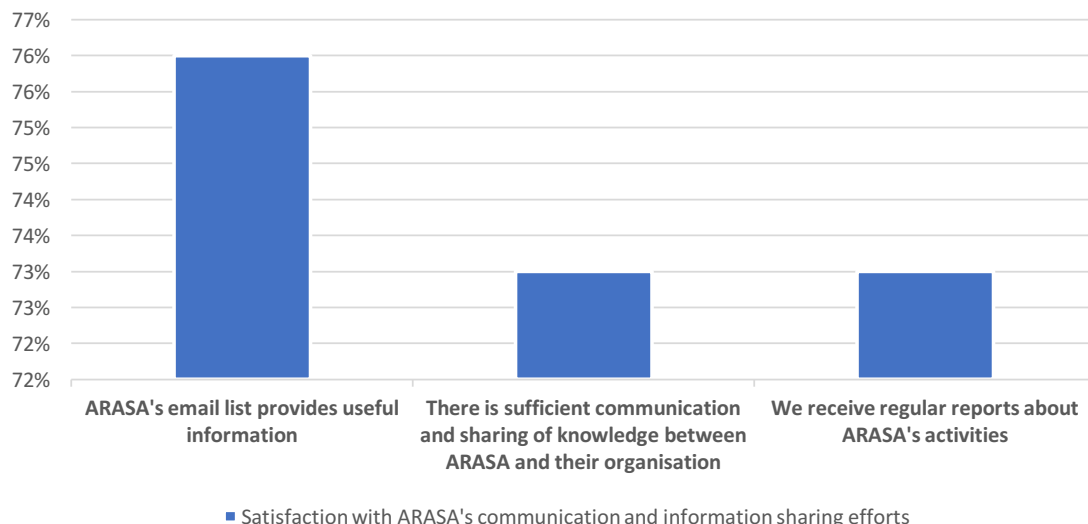
In the lead up to the 62nd Ordinary Session, ARASA supported Plaideurs des Enfants et des Personnes Agées à Risqué (PEPA) to compile a shadow report, which was submitted to the secretariat and relevant Commissioners. During the consideration of the state report from DRC, questions from Commissioners focussed on HIV and AIDS, gender, human rights defenders, LGBTI issues, and the right to health, which were raised in the PEPA Shadow Report.

During the 62nd Ordinary Session, the concluding observations on Namibia’s state report specifically mentioned violence against LGBTI people, based on a question on this issue raised in the shadow report developed by the key population coalition in Namibia with ARASA’s support in 2016.

Social media, email and web outreach

Findings of the external evaluation regarding the effectiveness of ARASA’s communication and information dissemination efforts:

Satisfaction with ARASA’s communication and information sharing efforts



The table below illustrates the reach of ARASA’s communication platforms.

Platform	Total number of members / friends / followers and impressions
ARASA website	9 452 unique visitors
ARASA partners email list	261 members
Twitter	519 tweets over the period 2 763 new followers 9 072 profile visits 1 164 mentions
Facebook	775 new followers 124 745 impressions (the number of times a post from the ARASA page was displayed) 59 149 people reached through the ARASA Facebook impressions

ARASA in the media



During the period under review, ARASA recorded 573 media articles and pieces, which mention the organisation and/or its partners' work or reporting that was done as a result of ARASA's engagement with the media:

Addressing legal barrier to fast track the HIV and TB response in Africa

<https://reliefweb.int/report/world/addressing-legal-barriers-fast-track-hiv-and-tb-response-africa>

HIV infection difficult to prosecute, The Namibian Newspaper, Namibia

<https://www.namibian.com.na/170041/archive-read/HIV-infection-difficult-to-prosecute>

Seychelles National Advocacy Convening on Reducing Violence and Discrimination Against Key Populations Meeting

<http://www.nation.sc/article.html?id=256186>

Women's Parliament to meet over HIV infections

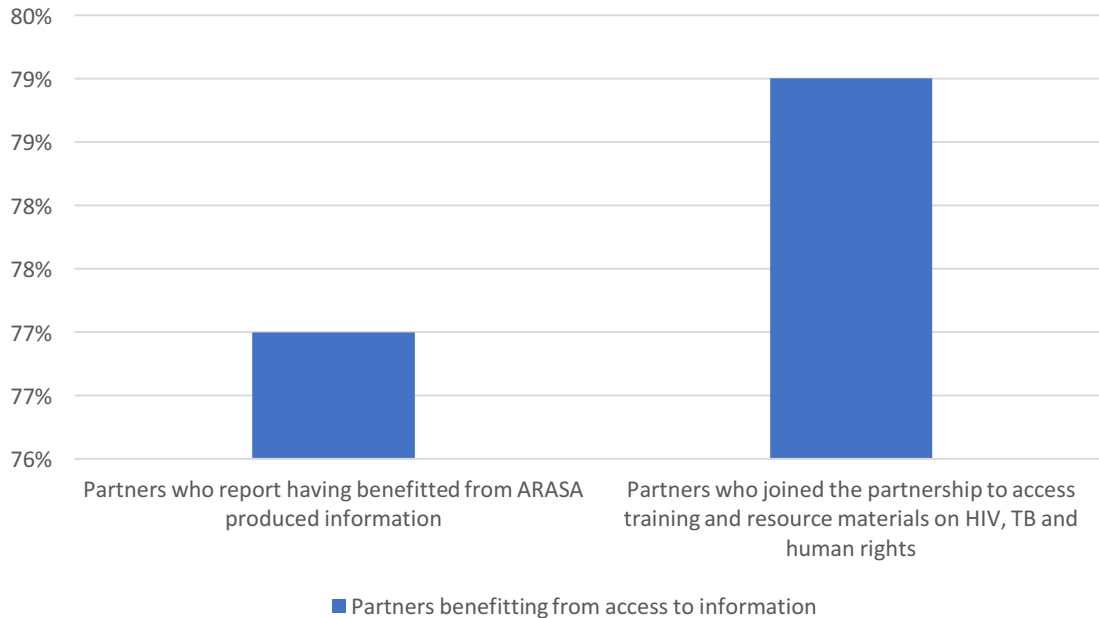
<https://www.newera.com.na/2017/06/30/womens-parliament-to-meet-over-hiv-infections/>

Director, Michaela Clayton, speaking on a panel to deliver closing remarks during the Human Rights Council Social Forum

<http://webtv.un.org/watch/panel-on-the-way-forward-concluding-remarks-social-forum-2017-/5597495064001/>

The external evaluation conducted in 2017 confirmed that access to information and resource materials on HIV, TB and human rights advocacy was a key motivator for many organisations in joining the ARASA partnership.

Partners benefitting from access to information



In light of this, ARASA continued to develop and disseminate resource materials (listed below) on various topics to strengthen the capacity of civil society organisation, service providers, key influencers and policymakers to advocate for increased access to HIV, TB and SRHR services in southern and east Africa.

- Updated ARASA HIV, TB , SRH and Human Rights Training Manual
- Small Grants Case Study Publication: (<http://www.arasa.info/news/small-grants-case-studies-publication/>)
- ‘What Works for Me: Activist Toolkit on Differentiated Service Delivery’ (<http://itpcglobal.org/wp-content/uploads/2017/11/DSD-Toolkit-English.pdf>)
- Africa Regional Dialogue on HIV and the Law resource materials (<http://www.arasa.info/advocacy/regional-advocacy/2nd-african-regional-dialogue/>):
 - o Fact sheets and Issues briefs on:
 - ➔ Stigma and discrimination, legal aid responses, legal frameworks and access to justice
 - ➔ Laws and practices that mitigate or sustain violence and discrimination lived by women
 - ➔ Laws and practices that facilitate or impede HIV-related treatment access
 - ➔ Law and HIV/TB pertaining to children and young people, including young key populations
 - ➔ Laws and practices that effectively criminalise people living with HIV/TB and key populations
- Rights+Equity+Justice for HIV Prevention video (<https://www.youtube.com/watch?v=0gYG6JTao6w>)



Monthly highlights 2017

January

ARASA provides technical support during SOGI and key populations training hosted by the South African Human Rights Commission.

FEBRUARY

First module of the 2017 regional ToT hosted in parallel with Pre-implementation workshop for small grants recipients.

March

ARASA addresses the European Union-African, Caribbean and Pacific Joint Parliamentary sitting in Brussels, Belgium on issues of intellectual property as a barrier to access to medicines.

APRIL

ARASA co-hosts the Kenya Country Programme stakeholder consultation meeting in Nairobi, Kenya. ARASA also co-hosts a session on access to medicines harnessing the TRIPS flexibilities for members of parliament.

May

ARASA hosts 9th Annual Partnership Forum and awards 2017 ARASA HIV, TB and Human Rights award to PEPA.

JUNE

ARASA co-hosts workshop on differentiated models of service delivery workshop with ITPC and IAS in Bangkok, Thailand.

July

ARASA co-hosts SADC PF Women's Parliamentary Caucus, which results in the adoption of the Mahé Declaration, which commits parliamentarians to advocating for the implementation of CSW Resolution 60/2 entitled: "Women, the Girl Child and HIV and AIDS".

AUGUST

ARASA co-hosts the second Africa Regional Dialogue on HIV, TB and the Law. ARASA also co-hosts a two-day pre-conference ahead of the 2017 South African Drug Policy Week.

September

ARASA co-hosts second regional capacity strengthening workshop for National Human Rights Institutions.

OCTOBER

ARASA is represented on a panel delivering concluding remarks during the UN Human Rights Council Social Forum.

November

ARASA delivers a statement on HIV criminalisation during the 61st Ordinary Session of the African Commission on Human and People's Rights.

DECEMBER

ARASA participates in the International Conference on AIDS and STIs in Africa, hosted in Abidjan, Cote d' Ivoire.



“2017 was a year of reflection for us as it coincided with the end of our previous Strategic Plan. I was really encouraged by the finding of the external evaluation that we ‘punch above our weight. It is very encouraging to hear that our work continues to have value and impact in the region.”
Felicita Hikuam, Deputy Director

“I am proud of the fact that the ARASA team could apply the brakes [through a reflection meeting] to interrogate and reflect on the achievements for the first half of the year and devise strategies on what can be improved for the remaining period. Also, sharing the feedback [on the findings of the workshop evaluation] back to the ToT group participant was exciting as it not only gave a practical example [of how to use monitoring and evaluation] to the participants but it also gave meaning, appreciation and encouragement to them by sharing how the training is changing the lives of their peers and that of their community. Learning is definitely part of ARASA’s culture.”

Maggie Amweelo, M&E Officer



“2017 was a year of introspection for ARASA and the team! We had to dig deep to reflect on whether our models of work were ‘fit for purpose’ in this changing context. The Evaluation period is often the most intense period; as while we revisit on our achievements, we have face our inadequacies. I am happy to say that we remain passionate and relevant in the region and globally; we are a solid (and compact) team, with the backing of strong partners.”
Lynette Mabote, Programmes Lead



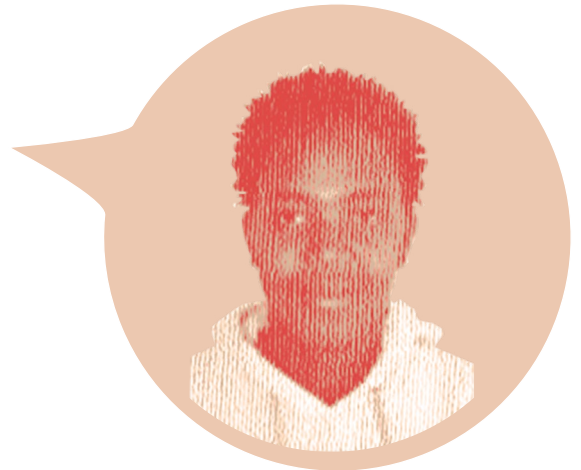


“My highlight for 2017 was when we created a space for women during our ‘Feminisation of HIV Criminalisation’ meeting to reflect, discuss and assess all aspects of our lives, work, safety, well-being and self-care. Working on defending and promoting human rights is a long and strenuous path and the stories shared during this collective space was a stark reminder that we often forget to access the means to sustain ourselves. The women came up with various tools on how to promote individual and collective self-care and reaffirmed its importance as an integral part of human rights work to strengthen our social movements’ sustainability, creativity and well-being.”

Soraya Mentoer, Regional Capacity Strengthening and Small Grants Officer

“Hosting the Africa Regional Dialogue, I was particularly proud of the space we created for civil society and government officials to discuss priority HIV, TB and Human Rights issues in Africa. The responses after the Dialogue proved that we are indeed holding these spaces to create change and not just for show”

Nthabiseng Mokoena, Regional Advocacy Officer



“In 2017 I was excited about the start of the Southern African Drug Policy Reform Network, and moving forward to support people who use drugs in the region through our various capacity building efforts at ARASA, and to bring PWUD activists together to discuss advocacy priorities”

HeJin Kim, Regional Key Populations Programme Officer



During my second year at ARASA, I am proud to have contributed to increased access to funding for partners such as Zimbabwe Network of Young People living with HIV, as a result of the increased focus on organisational development and resource mobilisation in our capacity strengthening efforts. I am also happy to report that, as a result of our online short course on HIV and AIDS in prisons, one of the participants has initiated dialogue and sharing with inmates in Harare prisons”.

Bruce Tushabe, Regional Training and Capacity Strengthening Officer





List of ARASA Partners

Angola

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

Botswana

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

Comoros

8. Action SIDA

Democratic Republic of Congo (DRC)

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

Kenya

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

Lesotho

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

Madagascar

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

Malawi

22. Art and Global Health Center Africa (AGHCA)
23. Centre for the Development of People (CEDEP)

24. Centre for Human Rights and Rehabilitation (CHRR)
25. Coalition of Women Living with HIV/AIDS (COWLHA)
26. Grassroots Movements for Health and Development (GMHD)
27. Ladder for Rural Development Organisation
28. Passion for Women and Children
29. Research for Equity and Community Health (REACH Trust)
30. Malawi Network of People living with HIV (MANET+)
31. Malawi Network of Religious Leaders living with or personally affected by HIV AIDS (MANERELA+)
32. Female Sex Worker Alliance
33. Centre for Girls and Interaction, (CEGI)
34. Centre for Children’s Affairs
35. Health and Rights Education programme (HREP)
36. Centre for Human Rights Education Advice and Assistance (CHREAA)

Mauritius

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

Mozambique

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

Namibia

49. Rights Not Rescue Trust (RNRT)
50. AIDS Law Unit of Legal Assistance Centre (LAC)
51. Tonata PLWHA Network
52. Voice of Hope Trust

53. Out-Right Namibia (ORN)
54. Wings to Transcend Namibia

Seychelles

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

South Africa

56. African AIDS Vaccine Programme
57. AIDS and Human Rights Research Unit, Centre for the study of Human Rights, University of Pretoria
58. AIDS Legal Network (ALN)
59. Community Media Trust (CMT)
60. Section 27
61. Treatment Action Campaign (TAC)
62. Transgender and Intersex Africa
63. Unit for behavioural studies on HIV and Health (UNISA)
64. IRANTI-Org
65. Access Chapter 2 (AC2)

Swaziland

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

Tanzania

71. Centre for Widows and Children Assistance (CWCA)
72. Children Dignity Forum (CDF)
73. Children Education Society (CHESO)
74. Community Participation Development Association Tanzania (COPADEA-TZ)
75. Community Health Education Services and Advocacy (CHESA)
76. Network of Young People living with HIV and AIDS (NYP+)
77. Stay Awake Network Activities (SANA)
78. Southern Africa Human Rights NGO Network (SAHRiNGON)
79. Tanzania Network of Women living with HIV (TNW+)
80. LGBT Voice

81. Tanzania Civil Society National Steering Committee on HIV and AIDS response (CSONCS)
82. Tanzania Community Empowerment Foundation (TACEF)
83. Tanzania Network for People who use Drugs (TaNPUD) / Tanzania Network of Women who Use Drugs (TANWUD)
84. Warembo Forum

Uganda

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

Zambia

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

Zimbabwe

102. Gays and Lesbians of Zimbabwe (GALZ)
103. Network of Zimbabwean Positive Women (NZPW+)
104. Women and Law in Southern Africa Research Trust (WLSA)
105. Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender (ZACRO)

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- 106. Zimbabwe Lawyers for Human Rights (ZLHR)
 - 107. Zimbabwe National Network of People living with HIV (ZNNP+)
 - 108. Sexual Rights Centre (SRC)
 - 109. Zimbabwe Civil Liberties and Drug Network

Regional Partners

- 110. African Young Positives Network (AY+)
- 111. Gender Dynamix (GDX)

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

