“We [as a collective] don’t sometimes understand the power this gathering has. I recall being in detention and not realising how many people were out there standing up for me, even writing to the President on my behalf. [Because of this partnership] I know there is power behind me.”

Paul Kasonkomona,
Engender Rights Centre for Justice, Zambia

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Contents

Abbreviations 3
Executive Summary 4
Objective of Meeting 6
Discussions during Annual Partnership Forum 6
Feedback from ARASA 2014 to 2015 6
  Vision and Mission 6
  Achievements 7
  Challenges 8
Feedback from Country Programmes and Small Grants Projects 8
  Achievements 9
  Challenges 9
Feedback from Advocacy Working Groups established during the 2014 APF 10
  Achievements 10
  Challenges 11
Thematic Discussions 11
  Investing where it matters: How can current investments be better targeted to
  respond to the needs of key populations? 11
  Achievements 11
  Challenges and Lessons Learned 12
  Removing Barriers: Creating an enabling social, policy and legal environment for key
  populations at higher risk of HIV 12
  Challenges and Lessons Learned 13
  Leaving no one behind: Access to services for key populations 13
  Achievements 14
  Challenges and Lessons Learned 15
A Regional Advocacy Agenda 16
  Key Human Rights Issues 16
  Advocacy Working Groups for 2015 16
  Recommendations for co-ordinated responses 17
Strengthening the ARASA Partnership 17
Country Programmes 18
Election of partner representative to the Board of Trustees 18
AOB 18
2015 ARASA HIV, TB and Human Rights Award 19
Appendix A: List of ARASA Partners 20
Appendix B: Agenda 23
Appendix C: List of Presentations 26
Appendix D: List of Participants 28
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ARASA</td>
<td>AIDS &amp; Rights Alliance for Southern Africa</td>
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<tr>
<td>AU</td>
<td>African Union</td>
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<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>GF</td>
<td>Global Fund to fight AIDS, TB and Malaria</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ITPC</td>
<td>International Treatment Preparedness Coalition</td>
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<td>KP</td>
<td>Key Population</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, gay, bisexual, transgender and intersex persons</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>NFM</td>
<td>New Funding Model</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SALC</td>
<td>Southern African Litigation Centre</td>
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<tr>
<td>TNCM</td>
<td>Tanzania National Coordinating Mechanism</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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Executive Summary

Established in 2003, the AIDS and Rights Alliance for Southern Africa (ARASA) is a regional partnership of eighty-nine non-governmental organisations (NGOs) working in eighteen countries* in southern and east Africa to promote a human rights-based approach to HIV and tuberculosis (TB) through capacity building and advocacy.

From 15 to 16 April 2015, 81 representatives of ARASA partner organisations** convened at the Aviator Hotel in Johannesburg, South Africa to network, share lessons learned and explore ways to address HIV and TB-related human rights challenges facing their countries during the 2015 ARASA Annual Partnership Forum (APF).

ARASA staff reported on the activities of the organisation, including the financials and programmatic progress achieved in 2014. A case study on the Malawi HIV, TB and Human Rights Capacity Building and Advocacy Programme was presented by the host organisations (Centre for the Development of People and Centre for Human Rights and Rehabilitation) along with reflections from Engender Rights Centre for Justice (ERCJ) from Zambia and Gays and Lesbians of Zimbabwe (GALZ) who were awarded small grants as part of the 2014 ARASA HIV, TB and Human Rights Award.

As in previous years, partners were invited to identify emerging advocacy issues they would like to discuss during the APF prior to the meeting. These issues, which ranged from removing barriers and creating an enabling social, policy and legal environment to increasing access to services for key populations at higher risk of HIV guided the thematic sessions of the APF. The engagement of ARASA partners in platforms and processes which influence financial investment in human rights programming and interventions targeted at addressing the needs of key populations was also discussed.

Partners agreed that regional advocacy priorities identified in 2014 (i.e. creating an enabling legal and policy environment as well as HIV, TB and human rights in prisons) were still relevant and should continue to be prioritized for action in 2015. In addition to this, partners agreed that there should be a renewed focus on reducing HIV-related stigma and discrimination with a focus on addressing this at the community level.

Mauritius was selected as the focus country for the roll out of an ARASA supported HIV, TB and Human Rights Capacity Building and Advocacy Country Programme in 2016. Partners present voted for MacDonald Sembereka of the Malawi Network of Religious Leaders living with and Personally Affected by HIV and AIDS (MANERELA+) and Kyomya Maclean of Uganda Harm Reduction Network (UHRN) to serve as partner trustees on the board of trustees for a 2 year term following presentations from the 2 selected candidates as well as Joan Chamangu of Tanzania Network of Women living with HIV (TNW+).

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

“ARASA is one of our main African partners and we have benefitted from learning about the experiences and best practices of other partners. A few year ago, when the HIV law in Mauritius was being drafted, ARASA assisted us to prevent the inclusion of criminalisation of HIV transmission. Now we have a strong HIV Act. In addition to this, we have been able to network with people outside our immediate network [in the Indian Ocean Islands]. Most of our staff have also participated in and benefitted from the ARASA Training of Trainers Programme.” Nudhar Bundhoo, Prévention Information et Lutte contre le SIDA (PILS), Mauritius.

“Through ARASA we were able to bring HIV and human rights together [in our work] for the first time. We also learned a lot about regional and international human rights commitments. Since then, the [ARASA] network has grown significantly and this has been good for learning from each other. In the DRC, ARASA has strengthened our advocacy, with a focus on the legal provisions which criminalised HIV transmission. We were able to influence this debate, which resulted in the reduction of the punishment for HIV transmission. We have also been able to learn about HIV and human rights in prisons, particularly from our colleagues in Zambia, and have implemented activities related to this. During this meeting, we heard about cervical cancer and its impact on women living with HIV and are keen to see how we can integrate this into our work”. Leonnie Kandolo, Protection Enfant Sida (PES), Democratic Republic of Congo

“Our association with ARASA was one of our first interactions with regional and international human rights organisations. We have learned a lot, especially about how to do our work better. In Mozambique, we particularly appreciated receiving feedback on problematic laws from ARASA within 24 hours [from our request], which helped us draft submissions to parliament. In our experience, ARASA was never [seen as] a vehicle to access funding. It is
a platform to access information and network with like-minded organisations.” Cesar Mufanequico, Mozambican Treatment Access Movement (MATRAM)

“We were attracted to ARASA because of the vulnerabilities and challenges civil society organisations in Zambia have been facing. We have received a lot of technical support via emails and even telephone conversations when we have required it. ARASA has actually become one of our first ports of call when human rights challenges arise at the country level as this is a platform which enables us to find solutions without doing all the hard work ourselves.”

Paul Kasonkomona, Engender Rights Centre for Justice, Zambia.

“Our participation in ARASA is only one year old but we have already benefitted immensely from the networking and sharing opportunities provided by the partnership. Amongst others, we are already pilot testing the strategy presented by Prisons Care and Counselling Association (PRISCCA) from Zambia in our country. In that way, we have been able to copy and paste without costs. We have also been able to access international fora through our affiliation with ARASA.”

Teclah Ponde, Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender (ZACRO).

Prior to the APF, some partners expressed concern that the process of identifying new partners is not vigorous enough to attract partners who share ARASA’s values. Partners present suggested, amongst others, that the process should include provisions which ensure that sufficient information on ARASA and its work is provided to interested parties to ensure that they are aware of the issues they will need to support when they join the partnership. It was also suggested that current partners should identify organisations in their country, such as lawyers’ associations, media and religious organisations or organisations working on priority areas of focus such as TB, which can fill a ‘gap’ in the profile of current partners and diversify the mix of partners per country. It was agreed that ARASA staff would consider these recommendations and revert to the partners at a later stage with an update on the process of adding new partners to the partnership.

On 16 April, KELIN was awarded the 2015 ARASA HIV, TB and Human Rights award during a ceremony held at the conclusion of the Annual Partnership Forum (APF) in Johannesburg, South Africa.

* ARASA partners are present in Angola, Botswana, Comoros, Democratic Republic of Congo, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe

** See Appendix A, List of ARASA partners as at April 2015
Objective of Meeting
The APF convenes all ARASA partners to:

- Provide a platform for the staff and trustees of ARASA to report to the partners on the activities of the Trust and to deal with any other business raised or referred to it by any trustee or partner;

- Afford partners an opportunity to share information on the work that they are engaged in and on specific HIV-related human rights challenges that they are facing in their own countries as well as to collectively agree on advocacy priorities for the following year;

- Provide an opportunity for partners to network, share lessons learned, identify key human rights challenges to be addressed by the partnership and to build consensus on these issues; and

- Reach and maintain a shared understanding amongst country partners as to identify ways in which we can - in the context of available resources - support efforts in these countries.

Discussions during APF
The APF took place over 2 days and included presentations and discussions on the following:

I. Financial report and feedback from ARASA on programmatic achievements and challenges encountered since the 2014 APF

II. Feedback from Country Programmes and Small Grants Projects

III. Progress in terms of advocacy priorities identified during the 2014 APF:
   1. Enabling legal and policy environments
      a. Intellectual property law and Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities
      b. Creating enabling legal environments for key populations
   2. HIV, TB and human rights in prisons; and
   3. Post 2015 Development Agenda

IV. Thematic discussions:
   1. Investing where it matters: How can current investments be better targeted to respond to the needs of key populations?
   2. Removing Barriers: Creating an enabling social, policy and legal environment for key populations
   3. Leaving no one behind: Access to services for key populations

V. Setting a regional advocacy agenda

VI. Strengthening the partnership: What does it mean to be an ARASA partner?

VII. Election of partner representatives to the Board of Trustees

See Appendix B for a copy of the Agenda
See Appendix C for a list of presentations

Feedback from ARASA 2014 to 2015

Vision and Mission
ARASA’s vision is for a southern and east Africa in which all people are able to access and enjoy their fundamental human right to health.

ARASA’s mission:

- ARASA promotes a human rights approach to HIV, TB and SRHR in southern and east Africa by utilising its strategic partnership of CSOs for capacity strengthening and advocacy

- ARASA’s partners bring diverse skills, perspectives from communities and areas of interest which enables it to stay informed and elevate key human rights issues to national, regional and ultimately global level to influence policy.

- ARASA strengthens capacities of its partners at country and community level so that there is strong understanding of and development of consensus on human rights issues emerging at these levels as well as evidence for informed community driven advocacy.

Impact /Overall Objective: ARASA’s seeks to impact on legal, policy and social environments in southern and east Africa (18 countries) to ensure that people living with HIV and TB and key populations most at risk (namely prisoners, lesbians, gay, bisexual, transgender and intersex (LGBTI) persons, sex workers and people
who use drugs) access acceptable, affordable and quality sexual and reproductive health and rights (SRHR), HIV and TB prevention, treatment and care services.

ARASA works to contribute to the following four outcomes:

I. Civil society on national level advocates for acceptable, accessible, affordable and quality SHRH, HIV and TB care and support services for people living with HIV and TB and key populations most at risk;

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

II. Service providers provide acceptable, accessible, affordable and quality SHRH, HIV and TB care and support services for people living with HIV and TB and key populations most at risk;

III. 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

IV. 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.

**Achievements**

Some of the notable results and achievements against outcomes in 2014-2015 included the following:

**Outcome 1: Civil society on national levels 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 most at risk:** During this period, partners were supported to strengthen their advocacy on SRHR, HIV, TB and sexual orientation and gender identity (SOGI) through various training and capacity strengthening initiatives, networking, consensus-building and skills sharing opportunities, provision of technical and financial resources including monitoring and evaluation (M&E) support as well as the development and dissemination of guidance documents.

After participating in the regional Training of Trainers (ToT) Programme, participants reported that they found the programme useful and were using the acquired skills to implement HIV, TB and human rights capacity strengthening and advocacy interventions in their countries. Further, several participants reported having changed their positions on ‘controversial’ issues such as the criminalisation of willful HIV transmission.

**Outcome 2: Service providers provide acceptable, accessible, affordable and quality SHRH, HIV and TB care and support services for people living with HIV and TB and key populations most at risk:** Content for training (online and face-to-face workshops) for service providers, including a short course on human rights and harm reduction for people who inject drugs targeted at health care workers and law enforcement officers were developed in 2014. The training will be undertaken during 2015.

**Outcome 3: Potential influencers engage in legal, policy and social change that promotes access to acceptable, affordable, quality health services; particularly for people living with HIV and TB and key populations at higher risk of HIV and TB:** Activities undertaken to contribute to this outcome included training for media professionals and hosting of community dialogues. The training of traditional, political and religious leaders on HIV and human rights conducted in 4 southern African countries in collaboration with SAfAIDS has resulted in these champions starting to engage communities and speaking publicly on the issues, including on the rights of key populations at higher risk of HIV such as sex workers and LGBTI persons.

**Outcome 4: Policy makers (national, regional and international) enact laws and policies, or engage in law and policy reform, that enables a human rights based response to SRHR, HIV and TB, and supports access to acceptable, accessible, affordable, quality health services:** Following the 2014 APF, the following three working groups were created to align with the human rights issues prioritised for action during the APF: 1) Post-2015 Development Agenda, 2) HIV, TB and human rights in prisons and 3) enabling legal environments, with an emphasis on Intellectual Property
(IP) law. Email lists were created for the groups and the agreed objectives were circulated. While the Post-2015 Development Agenda group did not gain momentum, members of the other two groups were active during this period and continue to feed into advocacy strategies and activities.

In an effort to build consensus and strengthen the capacity of partners to advocate on the priority issues, ARASA convened regional meetings on the issues of Enabling Legal and Policy Environments and HIV/TB and Human Rights in Prisons. Key outcomes of these meetings included the identification of advocacy issues specific to these topics as well as resources and support required for advocacy, including regional advocacy campaigns. The ToT programme has incorporated issues of IP barriers to access to medicines and, together with ITPC, ARASA convened a workshop titled: “Community Involvement on Access to Affordable HIV Treatment: Focus on the influence of Intellectual Property & Free Trade Agreements” in November 2014.

The regional LGBTI programme, implemented in collaboration with Hivos, COC and Positive Vibes, provided support to in-country partners to engage with communities and policymakers. At the regional level, a dialogue with members of Parliament was co-hosted with the Southern African Development Community Parliamentary Forum (SADC PF) in March 2015. A mid-term review of the programme found an increase in LGBTI advocacy by non-LGBTI, HIV and human rights organisations, increased visibility of LGBTI issues in the focus countries, increased skills and capacity to advocate on SOGI issues as well as increased engagement with policy makers in-country through policy dialogues.


Challenges

**Funding sustainability** is an ongoing concern. ARASA has secured funding from more than one source for the next few years. Along with the Swedish International Development Cooperation Agency (SIDA), ARASA’s main donor, funding has been received from Robert Carr civil society Networks Fund through the Tides Foundation for activities implemented jointly with the International Treatment Preparedness Coalition (ITPC), as well as from the Levi Strauss Foundation, the Open Society Foundations and the Embassy of the Kingdom of the Netherlands in Pretoria through Hivos.

Furthermore, ARASA supports its partners to access resources for their work by assisting with proposal development, networking and linking partner organisations with donors. ARASA continues to advocate for donors to increase funding for human rights programming and rights-based HIV and TB work. ARASA also supports to the efforts of other regional and international partners to strengthen the capacity of national and community-based organisations to ensure they are have functional systems and are able to attract funding and account for it.

**Linking mainstream and LGBTI organisations** is increasingly critical for advocacy to ensure that LGBTI persons access acceptable, affordable and quality SRHR, HIV and TB prevention, treatment and care services in the region. However, this requires significant skills building of these organisations. ARASA has been supporting networking and advocacy capacity development amongst LGBTI and non-LGBTI organisations to encourage and support collaborative SOGI-related advocacy since 2012. Partner organisations focusing on LGBTI issues reported various strategies to ensure effective collaboration with mainstream AIDS service and human rights organisations. These strategies included focusing on the intersection of the individual agendas of the organisations involved, holding organisations accountable for the use of funding secured for SOGI-related interventions and ensuring LGBTI persons are involved in the planning, design and implementation of activities to address their HIV and SRHR needs.

**Feedback from Country Programmes and Small Grants Projects**

The Centre for the Development of People (CEDEP) and the Centre for Human Rights and Rehabilitation (CHRR) in Malawi gave feedback on the achievements and lessons learned during the implementation of the HIV, TB and Human Rights Capacity Building and Advocacy Country Programme implemented from 2012
to 2014. Gays and Lesbians of Zimbabwe (GALZ) and the Engender Rights Centre for Justice (ERCJ) gave presentations on their Small Grants projects implemented with a USD 10,000 grant received as part of the 2014 ARASA HIV, TB and Human Rights award.

Achievements

Notable achievements in Malawi include, amongst others:

- Increasing advocacy on human rights challenges affecting key populations at higher risk of HIV such as LGBTI, sex worker and men who have sex with men (MSM);
- Securing representation for 2 key population representatives on the Global Fund Country Co-ordinating Mechanism (CCM);
- Securing the inclusion of challenges affecting key populations in the Global Fund concept note;
- Engaging law enforcement and the uniformed services, and;
- Engaging government and securing the inclusion of key populations in the national HIV response.

The engagement of Community Health Advocates (CHAs), who are volunteers trained on human rights and HIV / TB treatment to generate evidence for advocacy on rights abuses and other challenges affecting communities such as drug stock-outs, contributed to the success of the Malawi Country Programme.

Another contributing factor was the collaboration between LGBTI groups and mainstream human rights organisations, which goes back to 2010, when CEDEP engaged in a mapping exercise to identify allies and organisations with a shared vision and values. The partnership with CHRR was sealed with a memorandum of understanding and has involved a two-way collaboration, which has strengthened the LGBTI and human rights movement in Malawi. A key learning from this partnership was that cross-sectoral collaboration may require organisations participating in initiatives that they feel are not relevant for their own work or agenda. This can open up channels of trust and mutual support between LGBTI and non-LGBTI organisations.

In Zimbabwe, GALZ used the small grant to enhance the social, structural and political inclusion of LGBTI needs within the national human rights and HIV discourse and to increase service delivery for LGBTI persons. Key outcomes of the project include increased participation of LGBTI people in national HIV and human rights forums, submissions to various senior policy makers and parliamentarians as well as the documentation and dissemination of reports on human rights violations experienced by LGBTI people. Further, GALZ has facilitated dialogue between the media and LGBTI people and strengthened the monitoring of media coverage on issues affecting LGBTI people. GALZ noted that a key lesson learned was that alliance building was critical to finding inter-sectionalities and common ground in the objectives of LGBTI groups and mainstream organisations.

In Zambia, ERCJ used the grant to strengthen institutional systems for accountability, facilitate dialogue with the state police and engage in advocacy to ensure access to SRHR services for sex workers. During the remainder of 2015, the project will continue to strengthen the capacity of sex workers on their human rights and sex work-related laws. ERCJ will also engage in documentation of violence faced by sex workers and supporting access to legal services. Strategic litigation to challenge existing punitive laws and practices is also being considered as a strategy in order to challenge the risks and violence sex workers face in the context of criminal laws in Zambia.

Challenges

Law Review and Reform: A lot of successful work has been done at a policy level in Malawi to strengthen progressive policies on issues relating to MSM, but law review and reform takes longer. In light of this, CHRR and CEDEP are supporting various initiatives, such as a current Constitutional review of the sodomy law, working with traditional and religious leaders as well as parliamentarians and using progressive policies to advocate for law reform.

Working with the media in Zimbabwe proved to be more challenging than anticipated since many media houses are reluctant to report on issues that affect the LGBTI community due to fear of being shunned by their readership. However, locating LGBTI issues within a broader development and human rights agenda (such as the national HIV response, regional commitments to
HIV and human rights protection, including rights to equality and association) was helpful in sensitising journalists. Another strategy used by GALZ was to sensitise journalists on the impact of negative journalism and advise them on how to report sensitively on stories involving LGBTI persons.

See Malawi Country Programme and ERCJ presentations as well as the Malawi HIV/AIDS, TB and human rights Country Programme Best Practices publication for more details.

Feedback from Advocacy Working Groups established during the 2014 APF

ARASA updated the partners on the activities of the Enabling Legal and Policy Environments and the HIV, TB and Human Rights in Prisons advocacy working groups during this period.

In addition to ARASA’s efforts at the regional level, several in-country partners have been implementing advocacy activities on these issues in their countries.

Achievements

Activities implemented with guidance from the working group since the 2014 APF include, amongst others:

- The Enabling Legal and Policy Environments working group agreed that a priority issue should be access to treatment with a focus on Intellectual Property law and Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities for least developed and developing countries to enable countries to access cheaper medicines. They further agreed to focus on a) regional instruments that can make medicines more accessible and affordable; and b) addressing access to medicines for children and adolescents;
- Regional advocacy will focus on influencing SADC/EAC structures and the medicines harmonization protocols and frameworks under discussion at regional level. Further, the Resolution on Access to Health and Needed Medicines in Africa, OAU Doc. ACHPR/Res.141 (XXXXIII) will be a key tool to promote the human rights-based response to access to medicines in a more regional and streamlined manner, while focusing on the “Intellectual Property and Access to Medicines” recommendations of the Global HIV and the Law Commission Report.
- National advocacy will focus on accountability of governments as well as research on current IP laws and existing gaps related to TRIPS flexibilities. While amending domestic patents laws is key in the long term, more immediate/intermediate solutions are needed to ensure access to medicines. Advocacy efforts should highlight the current gaps by raising awareness of stock outs and calling for funding for fully functional health system;
- ARASA has been working with the ITPC to increase the knowledge, capacity and skills of activists to advocate for affordable, accessible and safe treatment for all who need it including tackling Intellectual Property barriers affecting access to optimal treatment and diagnostics in their countries. A regional workshop titled ‘Community Involvement in Access to Affordable HIV Treatment: Focus on the Influence of Intellectual Property & Free Trade Agreements’ was hosted in November 2014 in collaboration with ITPC;
- Following the workshop, ITPC and ARASA issued a closed request for proposals to the participants. The successful candidates are currently implementing country-level advocacy initiatives to call for increased community access to affordable optimal HIV treatment;
- ARASA has also secured a 3 year grant, focusing on “addressing Intellectual Property barriers to HIV, TB and Hepatitis C medicines” in Zimbabwe, Mauritius and Botswana together with Southern African Regional Programme on Access to Medicines and Diagnostics (SARPAM). The project will complement the work ITPC aim to increase civil society capacity in IP and access to medicines and assisting CSOs to advocate for progressive IP laws &TRIPS flexibilities in partner countries;
- A regional campaign on viral load testing, to be implemented jointly with ITPC, will be launched later in 2015
The HIV, TB and Human Rights in Prisons working group supported the convening of a regional dialogue on
HIV, TB and human rights in prisons. The meeting recognised that conditions in prison do not promote the health rights of prisoners.

Key advocacy priorities identified during this meeting include:

- Building the capacity of law enforcement on HIV and TB;
- Advocating for the provision of the UNODC minimum package of services in prisons;
- Calling for the evaluation of health services available in prisons by an independent body;
- Establishing / strengthening human rights commissions to promote prisoner’s rights; and
- Reforming the criminal justice system to address overcrowding in prisons through ensuring, for instance, proportional sentencing for crimes.

The Idrice Goomany Treatment Centre in Mauritius participated in the meeting and supplemented the recommendations emanating from the regional dialogue with the following:

- Medical screening of all inmates at entry to evaluate general health, mental predisposition to suicide and risk for TB, Hepatitis C, STIs, and HIV;
- Where appropriate, looking at alternatives to custody such as reducing length of incarceration, providing early or compassionate leave for those who are ill or looking at alternatives to prison (e.g. rehabilitation, community service); and
- Implementation of measures such as skills building, allowing contact with families, friends and legal advisors and providing medical referrals and follow up to reintegrate prisoners into society.

A key outcome of the dialogue was the establishment of a regional advocacy advisory committee tasked with guiding the implementation of the regional advocacy interventions on HIV, TB and Human Rights in Prisons.

See presentations on **2014 Advocacy Priorities** and **Curbing HIV, TB and Hepatitis C in Prisons** for further details.

**Challenges**

The third working group (on the Post-2015 Development Agenda) failed to gain momentum as there were limited synergies between the efforts of partners to engage with decision makers on this issue in their countries. However, various in-country partners engaged in Post2015 discussions at national and international levels.

**There are low levels of knowledge on intellectual property laws** among in-country partners. Without the capacity strengthening components of ARASA’s work, advocacy on this issue may not be effective. ARASA will continue to strengthen the relevant ToT modules to incorporate issues of IP barriers to access to medicines as well as administer an online short course in this regard in 2015.

**Lack of representation of issues affecting prisoners** on the CCM was noted as presenting a challenge in ensuring appropriate interventions to increase access to HIV and SRHR services for prisoners.

**Criminal laws on sex between men** complicates and creates barriers to provision of HIV prevention commodities such as condoms in prisons.

**Thematic Discussions**

INVESTING WHERE IT MATTERS: HOW CAN CURRENT INVESTMENTS BE BETTER TRAGETED TO RESPOND TO THE NEEDS OF KEY POPULATIONS?

Participants from the Botswana Network on Ethics, Law & HIV/AIDS (BONELA), the Tanzania Network of Women living with HIV (TNW+) and GALZ presented on their efforts to strengthen the engagement of PLHIV and key populations in HIV and TB financing platforms and processes to ensure that current and future investments are better targeted to respond to the needs of PLHIV and key populations.

**Achievements**

BONELA became actively involved in the GF and PEPFAR funding processes in Botswana by holding consultative dialogues, gaining representation on the CCM and contributing towards various technical working groups. They have seen the impact of their involvement in the stronger inclusion of human rights and key population issues in the concept notes, representation of key populations on the CCM working groups and a greater recognition of the need to integrate key
population issues in the national response by various stakeholders and decision makers.

In Tanzania, the CCM developed a position paper for Members of Parliament to discuss funding for HIV and TB interventions, in order to ensure the issue was taken seriously at national level. Subsequently, the AIDS Trust Fund was established in order to work towards ensuring sustainable domestic financing for HIV and AIDS and to reduce donor dependence. TNW+, a member of the Tanzania National Coordinating Mechanism, reported on the achievements and challenges encountered by PLHIV and key populations during PEPFAR and GF country dialogues and stakeholder consultations in Tanzania. TNW+ also collaborates with key population groups to advocate for domestic financing through a consortium of organisations set up for this purpose.

In Zimbabwe, GALZ established a Submissions Task Force as part of the small grant project implemented with support from ARASA (mentioned previously). The Submissions Task Force aims to advocate for inclusion of LGBTI populations in the national response. Amongst others, the Task Force made submissions and sent delegations to various donors, including PEPFAR, GF, DFID International, GAVI and the EU to brief them on the challenges faced by LGBTI persons in the context of HIV in Zimbabwe.

See presentations from BONELA (Investing where it matters) TNW+ (Strengthening the capacity of key populations to engage in national funding platforms and processes-Tanzania context) and GALZ (Submissions Task Force: Inclusion of LGBTI in the Zimbabwean HIV response) for more information.

Challenges and Lessons Learned

Meaningful representation of PLHIV and key populations on CCMs remains a challenge and requires the consistent involvement of dedicated staff, ideally supported with knowledge and skills as well as resources to feed back to constituents. As it is very important for partners to engage in the HIV and TB funding platforms and processes, they should explore various opportunities to get involved. Good practices shared by participants include establishing a committee of CSOs to select strong representatives to serve on the CCM; organising pre-CCM meetings and being well prepared to engage during the meetings; having data on key populations available to ensure evidence informed debate and effective representation of constituents (rather than the agenda of one individual) and sourcing funding to enable feedback to constituents after the meetings. Participants who already engage in these processes noted that they have realized that they have allies across various sectors who support human rights and KP issues.

Feedback to GF is important to ensure that CCMs remain relevant, representative of key populations and accountable at country level. Feedback can take place when GF country teams visit the country or through various groups – for example the Human Rights Reference Group (chaired by the Director of ARASA) holds webinars where individuals can register and contribute their feedback, which goes back to the GF Board.

Working with PEPFAR was argued to be challenging for various reasons including PEPFAR’s policy on sex work. Obtaining documentation from PEPFAR in an effort to be well versed on its processes is a further concern for organisations. Participants reported that information was not easily available and accessible online and may require consistent follow up with country-based PEPFAR staff. However, some participants reported being able to access many of the documents on PEPFAR support to their country online. A major concern with PEPFAR funding is the limited support for national CSOs and preference for directing funding towards international NGOs and academic institutions, which are registered at ‘national’ level. Ideally, PEPFAR should, as part of an exit strategy, invest in strengthening the capacity of local CSOs so that they are able to take a leading role in the implementation of interventions.

Domestic financing of the HIV response is a key challenge facing many countries in the region. Partners recognised the need to ensure that domestic financing was taken up as an advocacy issue and also to secure funding for key populations, who were recognised as not being the first priority for domestic funding.

* REMOVING BARRIERS: CREATING AN ENABLING SOCIAL, POLICY AND LEGAL ENVIRONMENT FOR KEY POPULATIONS

KELIN, Zimbabwe Lawyers for Human Rights (ZLHR) and ARASA gave presentations on work towards strengthening an enabling legal and policy environment for key populations. KELIN convenes judicial dialogues and national / county dialogues with the judiciary and policy makers in an effort to advocate for rights-based approaches to HIV and TB. KELIN also develops advisory notes, engages in litigation and works with the media to strengthen their advocacy. This has resulted in increased awareness
and sharing of experiences by the judiciary as well as an increase in public interest litigation relating to HIV and TB. Similarly, there is an increased awareness amongst policy makers as well as strengthened laws, policies and multi-sectoral frameworks relating to HIV and TB.

In Zimbabwe, Criminal Law Code, Section 79 criminalises HIV transmission. ZLHR is challenging the constitutionality of Section 79, claiming that it is vague, inconsistent and overly-broad. This section of the law criminalises HIV exposure and not actual transmission, is all encompassing and is more harmful to women. Other advocacy measures have included engaging with the media through media forums and showcasing a documentary on how the criminalisation of HIV affects women. They will continue to engage the policy makers and wait for the reserved judgment on this case.

ARASA shared examples of CSO responses to stigma and discrimination against LGBTI people in the region. It was highlighted that stigma and discrimination, gender inequality, and criminalisation remain major barriers to the provision, uptake and adherence to prevention, treatment, care and support programmes. Other efforts supported by ARASA, Hivos, COC and Positive Vibes through the DiDiRi programme have included in-country engagement with policymakers and sensitisation of service providers.

**See presentations from KELIN (Engaging the Judiciary/Policy makers in advocating for rights based approaches to HIV and TB) ZLHR (Responding to laws that criminalise HIV transmission) and ARASA (CSO responses to Stigma and Discrimination) for further detail.**

**Challenges and Lessons Learned:**

**Human rights violations against key populations:**

Violence continues to be perpetrated against key populations such as sex workers and LGBTI people, even in countries with protective legal frameworks such as South Africa. There is a need for increased engagement of influencers in communities, including religious and traditional leaders as well as families and community members in order to address violence against key populations.

Additionally, it is critical for civil society organisations to ensure that they have contingency plans in place for emergency responses to human rights violations against key populations.

**Addressing legal barriers:**

This requires looking beyond criminalisation laws to include ‘underlying’ laws, such as laws that limit the right to freedom of association as well as those that prohibit the dissemination of information, that are used against key populations. For example, in Zambia activists who speak out about the human rights of LGBTI persons are vulnerable to arrest.

**Mediation versus litigation:**

Mediation offers a viable alternative to litigation when aiming to protect the rights of marginalised communities. For example, in Kenya KELIN approached cultural structures such as the Council of Elders to address issues such as wrongful termination of employment and to negotiate solutions to the violation of women’s property rights.

**Sustaining the investment in training:**

Retaining media contacts who have been sensitised on HIV, TB and human rights issues by civil society organisations is difficult since journalists often move to other disciplines. A successful approach is to train institutions of journalists and to produce good resource materials for journalists that also incorporate LGBTI issues, for instance. Similarly, working with judges does not necessarily support the training of a new generation of judiciary so it is important to also work with universities and law schools to train new lawyers and judges of the future on HIV, TB and human rights issues. In Botswana, training of health care workers is done at pre-service level, through tertiary institutions in order to reach large numbers of trainee health care workers.

- **LEAVING NO ONE BEHIND: ACCESS TO SERVICES FOR KEY POPULATIONS**

This session focused on the efforts of partners to advocate for HIV, TB and SRH services for women
living with HIV, people with disabilities, prisoners and people who use drugs. The Treatment Action Literacy Campaign (TALC) presented on their efforts to advocate for services to address cervical cancer amongst women living with HIV in Zambia. The International Community of Women living with HIV Eastern (ICWEA) gave a presentation on the forced or coerced sterilisation of women living with HIV in east Africa and the Zambia Disability HIV/AIDS Human Rights Programme (ZAMDHARP) gave a presentation on the human rights and health needs of persons with disabilities. PILS presented on the achievements and challenges in the provision of harm reduction for people who use drugs and Uganda Harm Reduction Network (UHRN) reported on similar efforts specific to Uganda. Prisons Care and Counselling Association (PRISCCA) in Zambia also presented on reaching prisoners with HIV and TB services.

**Achievements**

Zambia has the world’s second highest rate of cervical cancer. Despite this, screening for cervical cancer remains a major challenge, which also impacts on treatment of the disease. There is only one treatment centre in Lusaka and accurate information (on the disease, diagnosis and treatment) is not readily available, especially in rural areas.

Through the ARASA supported HIV, TB and Human Rights Capacity Strengthening and Advocacy Programme, TALC has advocated for:

- Increased education and awareness;
- Clean and safe equipment and;
- The availability and accessibility of services to guarantee women living with HIV’s rights to yearly screening for cervical cancer.

They have reported an increased awareness of SRHR issues among women living with HIV as well as an increased number of women accessing cervical cancer services including screening. Ongoing challenges include limited facilities and equipment, cultural barriers, language / literacy issues and the fact that many women prefer to visit traditional and faith healers rather than be attended to in a health facility.

From 2005 onwards, several cases of forced sterilisation of women living with HIV have been reported in Kenya, Uganda and Namibia amongst others. Through its SRHR programme, ICWEA helped to gather evidence from women in east Africa on forced and coerced sterilization. As a result, advocacy efforts with decision-makers and funders have been guided by research findings, which has contributed to the success of this work. ICWEA and its affiliates in other regions have worked to:

- Strengthen the institutional capacity of networks of women living with HIV to document, monitor and publicise these violations;
- Sensitise health care workers through dialogue;
- Support litigation (in Namibia and Kenya) to challenge violations; and
- Undertake national research and data collection on the issue (Uganda).

PILS in Mauritius reported that, despite limited information on drug use in sub-Saharan Africa, there are countries that have done / are conducting some research on this issue, which provides some data on prevalence and current efforts towards the provision of harm reduction services for people who use drugs in sub-Saharan Africa. They explained that:

- Six countries (Burkina Faso, Kenya, Mauritius, Tanzania, Senegal, Seychelles) were reportedly providing needle exchange and/or opium substitution programmes;
- Since 2012, seven sub-Saharan countries adopted reference to harm reduction in their national HIV policy documents;
- In Mauritius, where the HIV and AIDS Act provides for needle exchange programmes (despite the existence of laws criminalising drug use). As a result needle exchange and methadone substitution therapy have been scaled up and have had a significant impact on the HIV incidence rate amongst people who inject drugs.

UHRN works with people who use drugs in Uganda undertaking:

- Community mobilisation through outreach activities;
- Advocacy for the protection of the human rights of
people who use drugs and drug policy reform. They have also called for donor support for HIV-related harm reduction services, sustainable livelihood programmes and the provision of a comprehensive package of services for harm reduction;

- Provision of needle and syringe exchange programmes, opioid substitution therapy and other drug dependence treatments, HIV prevention, treatment and care, vaccination and diagnosis and treatment of viral hepatitis and prevention, diagnosis and treatment of TB; and

- Building capacity of organisations to advocate for a favourable legal and policy environment.

UHRN’s achievements include, amongst others:

- Establishing a Human Rights and Harm Reduction Working Group comprising of other organisations that advocate for legal justice for key populations in Uganda;

- Creating awareness amongst police officers, health workers and people who use drugs on health rights;

- Training people who use drugs as peer educators;

- Establishing a drop-in centre, which serves as a safe space for people who use drugs to meet the peer educators, take their ARVs, receive counseling, attend health education sessions as well as referral to treatment and other health services;

- Documentation of human rights violations and provision of legal support services;

- Accessing GF resources for work with people who use drugs; and

- Involvement in the most at risk populations (MARPS) Committee of the Uganda AIDS Commission

In Zambia, PRISCCA advocates for the health rights of prisoners in the context of HIV and TB. Zambian prisons are heavily congested, few comply with national or international standards on prisons and they are a breeding ground for TB infection. Challenges include poor ventilation, congestion, poor nutrition, inadequate medical referrals when prisoners and awaiting trial prisoners are released, acquitted or discharged as well as inadequate monitoring of DOTS therapy.

PRISCCA has established human rights and legal education desks within all provincial prisons to provide prisoners with information related to their human rights and the legal system in Zambia. PRISCCA hopes to extend these desks to major police stations to discourage abusive law enforcement practices.

PRISCCA has documented the following advocacy successes as a result of their work:

- The establishment of health directorates and the recruitment of health personnel in prisons;

- The establishment of peer educators and human rights and legal education / information desks in prisons;

- Improved infrastructure e.g. to accommodate persons with disabilities;

- New laws and policies have been enacted to allow for the release or pardoning of sick prisoners and;

- International transfers of prisoners – prisoners can now be transferred back to their own countries.

They note that it is critical for CSOs to create a link with various ministries (Health, Home Affairs and Justice) and to work with identified, existing units (e.g. chaplains unit) in order to succeed with addressing HIV, TB and human rights needs in the prison setting.

See presentations from TALC (Advocacy for services to address cervical cancer in women living with HIV in Zambia), ICWEA (Forced and/or Coerced Sterilisation of Women Living with HIV in Public Health Facilities), UHRN (CSO efforts to advocate for the provision of services for people who use drugs in Uganda) and PILS (Harm reduction for people who use drugs) for further detail.

Challenges and Lessons Learned

Inadequate health care facilities for cervical cancer screening, including lack of point of care machines and trained health personnel, are an ongoing challenge in addressing the SRHR needs of women living with HIV. The costs of private health care services remain a barrier to women living with HIV accessing cervical cancer screening in some countries such as in Zimbabwe, with failing health systems, where women are forced to rely on private services.

Negative attitudes of health care workers towards women living with HIV remains a barrier to access to cervical cancer screening and needs to be recognised
and addressed as well. Similarly, women living with HIV often experience stigmatising and discriminatory treatment from health care workers with respect to their right to bear children, illustrated by the cases of forced sterilisation of women living with HIV in various countries in the region.

**Gender inequality and lack of awareness of rights** amongst women living with HIV is a further challenge as they are often unable to access services because of the believed need for their husband’s consent to access SRH services.

**Lack of awareness of health needs and rights of people with disabilities**, especially with regard to access to HIV and SRH services, as well as issues relating to sexual orientation and gender identity.

**Organisations of people with disabilities are underfunded** and, while wanting to maintain their independence as disability organisations, also require mainstreaming of other human rights issues within work plans and budgets in order to access funding. These organisations also require capacity strengthening as well as ongoing monitoring and evaluation in order to strengthen their performance. Organisations of people with disabilities furthermore need to network and co-ordinate their efforts with mainstream organisations such as ARASA and would benefit from access to full list of all CSOs dealing with disability and HIV in-country as well as improved data on how HIV and other health challenges affect people with disabilities.

**Limited data on how HIV impacts people who use drugs** in countries in southern and east Africa means that people who use drugs are not recognised as a priority group in need of HIV-related services in NSPs. It is critical that countries not become complacent or turn a blind eye to the needs of people who use drugs as a result of this.

**Criminal laws** impact on the ability to reach people who use drugs and exacerbate stigma, discrimination and police harassment. In Uganda, criminal laws are harsh on those who sell drugs, impacting severely on young people who are often used as peddlers. UHRN is considering approaching the constitutional court in order to challenge these laws.

**Lack of political commitment** to protect the health rights of prisoners results in low levels of access to HIV and TB services. Advocacy efforts to demand health rights of prisoners should be targeted during election time in order to get commitment from political leaders.

**A Regional Advocacy Agenda**

Participants identified 3 human rights issues in the context of HIV and TB for focus in 2016 and made several recommendations for coordinated responses to advocate for these challenges to be addressed at national and regional levels.

**Key Human Rights Issues**

During group work discussions the participants identified the following human rights issues as pertinent in the context of HIV and TB responses in their countries:

- Creating an enabling legal and policy environment for HIV and TB, with a focus on:
  - Gender-based violence;
  - Punitive laws;
  - HIV, TB and migration;
  - Violence against people living with disabilities and young people; and
  - Drug policy reform
- Drug law and policy reform and harm reduction;
- Strengthening access to comprehensive HIV and TB related health services for key populations including persons with disabilities and prisoners
- Access to HIV and SRHR services for LGBTI ‘populations’;
- Women living with HIV and cervical cancer;
- HIV and TB in prisons;
- HIV-related stigma and discrimination; and
- Sustainable domestic funding for HIV and TB responses

**Advocacy Working Groups for 2015**

Partners discussed the above mentioned human rights challenges and agreed that regional advocacy priorities identified during the 2014 APF were still relevant and should continue to be prioritised for action in 2015. As mentioned previously, the third working group identified in 2014 (on the Post-2015 Development Agenda) failed to gain momentum as there were limited synergies between the efforts of partners. In light of this, partners agreed to replace the Post-2015 group with a focus on HIV-related stigma and discrimination.

The advocacy working groups for 2016 will thus focus on:
- Creating an enabling legal and policy environment;
- HIV and TB in prisons; and
- HIV/TB-related stigma and discrimination

Given the experience with the Post-2015 working group,
ARASA representatives stressed the importance of partners committing to contribute to a specific group as the success of these efforts will depend on the commitment of in-country partners.

**Recommendations for Co-ordinated Responses:**

- ARASA should facilitate regional dialogues on these issues to allow partners to share best practices, discuss relevant issues and reach consensus on advocacy messages;
- ARASA should facilitate meetings with development partners and other stakeholders to discuss issues at length and network (this could for example be an extra day added on to the above mentioned regional dialogue resulting in a convening of about 3 working days);
- ARASA should support increased communication amongst partners, including at national level;
- Partners should seek to create collaborations and synergies, including linking with other CSOs not usually included in their work;
- ARASA should support mapping of organisations / partners currently doing work on the issues at the national and regional levels;
- ARASA should support a capacity assessment of partners in order to provide tailor-made capacity building interventions to strengthen advocacy capacity;
- ARASA should support the evaluation of HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programmes to review best practices, challenges and levels of funding secured for sustainability;
- Partners should use SADC PF as a platform and entry point to commence dialogue with parliamentarians;
- ARASA should consider redirecting small grants to national organisations to implement activities focused on the identified priority areas; and
- ARASA and all partners should increase greater and meaningful involvement of key populations

**Strengthening the Partnership**

Partners reflected on what it means to be an ARASA partner, the process for becoming an ARASA partner and advice for new partners to optimise their engagement.

Partners felt that they had benefited from the partnership in various ways including:

- Expanding their focus on HIV and human rights issues rather than a singular focus on the medical / health related impact of HIV;
- Increasing their awareness and building capacity on international and regional law, HIV and human rights issues and organisational skills;
- Facilitating networking with partners outside their immediate circle;
- Strengthening interaction with regional bodies such as the AU and SADC
- Learning from each other;
- Strengthening and getting support for advocacy efforts;
- Accessing technical support and shared experiences for in-country work;
- Increasing visibility of their work; and
- Accessing funding

The current partnership application process is as follows:

- Organisations hear about ARASA through various sources and reach out to the ARASA team to express an interest in joining the partnership;
- The ARASA team shares the partnership application form with interested parties;
- Once the completed form is received, the ARASA team sends the application to current partners in the relevant country and asks whether they know the organisation, and whether they would recommend them; and
- If more than 2 or 3 partners know them, have worked with them and/or would recommend them, they are welcomed to the partnership

The criteria for organisations to join the partnership include that they should:

- Be an audited NGO;
- Working directly / indirectly in HIV and/or TB;
- Be engaged with HIV, TB and/or human rights
issues;
- Agree to appoint a staff member to liaise with ARASA and to attend meetings;
- Share information with ARASA on work and human rights situation in their country; and
- Subscribe to ARASAs vision, purpose and values by attaching a signed copy of the Declaration of Principles to the application

Prior to the APF, some partners expressed concern that the process of adding new partners to the partnership is not rigorous enough to attract partners who share ARASA’s values. It was suggested that sufficient information ARASA as an organisation as well as its vision and mission should be disseminated, to ensure that prospective partners are aware of the issues they will need to support as a partner.

Other issues raised included:
- The need to find ways to support younger / less established organisations, who may find it hard to get ‘backing’ from current partners to join the partnership;
- The importance of seeking out members to fill ‘gaps’ in the partnership, such as lawyers’ associations, media and religious organisations or organisations working on priority areas of focus, as well as looking at gaps in ‘country’ representation;
- The usefulness of having in-country partners identify and encourage national organisations to apply to join the partnership; and
- Using the APF as a platform for partners to review applications and give feedback on their suitability

It was agreed that ARASA staff would consider these recommendations and revert to the partners at a later stage with an update on the process of adding new partners to the partnership.

Country Programmes

Since 2008, ARASA has provided technical and financial support to the implementation of robust HIV, TB and human rights programmes in the following countries:
- Botswana
- Lesotho
- DRC
- Malawi
- Zimbabwe
- Tanzania
- Mozambique
- Zambia

During the APF, partners vote on countries to be beneficiaries of this support based on criteria, which includes:
- Where is the greatest need?
- Where is the greatest capacity gap?
- What is the likelihood for sustainability of the programme after the initial 2 year period of support?
- What are the ongoing human rights violations?
- Is there a collaborative environment between CSOs?
- What other human rights organisations are there?
- Are human rights defenders under threat?
- Is it realistic to expect an impact in terms of realising health rights?

Of the qualifying countries, partners prioritised 3 countries (Mauritius, Uganda and Angola) for consideration. Of these Mauritius was selected as the host country for the roll-out of the Country Programme in 2016.

Election of partner representative to the Board of Trustees

In 2014, the ARASA Deed of trust was amended to allow for ARASA partners to elect 2 representatives to serve on the board of trustees for a 2 year term. The APF heard from the 3 nominees to the Board of Trustees, namely Kyomya Macklean of UHRN, Joan Chamangu of TNW+ and MacDonald Sembereka of MANERELA. Partners present voted for MacDonald Sembereka and Kyomya Maclean to represent them on the board of trustees.

AOB
- Partners are to check their details on the ARASA website and contact the Communications Officer should their details be incorrect or outdated;
- A Communications working group has been set up and partners may sign up to join this group tasked with supporting communication between ARASA partners;
- ARASA is on the conference organising committee for the 2016 International AIDS Conference to be held in Durban. This should help ensure the inclusion of sessions that represent issues of interest to the ARASA partners;
- Partners were requested to keep in touch through Twitter and Facebook as well as to contribute to content for the website and the newsletter.
2015 ARASA HIV, TB and Human Rights award

“Violations of human rights are happening everywhere so let us remain vigilant.” – Martha Tholanah, winner of the 2015 David Kato Vision and Voice Award and guest speaker at the 2015 ARASA HIV, TB and Human Rights award dinner.

On 16 April, KELIN was awarded the 2015 ARASA HIV, TB and Human Rights award during a ceremony held at the conclusion of the Annual Partnership Forum (APF) in Johannesburg, South Africa.

KELIN is a human rights organisation working to protect and promote HIV related human rights in Kenya by providing services and support, training professionals on human rights and engaging in advocacy campaigns that promote awareness of human rights issues. The organisation was registered as an NGO in 2001 and is a national network established to address and respond to legal, ethical and human rights issues relating to health and HIV and AIDS. The organisation advocates for the inclusion of human rights in health policies, laws and operational frameworks at the country and national government levels. They also focus on key populations such as LGBTI, sex workers and people who inject drugs in ensuring that no one is left behind in the fight for human rights.

“It means that our work in promoting and protecting HIV related rights is being recognised. It is good to know that we can share good practices with others at a regional level. We are thankful for the platform [provided by ARASA] because we have been able to link up with other partners and have our staff trained during the ARASA Training of Trainers Programme, which has contributed immensely to the work that we are doing” exclaimed Regina Mwanza, KELIN Communication Officer.

The organisation was recognised for their work in 2014 / 2015, which included representing TB patients who were unlawfully incarcerated for defaulting on their medication and petitioning the Kenya High Court on the unlawful and unconstitutional sterilisation of five women living with HIV.

“I would like to say congratulations to tonight’s winner as it is a recognition of very important work, but [it is] also a reminder. I hope that each time we are recognized for the work that we do, we also remember that there are a whole lot of people who make it possible and that we should continue to lean on and also to give others support” said Martha Tholanah, key note speaker at the 2015 ARASA HIV, TB and Human Rights award dinner as she handed over the award.

The ARASA HIV, TB and Human Rights award was established in 2007 to recognise and support organisations across southern and east Africa to highlight the ground-breaking work undertaken by organisations to protect human rights, often in extremely challenging political climates. Through this long standing tradition, the ARASA partnership honours the efforts of HIV, TB and human rights organisations and recognises their contribution to the continued growth of a human rights movement in southern and east Africa. The award is accompanied by a grant of USD10,000 to further the work of the award winner in promoting rights-based interventions on HIV and TB.

“People have disappeared, people have been tortured, people have been intimidated and arrested for their activism work. And this is a sober reminder of the risks we face every day as we do the kind of work that we do, especially when we mention human rights as part of the work that we do,” explained Tholanah. “As we go about our legitimate work, we need to remain vigilant and there is power in numbers. This is why it’s so important that there is this ARASA partnership. I see it as a very important way to keep the connections, to keep each other supported, because while the challenges are many, the struggle sometimes seemingly impossible, the importance of coming together as collective voices cannot be over emphasized. I hope we all continue to give each other strength. To draw strength from each other and allow each other space to be who we are”.

Speaking about their experience as the 2014 award winners, Chester Samba, Director of Gays and Lesbians of Zimbabwe (GALZ) said that winning the award opened doors and opportunities for them. “We really appreciated the grant and the opportunities and doors that it opened for us in the work that we continue to do. I hope it will also provide that comfort that it provided to GALZ and also reassert your efforts and your position as you continue to do the work you were doing and be able to provide the results that we all want to see.”

Paul Kasonkomona from Engender Rights Centre for Justice (ERCJ), who won the award alongside GALZ in 2014 added that the USD 10,000 grant may sound small to some but a lot can be achieved with it. “We want to hear those stories of what you have changed or tried to change in the lives of the people that you are serving,” he added.
Appendix A: List of ARASA partners per country as at 2015 APF

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

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

Comoros
7. Action Sida

Democratic Republic of the Congo
8. Protection Enfants Sida (PES)
9. Rigiac Sida Sannam

Kenya
10. KELIN
11. Lwala Community Alliance

Lesotho
12. Adventist Development and Relief Agency (ADRA)
13. Development for Peace Education (DPE)
14. Lesotho Network of PLWA (LENEPWHA)
15. Matrix Support Group
16. Phelisanang Bophelong

Madagascar
17. Sambatra Izay Salama (SISAL)
18. Youth First

Malawi
19. Centre for Development of People (CEDEP)
20. Centre for Girls and Interaction (CEGI)
21. Centre for Children's Affairs
22. Centre for Human Rights and Rehabilitation (CHRR)
23. Coalition of Women Living with HIV/AIDS (COWLHA)
24. Grassroots Movement for Health and Development (GMHD)
25. Ladder for Rural Development
26. Passion for Women and Children
27. Research for Equity and Community Health Trust (REACH Trust)
28. Youth and Children Rights Shield (YOCRIS)
29. Malawi Network of Religious Leaders living with or personally affected by HIV AIDS (MANERELA+)

Mauritius
30. Dr. Idrice Goomany Centre
31. Prévention Information Lutte contre le SIDA (PILS)

Mozambique
32. Associacao KINDLIMUKA
33. Associacao Mulher, Lei e Desenvolvimento (MULEIDE)
34. Association for Help and Development (PFUNANI)
35. Mozambican Network of Religious Leaders Living with HIV and AIDS (MONERELA+)
36. Mozambican Treatment Access Movement (MATRAM)

Namibia
37. AIDS Law Unit of the Legal Assistance Centre
38. Rights Not Rescue Trust (RNRT)
39. Tonata PLWHA Network
40. Voice of Hope Trust

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

South Africa
42. African AIDS Vaccine Programme
43. AIDS and Human Rights Research Unit, Centre for the Study of Human Rights, University of Pretoria
44. AIDS Legal Network
45. Community Health Media Trust (CMT)
46. Section 27
47. Treatment Action Campaign (TAC)
48. Unit for behavioural studies on HIV and Health (UNISA)
49. Transgender and Intersex Africa
50. IRANTI-Org

Swaziland
51. Population Services International (PSI)
52. Swaziland Positive Living (SWAPOL)
53. Swaziland Business Coalition on Health and AIDS (SWABCHA)
54. Women and Law in Southern Africa Research Trust (WLSA)

Tanzania
55. Centre for Widows and Children Assistance (CWCA)
56. Children Dignity Forum (CDF)
57. Children Education Society (CHESO)
58. Community Participation Development Association Tanzania (COPADEA-TZ)
59. Community Health Education Services and Advocacy (CHESA)
60. Network of Young People living with HIV and AIDS (NYP+)
61. LGBT Voice Tanzania
62. Southern Africa Human Rights NGO Network (SAHRiNGON) – Tanzania Chapter
63. Tanzania Civil Society National Steering Committee on HIV and AIDS response (CSONCS)
64. Tanzania Network of Women living with HIV (TNW+)

Uganda
65. Center for Health, Human Rights and Development (CEHURD)
66. Uganda Network on Law, Ethics and HIV/AIDS (UGANET)
67. Uganda Harm Reduction Network (UHRN)

Zambia
68. Copperbelt Health Education Program (CHEP)
69. Engender Rights Centre for Justice (ERCJ)
70. Friends of RAINKA (FOR)
71. Generation Alive (GAL)
72. Prisons Care and Counselling Association (PRISCCA)
73. Treatment Advocacy and Literacy Campaign (TALC)
74. Trans Bantu Association of Zambia (TBZ)
75. Centre 4 Reproductive Health and Education
76. Zambia Association for the Prevention of HIV and Tuberculosis (ZAPHIT)
77. Zambia Network of Religious Leaders Living with HIV and AIDS (ZANERELA+)
78. Zambia Disability HIV/AIDS Human Rights Programme (ZAMDHARP)

Zimbabwe
79. Gays and Lesbians of Zimbabwe (GALZ)
80. Network of Zimbabwean Positive Women (NZPW+)
81. Women and Law in Southern Africa Research Trust (WLSA Zimbabwe)
82. Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender (ZACRO)
83. Zimbabwe Lawyers for Human Rights (ZLHR)
84. Zimbabwe National Network of People living with HIV (ZNNP+)

Regional
85. Network of African People living with HIV, Southern Africa (NAPSAR+)
86. International Community of Women Living with HIV Eastern Africa Region (ICW EA)
87. Pan African Positive Women’s Coalition (PAPWC) – Zimbabwe Chapter and PAPWC Southern Africa Region
88. SAFAIDS
89. Southern Africa Development Community Parliamentary Forum HIV/AIDS Programme (SADC PF)
## Appendix B: Agenda

**Day I**  
**Wednesday, 15 April 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session and facilitators</th>
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<tbody>
<tr>
<td>08:00 – 08:30</td>
<td>Registration</td>
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<tr>
<td>08:30 – 09:00</td>
<td>Welcome remarks and introductions</td>
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<td>Felicita Hikuam, Deputy Director</td>
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<td>ARASA</td>
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<tr>
<td>09:00 – 10:00</td>
<td>Progress in 2014</td>
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<tr>
<td></td>
<td>Felicita Hikuam / Fatima Lameck</td>
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<td>ARASA</td>
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<td></td>
<td>Discussion</td>
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<tr>
<td>10:00 – 10:30</td>
<td>BREAK</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Case study: Malawi HIV, TB and Human Rights Capacity Strengthening and Advocacy Programme</td>
</tr>
<tr>
<td></td>
<td>Gift Trapence / Patson Gondwe,</td>
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<tr>
<td></td>
<td>Centre for the Development of People / Centre for Human Rights and Rehabilitation</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>Challenges and Opportunities of the ARASA Small Grants: Winners of the 2014 ARASA HIV, TB and Human Rights Award</td>
</tr>
<tr>
<td></td>
<td>What has been achieved and how will these efforts be sustained?</td>
</tr>
<tr>
<td></td>
<td>Paul Kasonkomona / Chester Samba</td>
</tr>
<tr>
<td></td>
<td>Engender Rights Centre for Justice / Zambia and Gays and Lesbians of Zimbabwe</td>
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<tr>
<td>12:00 – 13:00</td>
<td>Advocacy priorities identified during the 2014 APF: what have we been up to?</td>
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<tr>
<td></td>
<td>Nelago Amadhila</td>
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<td></td>
<td>ARASA</td>
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<tr>
<td></td>
<td>Enabling legal and policy environments</td>
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<tr>
<td></td>
<td>Intellectual property law and Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities)</td>
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<tr>
<td></td>
<td>HIV and the Law: Creating legally enabling environments for key populations</td>
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<td></td>
<td>Abdus Dulloo, Dr Idrice Goomany Centre and Nelago Amadhila, ARASA</td>
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<tr>
<td></td>
<td>Discussion</td>
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<tr>
<td>13:00 – 14:00</td>
<td>LUNCH</td>
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<tr>
<td>14:00 – 15:00</td>
<td>Investing where it matters: How can current investments be better targeted to respond to the needs of key populations?</td>
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<tr>
<td></td>
<td>Felicita Hikuam</td>
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<td>Case Studies:</td>
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<td></td>
<td>Botswana</td>
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<td>Nana Gleeson (BONELA)</td>
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<td>Tanzania</td>
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<td>Joan Chamungu</td>
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<td>(Tanzania Network of Women Living with HIV)</td>
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<td>Zimbabwe</td>
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<td>Diana Mailosi (GALZ)</td>
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<td>Discussion</td>
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<td>15:00 – 16:00</td>
<td>BREAK: Visit to the market place / Human Rights Village</td>
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### Day II

#### Thursday, 16 April 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Session and facilitators</th>
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<tbody>
<tr>
<td>08:30 – 09:00</td>
<td><strong>Re-cap Day 1</strong>&lt;br&gt;ARASA team</td>
</tr>
<tr>
<td>09:00 – 10:00</td>
<td><strong>Leaving no one behind</strong>&lt;br&gt;Access to services for key populations&lt;br&gt;SRHR services for women living with HIV: Advocacy for services to address cervical cancer in women living with HIV&lt;br&gt;<strong>Eunice Sinyemu, TALC</strong>&lt;br&gt;People living with disabilities&lt;br&gt;Mainstreaming persons with disabilities in the ARASA paradigm and programmes:&lt;br&gt;Tackling the lack of awareness and resource deficits in CSOs about the health needs and human rights of persons living with disabilities&lt;br&gt;TBC&lt;br&gt;Women Living with HIV: Forced Sterilisation in Public Health facilities&lt;br&gt;TBC&lt;br&gt;Discussion</td>
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<tr>
<td>10:00 – 11:00</td>
<td><strong>BREAK: Visit to the Market Place / Human Rights Village</strong></td>
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<tr>
<td>11:00 – 12:00</td>
<td><strong>Leaving no one behind 2: Access to health services for key populations</strong></td>
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<td>CSO efforts to advocate for the provision of services for key populations in the face of punitive laws:&lt;br&gt;Uganda Case Study&lt;br&gt;TBC&lt;br&gt;HIV, TB and Human Rights in Prisons&lt;br&gt;TB as a human rights issue on correctional facilities&lt;br&gt;Drug resistant TB in Prisons: Where do we stand?&lt;br&gt;TBC&lt;br&gt;Harm reduction for people who use drugs&lt;br&gt;Evidence based advocacy to promote drug policy reform: Strengthening rights-based responses to inform harm reduction policies and laws; Promoting drug-related harm reduction programming&lt;br&gt;Nudhar Bundhoo, PILS&lt;br&gt;Discussion&lt;br&gt;Setting a regional advocacy agenda: Group work&lt;br&gt;All participants</td>
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<td>12:00 – 13:00</td>
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</table>

**What are the 3 top human rights issues in the context of HIV and TB that ARASA should focus on in the coming year?**

**How can we respond to these challenges in a coordinated manner in-country and at a regional level?**

**What is needed to respond to these challenges in a coordinated manner in-country and at a regional level?**
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Participants</th>
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<tbody>
<tr>
<td>13:00 – 14:00</td>
<td><strong>LUNCH</strong></td>
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<td>14:00 – 14:30</td>
<td>Report back</td>
<td>All participants</td>
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<tr>
<td>14:30 – 15:00</td>
<td><strong>Strengthening the partnership</strong></td>
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<td></td>
<td>What does it mean to be an ARASA partner?</td>
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<td>Partnership applications – is the process vigorous enough?</td>
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<td>All ARASA partners</td>
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<tr>
<td>15:00 – 15:30</td>
<td>Election of partner representatives to the Board of Trustees</td>
<td>All ARASA partners</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td><strong>Closing remarks and way forward</strong></td>
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<td></td>
<td>Felicita Hikuam</td>
<td>ARASA</td>
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<td><strong>Felicita Hikuam</strong></td>
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</table>

18:30 2015 HIV, TB and Human Rights Award Dinner
Appendix C: List of Presentations

ARASA Progress and Results
ARASA 2014 Progress and Results
  Felicita Hikuam, ARASA

ARASA 2014 Financial Report
  Fatima Lameck, ARASA

Country Programme and Small Grants
Malawi HIV, TB and Human Rights Capacity Strengthening and Advocacy Programme
  Gift Trapence, Centre for the Development of People
  Patson Gondwe, Centre for Human Rights and Rehabilitation

Challenges and Opportunities of the ARASA Small Grants
  Paul Kasonkomona, Engender Rights Centre for Justice
  Chester Samba, Gays and Lesbians of Zimbabwe

Advocacy Priorities: What have we been up to?
2014 Advocacy Priorities
  Nelago Amadhila, ARASA

HIV, TB and Human Rights in Prisons
  Abdus Dulloo, Dr Idrice Goomany Centre

Investing where it Matters
BONELA Investing where it matters: How can current investments be better targeted to respond to Key Populations
  Nana Gleeson, BONELA

Strengthening the capacity of key populations to engage in national funding platforms and processes-Tanzania context
  Joan Chamungu, Tanzania Network of Women Living with HIV

Submissions Task Force: Inclusion of LGBTI in the Zimbabwean HIV response
  Diana Mailosi, GALZ

Removing Barriers: Creating an enabling social, policy and legal environment for key populations
Engaging the judiciary and policy makers to advocate for rights-based approaches to HIV/TB:
  Case Studies
  Regina Mwanza, KELIN

Responding effectively to the current wave of laws promoting criminalisation of HIV in the region
  Tinashe Mundawara, ZLHR

CSO Responses to stigma and violence against LGBTI people
  Nthabiseng Mokoena, ARASA

Leaving No One Behind: Access to services for key populations
SRHR Services for women living with HIV: Advocacy for services to address cervical cancer in women living with HIV
  Eunice Sinyemu, TALC
People with disabilities  
*Eliya Ngwale*, ZAMDHARP

Women Living with HIV: Forced Sterilisation in Public Health Facilities  
*Maridadi K. Bernard Gift*, ICWEA

CSO Efforts to advocate for the provision of services for key populations in the face of punitive laws: Uganda Case Study  
*Wamala Twaibu*, UHRN

HIV, TB and Human Rights in Prisons  
*Godfrey Malembeka*, PRISCCA

Harm Reduction for People who Use Drugs  
*Nudhar Bundhoo*, PILS
## Appendix D: List of Participants

<table>
<thead>
<tr>
<th>Name and Surname</th>
<th>Country</th>
<th>Organisation</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   John Kashiha</td>
<td>Tanzania</td>
<td>CHESA</td>
<td><a href="mailto:Chesa208@gmail.com">Chesa208@gmail.com</a>/ <a href="mailto:jkashiha2008@gmail.com">jkashiha2008@gmail.com</a></td>
</tr>
<tr>
<td>2   Lova Randrianasolo</td>
<td>Madagascar</td>
<td>Youth First</td>
<td><a href="mailto:Loxrandonriana@gmail.com">Loxrandonriana@gmail.com</a>/ <a href="mailto:lova@youthfirstmada.org">lova@youthfirstmada.org</a></td>
</tr>
<tr>
<td>3   Dinriam Muthali</td>
<td>Malawi</td>
<td>GMHD</td>
<td><a href="mailto:minriamsewa@yahoo.co.uk">minriamsewa@yahoo.co.uk</a></td>
</tr>
<tr>
<td>4   Bright Kampaundi</td>
<td>Malawi</td>
<td>YOCRIS</td>
<td><a href="mailto:yocrist@yahoo.com">yocrist@yahoo.com</a>/ <a href="mailto:brightkampaundi@gmail.com">brightkampaundi@gmail.com</a></td>
</tr>
<tr>
<td>5   Bernard Mariadi Gift</td>
<td>Uganda</td>
<td>ICNEA</td>
<td><a href="mailto:bmkgift@yahoo.co.uk">bmkgift@yahoo.co.uk</a></td>
</tr>
<tr>
<td>6   Wamala Twaihu</td>
<td>Uganda</td>
<td>UHRN</td>
<td><a href="mailto:uhrnetwork@gmail.com">uhrnetwork@gmail.com</a></td>
</tr>
<tr>
<td>7   Jasmine Dupres</td>
<td>Seychelles</td>
<td>HASO</td>
<td><a href="mailto:Jdupres@seychelles.sc">Jdupres@seychelles.sc</a></td>
</tr>
<tr>
<td>8   Inso Lesei</td>
<td>South Africa</td>
<td>NAPSAR+</td>
<td><a href="mailto:leslieinso@napsar.org">leslieinso@napsar.org</a></td>
</tr>
<tr>
<td>9   Teclah Ponde</td>
<td>Zimbabwe</td>
<td>ZACRO</td>
<td><a href="mailto:tponde@zacro.org.za">tponde@zacro.org.za</a></td>
</tr>
<tr>
<td>10  Zulu Wilson</td>
<td>Zambia</td>
<td>ZAPHIT</td>
<td><a href="mailto:Wilson.zulu@gmail.com">Wilson.zulu@gmail.com</a>/wilonzulu@gmail.co.uk</td>
</tr>
<tr>
<td>11  Madolo Thobile</td>
<td>Swaziland</td>
<td>SWABCHA</td>
<td><a href="mailto:thobile@swabcha.org.sz">thobile@swabcha.org.sz</a></td>
</tr>
<tr>
<td>12  Adolf Mahevekene</td>
<td>Zimbabwe</td>
<td>SAFAIDS</td>
<td><a href="mailto:adolf@saafids.net">adolf@saafids.net</a></td>
</tr>
<tr>
<td>13  Simao Cacumba</td>
<td>Angola</td>
<td>SCARJOR</td>
<td><a href="mailto:Scarjor4@yahoo.com">Scarjor4@yahoo.com</a>/ <a href="mailto:skacumba@yahoo.com">skacumba@yahoo.com</a></td>
</tr>
<tr>
<td>14  Armando Swenya</td>
<td>Tanzania</td>
<td>SAHRINGTON</td>
<td><a href="mailto:Swenya77@gmail.com">Swenya77@gmail.com</a>/ <a href="mailto:sahringopoty@yahoo.com">sahringopoty@yahoo.com</a></td>
</tr>
<tr>
<td>15  Stevan Iphani</td>
<td>Malawi</td>
<td>COWLHA</td>
<td><a href="mailto:iphanistaven@gmail.com">iphanistaven@gmail.com</a></td>
</tr>
<tr>
<td>16  Anny Lutete</td>
<td>DRC</td>
<td>RIGIAC</td>
<td><a href="mailto:Rigiac_rdc@yahoo.co.uk">Rigiac_rdc@yahoo.co.uk</a></td>
</tr>
<tr>
<td>17  Joan Chamungu</td>
<td>Tanzania</td>
<td>TNW+</td>
<td><a href="mailto:tepositwewomen@yahoo.com">tepositwewomen@yahoo.com</a></td>
</tr>
<tr>
<td>18  Charles Malisaau</td>
<td>Malawi</td>
<td>CEGI</td>
<td><a href="mailto:charlesmalisaau@gmail.com">charlesmalisaau@gmail.com</a></td>
</tr>
<tr>
<td>19  Mirandji Naamoue</td>
<td>Action SIDA</td>
<td>Comoros</td>
<td>maamanemiradji@yahoo/ <a href="mailto:ahmeditrisso@yahoo.fr">ahmeditrisso@yahoo.fr</a></td>
</tr>
<tr>
<td>20  Sean Reggee</td>
<td>Zambia</td>
<td>TB2</td>
<td><a href="mailto:seanreggee@gmail.com">seanreggee@gmail.com</a></td>
</tr>
<tr>
<td>21  Pilot Mathambo</td>
<td>Botswana</td>
<td>Centre for Men Health</td>
<td><a href="mailto:pmathambo@gmail.com">pmathambo@gmail.com</a></td>
</tr>
<tr>
<td>22  Tinashe Mundawarara</td>
<td>Zimbabwe</td>
<td>Zimbabwean Lawyer</td>
<td><a href="mailto:bhabido@gmail.com">bhabido@gmail.com</a></td>
</tr>
<tr>
<td>23  Letshebonkadi</td>
<td>South Africa</td>
<td>UNISA</td>
<td>N/A</td>
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<tr>
<td>24  Patson Gondwe</td>
<td>Malawi</td>
<td>CHRN</td>
<td><a href="mailto:Patsongondwe@gmail.com">Patsongondwe@gmail.com</a></td>
</tr>
<tr>
<td>25  Galisiana Van Der Schaft</td>
<td>South Africa</td>
<td>AIDS Legal Network</td>
<td><a href="mailto:campaigndha@ain.orza">campaigndha@ain.orza</a></td>
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<tr>
<td>26  Agnes Junga</td>
<td>Tanzania</td>
<td>CSONSC</td>
<td><a href="mailto:csonschw@gmail.com">csonschw@gmail.com</a></td>
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<td><a href="mailto:amussuei@yahoo.com.br">amussuei@yahoo.com.br</a></td>
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<td>28  Mandla Malada</td>
<td>Swaziland</td>
<td>PSI</td>
<td><a href="mailto:mandla@ps.sz">mandla@ps.sz</a></td>
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<td>TALC</td>
<td><a href="mailto:ndumompumila@gmail.com">ndumompumila@gmail.com</a></td>
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<td>30  Eliya Ngwale</td>
<td>Zambia</td>
<td>ZAMHARP</td>
<td><a href="mailto:zamdhp@yahoo.com">zamdhp@yahoo.com</a></td>
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<td>31  Gift Trapence</td>
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<td>CEDEP</td>
<td><a href="mailto:gtrapence@yahoo.co.uk">gtrapence@yahoo.co.uk</a></td>
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<td>32  Palangwa Kennedy Chungu</td>
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<td>Namibia</td>
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<td>Alfred Thotolo</td>
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<td>Generation Alive</td>
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<td>Thatayotlhe Molefe</td>
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<td>Matilde Zitha</td>
<td>Mozambique</td>
<td>MULEIDE</td>
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<td>68</td>
<td>Grace Chibowa</td>
<td>Regional (East and South)</td>
<td>SIDA</td>
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<tr>
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<td>Shale Sofonea</td>
<td>Lesotho</td>
<td>Development for peace Education</td>
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<td>70</td>
<td>Andrea Ngulube</td>
<td>Zambia</td>
<td>Friends of Rainka</td>
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<tr>
<td>71</td>
<td>Nehemia Paulus</td>
<td>Namibia</td>
<td>Tonata PLHIV Networking</td>
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<tr>
<td>72</td>
<td>Fransisca Silayo</td>
<td>Tanzania</td>
<td>Children's Dignity Forum (CDF)</td>
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<tr>
<td>73</td>
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