WORKSHOP REPORT

KP REACH Champions

Southern Sun International
Johannesburg, South Africa
7 – 9 November 2016
CREDITS

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ABBREVIATIONS

ART – Antiretroviral Therapy
ARV – Anti-Retroviral
CBO – Community Based Organisation
CSO – Civil Society Organisation
CCM – Country Coordinating Mechanism
DOC – Department of Corrections
DOH – Department of Health
DOJ – Department of Justice
FOR – Friends of Rainka
GF – Global Fund
GP – General Practitioner
HCT – HIV Counselling and Testing
HTP – High Transmission Area
IEC – Information, Education and Communication Materials
KP – Key Population
LGBTI – Lesbian, Gay, Bisexual, Transgender, Intersex
MOH – Ministry of Health
MOJ - Ministry of Justice
MP – Members of Parliament
MSM – Men Who Have Sex With Men
NAC – National AIDS Council
NGO – Non-Government Organisation
NSP – National Strategic Plan
PEP – Post-Exposure Prophylaxis
PLHIV – People Living with HIV
PrEP – Pre-Exposure Prophylaxis
PWID – People Who Inject Drugs
RTC – Random Controlled Trials
SADC – Southern African Development Countries
SANC – South African Nursing Council
SOGIE – Sexual Orientation and Gender Identity and Expression
TA – Technical Assistant
TBZ – Trans Bantu Zambia
TWG – Technical Working Group
WSW – Women Who Have Sex With Women
SAfAIDS and HIVOS, under the banner of the KP REACH (Representation, Evidence and Advocacy for Change in Health) programme, and in conjunction with their partners, convened influential stakeholders from multiple sectors who could act as champions and advocate for key populations (KP). The five sectors represented at the workshop were justice, politics, tradition, religion and health. The KP Champions workshop is part of an ongoing process to address gaps in HIV prevention within Southern Africa.

During the conceptualisation of the KP REACH programme, programmers realised the importance of forming alliances with influential individuals across different sectors who could be a voice for KP concerns in spaces where important policy, religious, health, legal and traditional decisions are made – decisions which may create cultural, social or economic barriers for KPs accessing HIV services.

The present workshop was an opportunity to convene these individuals and to clarify what is means to be a champion for KPs. It was a chance to ignite, foster and promote working relationships with other champions who work in the same sector, the same country or in the region. It provided a platform for sensitisation and information sharing on critical issues regarding key populations. The workshop also allowed champions to sit with each other and begin the process of drafting national, regional and sector KP advocacy plans.

The workshop familiarised champions with the work of the Global Fund, HIVOS, SAfAIDS, as well as the architecture of the KP REACH programme. This dynamic workshop was a ground breaking moment in HIV prevention work - it is the first-time champions from different sectors have been brought together to strategise on KP advocacy and to connect with professionals in different sectors working locally, nationally and regionally.

We look back now on a vibrant and introspective experience on what it means to leave no one behind in the HIV response, and why it is important to safeguard those most vulnerable and marginalised.

Although detailed, this report can only give a very limited representation of the richness of discussions and experiences during this three-day event at the Southern Sun International hotel in Johannesburg, South Africa. Nevertheless, we hope this report will enhance understanding and inspire champions to follow up on intended actions thought of during the workshop.

We would like to thank all champions for making the time to attend and for sharing their reflections during the meeting. SAfAIDS and HIVOS will follow up with champions on the national work plans drafted during the workshop.
EXECUTIVE SUMMARY

Under the banner of the KP REACH programme, SAfAIDS, HIVOS and their collaborating KP and technical partners brought together 38 leaders from across five sectors in the Southern African region: Health, tradition, religion, politics and justice. Participants from eight different countries in the region convened at the Southern Sun International hotel in Johannesburg, South Africa, over 7 – 9 November 2016. Participants have worked in their respective fields for up to thirty-six years, and brought the richness of their experience and expertise to the workshop.

The impetus for this workshop is the need for a regional network of champions across diverse sectors who can advocate for key populations in their respective contexts. The aim was to foster relationships amongst champions, equip champions with information about KPs, and to jointly begin drafting national and regional KP advocacy plans which SAfAIDS and HIVOS can support moving forward.

To this end, SAfAIDS invited partner organisations to attend the workshop. Participants were recommended or nominated by key population organisations or individuals who have worked in the field of HIV prevention for many years. Initially it was challenging to obtain names and contact details of key stakeholders in different sectors, and some concern that KP interests would not be respected without KPs being represented in the room. Consequently, workshop dates were adjusted so there was sufficient time to contact participants, and representatives from KP partner organisations (within the KP REACH programme) were invited to observe the workshop proceedings.

The three-day series of exercises and presentations created a powerful learning, reflection and networking opportunity. The workshop was designed to first sensitise and equip participants with knowledge and information about the challenges facing
key populations, to clarify the role of a champion, to hear from champions what the gaps are, to foster a regional network of champions, and to then map advocacy plans which champions, in collaboration with KP REACH partners, can take forward. The workshop was also an opportunity for participants to learn about the funder for the programme (the Global Fund), the principal recipient for the grant money (HIVOS) and about the technical and key population partners (such as SAfAIDS, CAL and Gender DynamiX) who have collaborated to implement the programme.

This report documents the process and outcomes of the first ever workshop to convene leaders from across sectors for KP advocacy. The main themes that emerged during the workshops are:

1. **Champions, once sensitised, need capacity to advocate for KPs:** Participants expressed a need for learning what other countries have been doing to successfully overcome issues, for documented best practices, clinical skills, training tools and materials, strategies to engage colleagues, leaders and communities, and knowledge about relevant research, policies, guidelines and laws.

2. **Champions need support to advocate for KPs:** Participants acknowledged how challenging, slow and difficult it is to effect change in contexts where people are ill informed and resistant. Participants expressed a need for networks and spaces to get regular support, mentorship, and to air frustrations, ask questions, debrief, and foster relationships with people who can help them in their advocacy work.

The workshop consisted of the following:

1. **Presentations:** Presentations on the Global Fund, HIVOS, SAfAIDS, the architecture of the KP REACH programme, as well as the human rights approach to HIV prevention amongst key populations were delivered.

2. **Experiential Exercises:** Participants were invited to delve into thoughts and experiences around stereotypes, stigma and discrimination, as well as morals and values.

3. **Binaries and Boxes or Not:** Participants were trained in human sexuality and the importance of challenging binary notions of sexuality in the HIV response.

4. **Planning and networking sessions:** Participants were invited to draft national advocacy plans, to map regional themes and advocacy plans, and to network with other participants in their sectors.

5. **Talk-show panels:** The workshop consisted of a talk-show style segment during which participants showcased their national advocacy plans.

6. **Energisers:** To re-energise participants and keep them focused, the workshop consisted of multiple lucky draws where participants won gifts.
BACKGROUND
The KP REACH Champions workshop is part of a programme initiated earlier in 2016 and which will continue until 2018. The programme’s goal is to reduce HIV infections and HIV-related deaths among key populations in Southern Africa through improving KP access to HIV prevention, testing and treatment. It is being implemented in eight countries, including Botswana, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe. These countries account for 81% of people living with HIV in Sub-Saharan Africa.

Despite the many achievements in reducing AIDS-related deaths in the past decade, and an overall decline in most countries, new infections in key populations are on the rise. The overall goal of the regional program is to strengthen regional KP networks and community systems in Southern Africa. The aim is for KP groups and KP champions to advocate for changes in policy, attitudes and beliefs which can realise a reduction in HIV incidence and mortality among KPs, and increase the sustainability of the HIV response.

HIVOS is the Regional Oversight Committee and Principal Recipient of Global Fund resources for the programme. HIVOS has partnered with three technical and four key population partners to implement the KP REACH programme. The key population partners are: African Men for Sexual Health and Rights (AMSHeR), Coalition of African Lesbians (CAL), African Sex Worker Alliance (ASWA), and Gender DynamiX. The technical partners are Positive Vibes (experts in CSO Capacity Building), M&C Saatchi World Services (media experts), and SAfAIDS (experts in CSOs).

The key outcomes for this programme include collective action through regional networks, improved knowledge management and sharing of best practices, and messaging to reduce stigma and discrimination. The realisation of these outcomes was the impetus for the KP REACH Champions workshop.

HOW TO READ THIS REPORT
This is an integrated report written with multiple readers in mind:

To understand the workshop process and atmosphere please see the introductory paragraphs of each section. For in-depth content, for drafting further planning documents, please also see exercise feedback and the selected minutes. For authenticity, wherever possible, minutes were recorded as the speaker spoke them. Wherever possible, the preferred names of participants have been used.

COUNTRIES REPRESENTED AT THIS WORKSHOP

- Botswana
- South Africa
- Lesotho
- Swaziland
- Malawi
- Zambia
- Namibia
- Zimbabwe
DAY ONE

WELCOME AND INTRODUCTION

On Monday morning Delene Van Dyk welcomed participants on behalf of SAfAIDS and HIVOS to the first ever Southern African meeting of champions from the religious, traditional, health, political and judicial sectors. Delene is a Psychosexual Educator who trains and consults in various aspects of human sexuality. She expressed how excited and grateful she felt being in a room filled with powerful individuals from across Africa. Ten years ago, Delene dreamt of a meeting of champions from various sectors willing to advocate for the rights of key populations – this workshop is a realisation of that dream. Her hope is for the workshop to enable change in SADC by strengthening the incredible work that each person in the room is already doing in their countries. Participants were then invited to stand up and introduce themselves by name, sector and country.

A WORD FROM SAFAIDS

Delene then introduced Rouzeh Eghtessadi, the Deputy Director of SAfAIDS. Rouzeh thanked participants for bringing their time, wisdom and experience to the meeting. She asked participants to consider the champions in the room as a family who will work together till 2018, and who have an important role to play in the HIV response. As Southern Africa moves towards the realisation of the new sustainable development goals, it is more important than ever to articulate in practice ‘leaving no one behind’ in the fight against HIV.

This workshop is an opportunity to unpack what this means, alongside what it means to be a champion. A champion is not someone who is appointed or elected.
Championship starts from within; with deep reflection about one’s own attitudes, perceptions, behaviours and prejudices. Once a person can interrogate their own thought processes, they can transform their families, work places, clients and influence change at a national level. Champions can translate this influence into breaking stigma and safeguarding those who are most vulnerable and marginalised. Rouzeh invited participants to honour the term ‘champion’, to influence and role model what this means to younger generations, and to collectively manifest the 2030 goal of zero prevalence.

Amidst the technical aspects of HIV prevention work, it is important to remind ourselves of our humanity, compassion and unconditional respect – especially in the face of controversial and difficult topics. Constant self-reflection enables real championship and will translate into real transformation.

Rouzeh felt proud to be a part of this ground breaking workshop and the first moment where representatives from religion, tradition, justice, health and politics have come together to commit to championing rights for key populations. She invited participants to be brave, to bring all their rich experiences to the workshop, to be open and honest, to show respect to each other, to harness their power and capacity, and to encourage each other to be the movement for key populations. Rouzeh concluded an inspiring opening welcome with “light the fire and take the torch forward”.

**PRE-WORKSHOP ASSESSMENT**

After Rouzeh’s welcome, participants were asked to complete a pre-workshop assessment form for approximately ten minutes. Key themes from the assessment are presented below:

![How often do you engage with MSM?](chart)
How often do you engage with WSW?

- Daily: 9
- Weekly: 4
- Monthly: 8
- Every 2-3 months: 3
- Less than annually: 4
- Annually: 2
- Never: 4
- Don't know: 4

How often do you engage with sex workers?

- Daily: 12
- Weekly: 11
- Monthly: 4
- Every 2-3 months: 2
- Less than annually: 3
- Never: 3
- Don't know: 2

How often do you engage with transgender people?

- Daily: 12
- Weekly: 3
- Monthly: 6
- Every 2-3 months: 2
- Less than annually: 4
- Never: 7
- Don't know: 3
Participants want to learn

- Alignment of policies that protect KPs in Africa: 1
- SAFAIDS work in SADC: 2
- Advocating for KP rights in legally hostile environments: 1
- How to influence sector leaders to advocate for KP rights: 1
- Clinical skills & strategies to foster inclusive health programming for KPs: 10
- Resolving KP rights with religious teachings: 2
- Reforming religious, policy and justice sectors: 6
- Skills & best practices to advocate against KP stigma and discrimination: 22
- Strategies for changing community attitudes & perceptions: 3
- Human sexuality including SOGIE: 4
- In-depth information and research about KPs & their challenges: 18
- How to engage with and be relevant to KPs: 6

What are you unsure of?

- Policies and laws that protect the rights of key populations: 1
- Translating KP research into user-friendly formats for general population: 1
- KP challenges, needs and getting resources for KPs: 2
- The role that different sectors have to play: 1
- Affirmative engagement with KPs including how to encourage disclosure: 3
- Best practices for legal reform regarding stigma and discrimination against KPs: 2
- Strategies for engaging leadership and changing their minds: 3
- Strategies for change & preventing stigma and discrimination towards KPs: 7
- Latest research and evidence: 1
- The different KP categories (lesbians, WSW, transgender people, sex workers): 5
- Transgender and clinical skills to treat/affirm trans clients: 3
<table>
<thead>
<tr>
<th>Challenge</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation/research of KPs issues in-country</td>
<td>1</td>
</tr>
<tr>
<td>Being Humble leadership</td>
<td>1</td>
</tr>
<tr>
<td>Bringing KPs in for services in the prevailing environment</td>
<td>1</td>
</tr>
<tr>
<td>Reaching out to other sectors and stakeholders</td>
<td>2</td>
</tr>
<tr>
<td>Being stigmatised for supporting KPs</td>
<td>1</td>
</tr>
<tr>
<td>Limited resources</td>
<td>2</td>
</tr>
<tr>
<td>Platforms to dialogue, sensitise and mobilise</td>
<td></td>
</tr>
<tr>
<td>Lack of knowledge and understanding about KPs within communities</td>
<td>5</td>
</tr>
<tr>
<td>Church’s position on KPs</td>
<td>3</td>
</tr>
<tr>
<td>Changing discriminatory attitudes, perceptions and behaviours</td>
<td>8</td>
</tr>
<tr>
<td>Structural political, traditional, religious and cultural resistance</td>
<td>11</td>
</tr>
<tr>
<td>Hostile law/policy/political environment and lack of political will</td>
<td>10</td>
</tr>
</tbody>
</table>

**Biggest challenge preventing stigma and discrimination**

![Image of a group of people at a meeting](image_url)
Delene facilitated regular energisers to help participants remain focused and present in the room. Energisers took the form of lucky draws – five winners were randomly pulled from a bag and each winner was given a small gift.

**EXPECTATIONS & OBJECTIVES**

After the energiser, Delene welcomed Adolf Mavheneneke, the regional Programme Manager for SAfAIDS’ KP REACH programme, to unpack the expectations and objectives for the workshop. Adolf encouraged participants to share what they hoped to gain over the three-day gathering and wrote these down on a flip chart. Participants expectations included:

- Sharing experiences
- Networking
- Clarifying what stigma and discrimination is
- Finding programmes that really work (best practices)
- Learning where the gaps are and doing joint programming
- Understanding law reform (where are the gaps and barriers)
- Identifying the needs of key populations
- Advocacy work on rights for key populations in various countries
- Understanding what it means to be a champion
- Hearing case studies brought by champions
- Understanding the public health needs of key populations currently not being addressed
• Understanding the gaps in ending HIV and AIDS
• Learning about what is expected of a champion

Thereafter, Adolf described some of SAfAIDS’ objectives for this workshop, which included:

(i) using the workshop as a consultative process to identify gaps
(ii) sensitising champions on key population issues
(iii) clarifying the role of a champion
(iv) starting to draft national and regional advocacy actions plans to address stigma and discrimination against key populations
(v) facilitating the emergence of an in-country and regional network of KP champions who can influence the reduction of discrimination and stigma which acts a barrier to HIV prevention testing and treatment services for KPs

WHAT IS THE GLOBAL FUND?

On Monday morning, Themby Chiware (KP REACH/HIVOS) opened her presentation on the Global Fund with a video explaining what the Global Fund (GF) is. GF recognises the importance of inclusion in the vision of zero tolerance as KPs carry a higher burden of the virus. After a brief tea break, Themby provided background on the KP REACH programme being implemented in 8 Southern African countries. HIVOS is the principal recipient of the grant from Global Fund which is financing the programme. HIVOS is a programme management group who have a passion for inclusivity.
KP REACH was designed in consultation with four KP-led groups and three technical partners. KP REACH plans to reduce HIV prevalence amongst KPs through a variety of strategies. The programme has three objectives which include (i) strengthening emerging regional KP networks in Southern Africa (ii) improving data collection and evidence and (iii) disseminating messages co-created with KPs that can shift negative attitudes and beliefs towards KPs. The programme has a four-pronged approach including strengthening capacity of KP networks, mechanisms for collective action, learning mechanisms to document best practices, and creation of an electronic platform for resource sharing.

QUESTIONS, COMMENTS & CLARIFICATIONS

What is the relationship between the CCM and the NSP for HIV and AIDS; what’s the communication strategy? (Rev Desmond Lambrecht, Religion, South Africa)

- The relationship between CCMs – just to give you background, the concept started years ago, we have several people who’ve been here for a long time. Every CCM endorsed the concept note. What we’ve done in terms of operationalising – we have national officers who are attending CCMs (Themby Chiware, KP REACH/HIVOS)
- The CCMs were consulted with at length in terms of programme development. As champions involved in the CCMs, one of the terms of reference is to engage with CCMs at national level to ensure there is a justified recognition of KP issues in countries. We anticipate you will engage with your CCMs moving forward so KPs stay on their agendas (Rouzeh Eghtessadi, KP REACH/SAfAIDS)

One of the issues is holding governments accountable in-country where governments are very paranoid about anyone quizzing them. I don’t know how that is going to be addressed, especially where KPs are criminalised - it becomes political. How are we going to do this when it looks like political statements, and it could endanger champions? (Caroline Maposhere, Health, Zimbabwe)

- In terms of what strategies we have regarding government accountability – the KP REACH programme is also using other methods to try and provide access to decision makers. Last week we had a week with the KP groups and coming up with a meaningful advocacy plan. For CAL, for instance, they will have an action plan for the duration of the project on how they engage with government, the same goes for AMSHER and so on. It’s a multiple pronged approach to hold governments accountable and to reduce tokenism
- I think what you do is not in isolation, it is not the only thing that is happening. Global Fund is huge and has numerous projects and they interlink. The burden is shared. If you do not find out the links in this workshop, you will discover them over the next three years (Delene Van Dyk, KP REACH/2nd Sight)

My question is on the KPs, the relationship between those groups and those who use drugs, is it a different group? (Phathaphatha Mdluli, Justice, Swaziland)

- PWIDS were in the concept note but were not approved by Global Fund, because in this region, the HIV infections from this group is lower. But within
the four KPs some are using drugs. Not as big as in Europe in regards to HIV
(Themby Chiware, KP REACH/HIVOS)

On the definition of the KP - the slide you projected showed three points. My
concern is there’s the Global Fund definition...do countries in their context still
classify KP in their own context? Must the three points identified all be present?
(Zwanini Shabalala, Religion, Swaziland)

- In terms of the definition of KP, we as the Global Fund say there are three
criteria, but it doesn’t need to be all three, maybe the country can contextualise
the meaning (Themby Chiware, KP REACH/HIVOS)
- In regards to definitions – they were based on two regional dialogues in 2014
organised by UNAIDS and SAfAIDS. The key recommendations from this was
that we should go back and do national consultations and come up with clear
definitions, so we agreed we should do size estimations and to come up with
the data as far as KP are concerned in terms of HIV stats (Ngoni Chibukire, KP
REACH/SAfAIDS)
- The definitions for this programme were built on shared evidence, which is why
the four are being focused on. This does not mean that country task teams
cannot also identify a KP that is having challenges and you can champion their
needs as well, but we are currently basing our current four on evidence and
would like champions to focus on these four.

Is there any sustainability plan beyond 2018? (Maswati Dludlu, Tradition,
Swaziland)

- Yes, it’s ending in 2018, but if you look at the Global Fund model it’s a three-
year cycle so we’re hoping to develop the concept for phase two. For phase
one the mandate is to build capacity, so we’re hoping that by phase two
organisations will have capacity to receive funding.
There are five strategic stakeholders in the room – post 2018 we continue with the same message, as leaders, regarding all people having access to services. This should be integrated into your community structures (traditional and religious). The Ministries have 2020 – 2030 agendas (90/90/90). We should make sure no one is left behind and we sustain the same type of interventions (Ngoni Chibukire, KP REACH/SAfAIDS)

SAFAIDS WORK IN THE SADC REGION

On late Monday morning, Ngoni Chibukire (KP REACH/SAfAIDS) presented on the work of SAfAIDS which operates in 9 countries across the SADC region. SAfAIDS is a technical partner in the KP REACH programme who focus on programme materials, KP REACH Net (on-line platforms), a series of regional leadership dialogues, and working with the media.

SAfAIDS complements national and regional efforts to reduce HIV, to increase the uptake of Sexual and Reproductive Health (SRH), HIV and TB services, as well as improve community resilience in Southern Africa by 2020. The organisation’s key strengths include (i) knowledge exchange for development, (ii) capacity strengthening and mentoring, (iii) advocacy, communication, and social mobilisation, and (iv) documenting and sharing working models.

Ngoni canvassed the organisation’s six target populations which include young girls and women, men and adolescent boys, LGBTI, sex workers, people who inject drugs, service providers and leaders. Their five strategic objectives are articulated through various programmes, which are all rooted in values of excellence and sustainable partnerships (amongst others). These objectives include scaling up access to integrated services, promoting access to SRH, HIV and GBV prevention services, the promotion of gender equality, strengthening linkages that enhance community
resilience, and improving the capacity of SAfAIDS. The organisation has three strategic or thematic umbrellas (SRH & HIV; gender equality and human rights; and links between health and livelihoods). These themes are implemented in the policy, service delivery, and community spheres.

During his presentation, Ngoni invited representatives from KP REACH’s key population-led partner organisations to introduce themselves – representatives from CAL and Gender Dynamix briefly introduced themselves. He also directed participants to the table at the back of the room where SAfAIDS videos, brochures and booklets were available. To close his presentation, Ngoni screened a short film entitled ‘Reaching Out’ which featured the stories of key populations – a reminder to participants of the voices they need to champion.

**ENERGISER**

Delene facilitated the second lucky draw for the day which helped re-energise and focus participants following a few content rich presentations.

**UNDERSTANDING STIGMA AND DISCRIMINATION**

After tea, Delene facilitated an exercise on stigma and discrimination which helped participants unpack how externalised stigma becomes internalised stigma. Delene warned the group that their buttons will be pushed; that it is important in adult learning to rattle cages but to do so in a safe and supportive way.
The exercise opened with a discussion about the definition of stigma, which included being side lined because of the perception that what you do is not normal, feeling inferior (self-stigma), being labelled or chastised over something you have no control over, something that is based on perceptions that people have, and something to do with disgrace.

Participants were invited to share stories of stigma from their own lives by answering three questions (i) Why were you stigmatised? (ii) How did the discrimination look like? (iii) what was the impact on you or how did it make you feel? Delene wrote participant responses to these questions in three columns on a flip chart.

The purpose of this exercise is to relate these experiences to the experiences of key populations. It demonstrates that one must address external stigma to combat discrimination and internalised stigma. Further, sharing stories is an opportunity for people to learn about different manifestations of stigma and to empathise and identify with the experiences of people who may be different to themselves.

**CAROLINE’S STORY**

The experience was being stigmatised for being a single mum in the Church. They were judgemental – name calling - they called me a prostitute and a husband snatcher, and they called me unsaved, and the effect was to lower my self-esteem; low self-value. I didn’t seek the services of the Pastor or Church because I felt I was not worth getting those services.

**FRANCINA’S STORY**

I was involved with a guy thirteen years younger than me, so the name calling was Sugar Mamma. How it affected me...low self-esteem; having to stand in front of a mirror and be self-conscious. Mostly from family, friends, and exes of this boy - when they saw he was unemployed, and I brought him to my level, he looked good, and they were jealous; my family gossiped, and my Mom said he was just there for my money. We’re still together and I have a son.

**SAM’S STORY**

Typical one as a South African - in Kroonstad I was driving a nice car and a group of white boys started insulting me and it was clear it was racist. They were calling me names – ‘kaffir’. And then the overall effect, hatred for white people. I managed to overcome that, questioned my being and inferiority complex, maybe it was because of the car that they were jealous.

**MADUNA’S STORY**

I was at a book shop and walking with a former male colleague. When I drive, I put on flat shoes, and I realised my shoe was torn, and I was looking for a book. I noticed the security guard was tailing us. I was trying to avoid him and then I approached him, and asked him for help, and I told him I thought he was tailing us to help, he said no. I was
traumatised, I thought maybe it was because of the torn shoes or because I was black, and he thought I was going to steal.

**MP MATHATHA’S STORY**

Being a woman in politics is difficult, because maybe I was supposed to be man, maybe people would take me seriously. I am a woman and proud, I love politics. My friends - who I now realise are not my friends - they said so many hurtful things, and now I’m getting very emotional.

**LUBINDA’S STORY**

I was working in a remote area in Zambia and was moved to the city to work with KPs and with fellow colleagues, and they say the KP has come and people avoid you, it was very difficult; I was pointed out by others.

**JONATHAN’S STORY**

In 2007 I was sent to China. People ran way because I was black; people were photographing my private parts in the male toilets when they stood next to me. When I moved to Beijing it was totally different, they wanted to take photographs with me.

**QUESTIONS, COMMENTS & CLARIFICATIONS**

*It is not that people out there are all bad. I am trying to think in terms of whatever form of stigma, where the person who is seen to be ignorant, where that person is coming from, and what had happened in their socialisation. That then brings*
me to a question, whether we appreciate how long it may take for one to change their values and norms, especially if you come from a religious point of view, what a person has been taught and now how that, suddenly, when a new pattern of life begins or is promoted, how that person is expected to suddenly switch to something else (Zwanini Shabalala, Religion, Swaziland)

- If you think about your own journey and reflect on the first time you heard of gay and lesbian people, and sex workers, and how you struggled to make sense of it all. That is the process, for those of you in HIV prevention. You know behaviour change is difficult and does not happen overnight. I believe this work is the light bulb moment. ‘Hurt people hurt people’. When I do this work, I am grateful I have a mental health background. The more defensive they become the more I realise they are not ready for the message and they are hurting because their blue print is negative. All I am asking for is a light bulb moment, just like you.

UNDERSTANDING MORALS AND VALUES

After lunch on Monday, Delene facilitated an exercise on morals and values. Participants were asked to define morality. The group offered the following definitions: The general good (harms none), accepted behaviour determines by society; principles of right and wrong; specific terms used by a group of people and especially the leaders; norms; standards; values; a code of conduct; thinking negatively about others and influencing others (like gossip).
The group was then asked to list immoral behaviours (excluding murder) which Delene wrote down on a flip chart. These included gossip, promiscuity, stealing, multiple sexual partners, alcohol abuse, anal sex and child abuse. The group was then asked to close their eyes and vote for the three behaviours on the list they felt were most immoral. The three most rated behaviours were paedophilia, stealing and promiscuity.

The discussion that followed unpacked the difference between behaviours such as multiple partners (no one is hurt if there is no cheating involved), and alcohol abuse which has devastating effects. This exercise helps participants reflect on what they consider immoral and to re-evaluate these behaviours in terms of the definition of morality (do no harm).

**QUESTIONS, COMMENTS & CLARIFICATIONS**

_I struggled with the difference between criminal and immoral (Rouzeh Eghtessadi, KP REACH/SAfAIDS)_

- When someone talks about something immoral, they’re not talking about something criminal, just something unacceptable (Sam Khandhilela, Traditional, South Africa)
- The point is, people often moralise anal sex as harmful but do not moralise alcohol abuse in the same way, and alcohol abuse is harmful, while anal sex amongst consensual partners is not. Reflect on it (Delene Van Dyk, KP REACH/2nd Sight)
- I think we tend to moralise and we live out the things we ourselves do. If I am part of it, then we do not think about it in terms of morality and we do not toy with it, because we do it ourselves or we benefit from it (Caroline Maposhere, Health, Zimbabwe)

**BINARIES AND BOXES OR NOT!**

For the final session of the day, Delene facilitated Binaries and Boxes or Not! Binaries and Boxes is a highly effective and interactive sensitisation training model designed to create immediate intellectual and emotional shifts. It deconstructs human sexuality, clarifies terminology and language, and challenges binary categories which limit understandings of sexuality as fluid and diverse.

The model distinguishes between (i) sex as a biological concept, (ii) gender as a social construct, expression, role and identity, (iii) sexual orientation as the ways people love and feel attracted to others (on multiple levels), and (iv) sexual behaviour/play as how people use their bodies. Participants were gently warned that sensitisation pushes people’s buttons and to be prepared for some uncomfortable emotions as this shift in adult learning is crucial. Participants who have been in the training before will always learn something new as the model is constantly evolving.

Delene asked participants to reflect on examples of binaries (e.g. black and white), as well as the word ‘boxes’ (perfectly fitting into a category). The box is a metaphor for how we limit people. The group was invited to take the binaries and boxes they know
of and to deconstruct them - how each participant re-assembles them is up to the individual.

**BOX ONE – SEX AS A BIOLOGICAL CONCEPT**

It is important to understand that the word “sex” has multiple meanings, and how people understand the word may differ from one person to the next (some say pleasure, others love, others anatomy). For the purposes of clarity, the word sex refers to biological sexual anatomy, and includes male, female and intersex bodies. Sexual anatomy is more complex than genitals and is characterised by four different physiological levels: External genitalia, internal reproductive organs, hormones and chromosomes. Intersex people may have ambiguous sexual anatomy at any of these four physiological levels. Intersex people challenge the binary notion that all bodies are either male or female. Box one is heavily based on the medical model of sex, and within it is the power of the ‘scalpel’ - the power to force intersex bodies into the binary through unnecessary surgery. This is considered a human rights violation and culturally, intersex people are at risk for rape, murder and social exclusion. Participants were asked to reflect on their own bodies, and whether penises and vulvas look the same to highlight that all bodies are different, including the bodies of intersex people. Our anatomical bodies are only one component of who we are as sexual beings.

**BOX TWO – GENDER AS A SOCIAL CONSTRUCT**

Gender is a social construct; it is what society expects of you based on your sexual anatomy. Gender refers to how people feel on the inside, the social role they identify with and how they present this inside feeling to the world. The group discussed the gender stereotypes associated with feminine and masculine. When someone is cisgender, they are comfortable with the gender they were assigned at birth. Transgender people do not identify with the gender they were assigned at birth. Gender non-conforming people challenge the cis/trans binary. Gender non-conforming people do not conform to stereotypical gender roles.

**BOX THREE – SEXUAL ORIENTATION AS RELATIONSHIPS**

Sexual orientation can be defined as whom one love and feels attracted to on multiple levels in the context of romance. It refers to whom one wants to build a life with if society allows it. It is important to de-sexualise sexual orientation as one can have a sexual orientation without having sex. Everyone grows up in the heteronormative model (the mommy/daddy model) which perpetuates that this is the ideal to aspire to. Bisexual people challenge the binary notion that there are only heterosexual and homosexual (gay/lesbian) people.

**BOX FOUR: SEXUAL PLAY AS BODIES INTERACTING**

People have sex for a variety of reasons and their sexual behaviour (including fantasies) may not necessarily be in line with their sexual orientation. In HIV prevention, the behaviour categories of men who have sex with men (MSM) and
women who have sex with women (WSW) acknowledge that people may have same sexual experiences but not identify as bisexual, lesbian or gay. Anal sex challenges the binary notion that penile penetration of the vagina is the only form of sexual behaviour. Due to its role in HIV prevalence, it is important to challenge the anal taboo and speak frankly about anal pleasure and risk reduction.

BRINGING IT ALL TOGETHER

To complete the training, Delene illustrated to participants how each of the boxes can combine in a myriad of ways, accounting for a huge diversity in sexual anatomy, gender identity, sexual orientation and sexual behaviour. Sexuality is not fixed – it is relatively fluid. Not only is there great variation between people, there is great variation within individuals whose sexual identity shifts and fluctuates over the course of a lifetime.

CLOSE

To close the day, Delene thanked participants for sharing and interacting in all the exercises. The group was encouraged to ask any burning questions regarding Binaries and Boxes or Not! first thing the following morning. The group was asked to re-convene the following day at 8.30am. Below are results from evaluation forms about day one which were completed on day two.
Day 1 sessions were relevant to my setting

Day 1 sessions were helpful

- **Strongly Disagree**: 1
- **Neither Agree or Disagree**: 1, 1
- **Agree**: 13, 11, 9
- **Strongly Agree**: 14, 15, 17

Categories:
- Background of GF & SAFAIDS
- Understanding of Stigma and Discrimination
- Understanding the HR response to HIV
I plan to use what I learnt in Day 1 sessions

Level of Confidence Post-Day 1 Sessions

- Tackling stigma and discrimination on KPs: 3% (25%), 12% (50%), 14% (75%), 14% (100%)
- Why the human rights response?: 4% (25%), 12% (50%), 13% (75%), 13% (100%)
- KPs needs and rights: 3% (25%), 10% (50%), 15% (75%), 15% (100%)
- Perspectives on HIV related stigma and discrimination: 3% (25%), 12% (50%), 14% (75%), 14% (100%)
- Understanding of KP REACH: 5% (25%), 16% (50%), 7% (75%), 7% (100%)
- Understanding of KPs: 4% (25%), 11% (50%), 15% (75%), 15% (100%)
What did you accomplish in Day 1 that was important to you?

- Understanding what KPs are and where they are coming from: 3
- Human rights and advocacy response to HIV: 3
- Understanding KP REACH and Global Fund interventions towards KPs: 1
- Learnt what a champion is: 1
- In-depth knowledge on KPs and sexual orientation: 2
- Morals and Values Exercise: 1
- Binaries and Boxes (or Not!), especially frank talk and clarity of language: 15
- Understanding concepts relating to stigma and discrimination against KPs: 3

In what way could the Day 1 sessions have been improved?

- Hearing from KPs: 1
- Separation of nice to know information and have to know information: 1
- Contextualising info in terms of access to health care: 1
- There should have been more discussion: 1
- Share slides and videos for reference: 1
- Group work, especially for shy people: 1
- More lucky draws: 1
- More time on Binaries and Boxes in terms of KP: 1
- Information was adequate: 1
- Time management, including more time for Binaries and Boxes: 6
INTRODUCTION
Delene welcomed participants to the second day of the workshop. She reminded participants to submit receipts and claim per diems from SAfAIDS. The group were also asked to complete and return photo consent forms and feedback forms for the first day. Ground rules for the remainder of the workshop were discussed, such as speaking loudly and clearly into the microphone, having respect for each other, switching cell phones to silent, and staying in one seat so the scribe could track the conversation for the report. Delene then briefly canvassed the programme for the day which included a recap of day one, a presentation on human rights, defining what it means to be a champion, and in-country advocacy action planning.

RECAP
In the first session for Tuesday morning, Delene invited participants to share their thoughts and questions regarding day one of the workshop. She also summarised lessons from the stigma and discrimination exercise, the morals and values exercise, as well as Binaries and Boxes or Not! Below are some of the questions, comments and clarifications which emerged during the recap session.

QUESTIONS, COMMENTS & CLARIFICATIONS
I found yesterday to be very exciting. I learnt a lot of new information. It looks like it doesn’t matter how long you’ve been in these sessions, there’s always something new to learn, it keeps being new. And going back to Binaries and Boxes, I’ve always described it as a living tool, it’s evolving all the time. I find it quite exciting, being in your training for the umpteenth time, but even the stigma exercise was different and exciting (Caroline Maposhere, Health, Zimbabwe)

- Each time we talk about KPs, it reminds me of five years ago - it was like new yesterday. Each time I’m on the platform, I think of my fellow-bodies, where they are and what they see; how best are we going to reach these people? What kinds of programmes should we put up for them to understand as much as I understand now? If we look at Binaries and Boxes, the way you articulate it, it’s new and exciting, and I’m saying let’s take the bull by its horn in one way or another (Richman Rangwani, Traditional, Zimbabwe)
- I don’t expect people to be like me, it took me ten years to get here, it took Richman and Carol five years. In this field, things are changing all the time. That’s why we can’t tell our constituencies this is how it is, we don’t have answers, we don’t know what’s normal and abnormal, things are always changing and that’s exciting. Those of you who are people of faith, sometimes we don’t have answers, that’s why we have faith, we keep to the values of respect, love and consent. Sexuality is often a matter of faith (Delene Van Dyk, KP REACH/2nd Sight).

Thank you very much, I enjoyed your presentation yesterday. As a religious leader, I learnt not to leave anyone behind, more especially when we preach, we
preach hate most of the time. So, you are…it’s part of a wake-up call. When I looked at you, I looked at you as a brother from another mother. Whatever you articulated, I thought you started yesterday but it takes a long time, we need a safe space for everyone to know and to have a free movement on sexuality in whatever way you are (Assadullah Mwale, Religion, Zambia)

- You are very powerful people, in some places where you’re from, what you say is the law because people look up to you. If you preach inclusivity, affirming messages, I often find that people who learn to be champions or allies, they can speak on behalf of, we need you. Because people listen to you, because you’re not a minority. Don’t underestimate that (Delene Van Dyk, KP REACH/2nd Sight)

I’ve been to a hotel where they have three toilets - when you talking about stigma and discrimination, they have a bathroom for transgender. How is that in terms of stigma and discrimination? (Ruth Luthuli, Health, South Africa)

- I think that’s worse, bathrooms are often the issue for trans people, but it’s just a place to pee, we’re not doing weird things. Often, when we interrogate the bathroom issue we discover deep seated fear of other people (Delene Van Dyk, KP REACH/2nd Sight)
- And they were so proud, and there was only one person who was trans, so I used the trans bathroom and people looked at me (Ruth Luthuli, Health, South Africa)
- In any case, in our private homes there’s no different bathrooms (Jonathan Moyombuya Moalosi, Health, Botswana)
You did mention the G-spot for the man yesterday and I'm asking, can you tell us about the G-spot for the woman? (Tendai Mbenyeanwa, Health, Zimbabwe)

- The male p-spot or lekker plekkie is 3 – 4cm inside of the rectum, it’s there for pleasure and sperm production. The G-spot…. I want to steer away from the G-spot to talk about the clitoris, it’s a wishbone structure (drew the clitoris), and engorges with blood and enlarges during arousal, like the penis, and is about the size of your hand. It’s not visible but if you touch it, it creates pleasure. For many years, female bodies were not considered important enough to research. Women were seen as pleasure givers, not pleasure receivers, but the sole purpose of the clitoris is for pleasure (Delene Van Dyk, KP REACH/2nd Sight)
- I thought it was pleasurable because the perineum is being stimulated? (Caroline Maposhere, Health, Zimbabwe)
- Yes, that's also true, like if you're having a poo, it passes nerve endings. Sex is about friction (Delene Van Dyk, KP REACH/2nd Sight)

There are some advanced tribes, there are some that increase the size of the labia in order to improve that stimulation (Jonathan Moyombuya Moalosi, Health, Botswana)

- The labia on their own don’t have sensitivity (Delene Van Dyk, KP REACH/2nd Sight)
- The extension of the labia was done for the pleasure of men, not for the women (Ruth Luthuli, Health, South Africa)
- It’s a personal preference, the issue is when people abuse their power by demanding their partner changes themselves for their pleasure (Delene Van Dyk, KP REACH/2nd Sight)

Is there a plan where countries are going to share their experiences with stigma and discrimination so we can take it back to our own countries? (Strydom Candie Mpanza, Health, Swaziland)

- Yes, that's part of country plans (Delene Van Dyk, KP REACH/2nd Sight)

I have a concern about the comparison between pornography and the Bible, going back to anal sex, you touched on the dangers if it’s not done correctly, we need to look and understand the risk (Zwanini Shabalala, Religion, Swaziland)

- What I mean about the Bible and porn, is that you cannot use the porn to do sex education, and you can’t use the Bible (Delene Van Dyk, KP REACH/2nd Sight)
- But I say I can (Zwanini Shabalala, Religion, Swaziland)
- Then you preach abstinence, but in reality, people are having sex. Remember, most other people don’t practice that. If it did work, we wouldn’t see the high levels of prevalence, it's not necessarily effective (Delene Van Dyk, KP REACH/2nd Sight)
• It’s not just about HIV prevention, you also speak about sexuality generally. The Bible can also be used to understand human sexuality in its broadest sense, whether prevention or abstinence. But you can come from the point of view of the scriptures (Zwanini Shabalala, Religion, Swaziland)
• Sure (Delene Van Dyk, KP REACH/2nd Sight)

What about people who have sex with animals? (Strydom Candie Mpanza, Health, Swaziland)
• Remember, all the work we do is about consent. Animals and children cannot consent (Delene Van Dyk, KP REACH/2nd Sight)

Around male circumcision, is it a social construct? Does it have any impact or implication for sexual connection? (Themby Chiware, KP REACH/HIVOS)
• There is some research that for a heterosexual cisgender man there’s some preventative measures, but the disclaimer is you must still use a condom. It’s not preventative for the receptive partner – in terms of sensitivity subjectively, it depends on the person’s experience (Delene Van Dyk, KP REACH/2nd Sight)

If the gays or heterosexuals are regularly having anal sex, but what happen if it becomes saggy? (Franzina Jagger, Health Namibia)
• Anal prolapse should not be treated but prevented by telling people to have anal sex in the right way. The anal sphincter will return to its original size. In terms of anal risk, look at your lucky packets, use water based lubricant with
condoms, anal sex because it’s so stigmatised, you and your partners need to have a conversation before you engage in anal sex, the conversation around do you want to play anally and how to do it, don’t surprise her, the preparation of the anus is important (of the sphincter), you need to communicate, empty your bowels, use toys with a flared base (handed out some toys for demonstrate). Anal sex with ejaculation has the highest risk but problematically there’s no conversation so people assume there’s no risk (Delene Van Dyk, KP REACH/2nd Sight)

**Where I come from the tribe there where I come from, there are those guys who believe to take traditional medicines to make their piece big if they want to have that anal sex, is it possible for them? (Chief Bafedile Lesoma, Traditional, Botswana)**

- Those of you who have had anal sex, big penises in anuses is not comfortable. The whole issue around penis size is constructed (Delene Van Dyk, KP REACH/2nd Sight)
- But why will ladies challenge you on size? She will have expectations of being big, but I have a smaller size (Charles Chimeyana, Health, Malawi)
- There’s a perception that manhood is amplified when the woman complains you’re too big. Ironically, you don’t need penetration for pleasure (Delene Van Dyk, KP REACH/2nd Sight)

**UNDERSTANDING HUMAN RIGHTS**

On Tuesday morning, Adolf Mavheneka (KP REACH/SAfAIDS) facilitated a session on human rights. Participants were invited to reflect on and discuss what they understood by ‘human rights’. Participants responses included dignity, freedom, and fairness. After some group discussion, Adolf provided background information and statistics on the high prevalence of HIV vulnerability amongst KPs. He entreated participants to interrogate these uncomfortably high statistics and be spurred into action. Prevalence amongst KPs is disproportionately severe in terms of infection rates, lack of government commitment, and reduced access to services. Prevalence rates are worsened by social, cultural, political, legal and religious exclusion which creates barriers to effective prevention strategies. Spaces that do not promote and respect the human rights of KPs fuel the spread of HIV by further marginalising and stigmatising KPs who are consequently less willing and able to access services.

A human rights approach to KPs is crucial in any effort to protect public health and reduce HIV prevalence. Adolf invited participants to reflect on what issues create barriers for KPs to access prevention services, what barriers further marginalise KPs, and how these barriers or gaps in the HIV response can be addressed. He then explored what a human rights response means, such as legal reform, training, coordinated and inclusive national responses to HIV, as well as strategies to combat stigma, discrimination and gender-based violence. Adolf concluded with international guidelines on HIV/AIDS and human rights, such as establishing effective national frameworks, engaging in community consultation, reform of criminal and public health
laws to be in line with a human rights approach, and addressing prejudice towards vulnerable groups through community dialogues.

QUESTIONS, COMMENTS & CLARIFICATIONS

- I’m very tired now, taking us from sex to government policy! But, you are right, this is where we come in, and we need to. There’s a whole lot of things going on in my mind now. As champions, we need to familiarise ourselves with what our governments have signed off internationally, locally and globally. Those are our tools with which we will agitate, otherwise we’ll kick from the side. Those words, accountability and transparency, is a given. Then we need to link with existing sectors otherwise we’ll be a lone voice in the desert. This is huge, and for my brethren who handle sacred text, this terminology of leaving no one behind is engrossed in the holy writ. Leave the 99, says the Christian Bible, and go and seek the lost; our very Bible and Church structures. I want to publicly confess; we have been perpetrators of stigma; we have been perpetrators of making people feel like lesser humans. This is not even a justice issue, it’s an issue of what our God wants, our Creator, whatever name we have for Him. All sacred texts, how do I care for the other, so that the other may find a place under the sun? I’m very emotional, I think Delene the break though has come, I couldn’t fathom why I was here at this workshop, but I feel emotional. I just sent a text to the Archbishop for the common good, and if people call me out of order…if we cannot see the faces of the masses and the individuals in the masses and we just see statistics, then you’re on the wrong path. This calls for deep compassion to see the face of the orphan, to see the face of my brother and sister with a sexual orientation. If I must chase the global statistics for Global Fund or PEPFAR…I don’t want to be part of it if the voiceless can’t find their tongue in me (Rev Desmond Lambrecht, Religion, South Africa)

- For religious leaders, we have little to no information about human rights. We have our own human rights in our own way, we need a tool you can provide for us in our contexts; an advocacy tool. What are the tools of advocacy and human rights that will help us advance the safe space? (Assadullah Mwale, Religion, Zambia)

- I am humbled by those two responses, they connect us to the individual in the community, this connects us as leaders and champions, as we work on our advocacy action plans, we are in a space to speak to them closely (Adolf Mavhenekte. KP REACH/SAfAIDS)

- The session has reminded me of being an African before anything else. Before slavery, in the ancient Africa - I’m a student - one of the ways of the African was that there are 42 commandments which we should say in the morning and afternoon, such as thou shalt not kill, speak bad with my mouth, not treat any human being differently than myself. And in the afternoon, you say that you did these things. Africans were the only ones who respected people across the board, we lost our way. We want to promote and protect culture, religion and language, our God is not a male or female, we don’t subscribe to patriarchy -
that has been our basis as African spirituality. We need to look at how we are being stigmatised, and it’s never too late, maybe God has called us this time to change, we are empowered, at this time, to make a difference (Shilambele, Health, South Africa)

**ENERGISER**
Delene facilitated the first lucky draw for the day which helped re-energise and focus participants

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**DEFINING CHAMPIONSHIP**
Before breaking for lunch, Delene asked participants to gather in groups and to discuss what it means, both personally and professionally, to be a champion for KPs. Groups vibrantly discussed the topic for twenty minutes then re-convened to report on their discussion and co-create a list of traits that make up a champion. This list follows:
What does it mean to be a KP Champion?

- Champions introspect, reflect, and work towards a point where they are comfortable within themselves. Change starts with the Champion before they can go out and effect positive change. Work on your own attitudes, thinking and behaviours.

- Champions are motivated, have emotional intelligence, are risk takers, and are prepared to be stigmatised for their work. Champions are fearless.

- Champions speak the language of KPs and understand the issues by interacting, empathising and connecting with KPs. Champions listen to KPs and go the extra mile in giving KP voices room to be heard.

- Champions believe in the KP movement and are prepared to have potentially difficult conversations and stand up for KPs in their every-day personal and professional lives. They push, influence and effect change in their context.

- Champions do their research. Champions have an operational knowledge about sexuality and human rights. They gather and read the knowledge, facts, information and documents they need to be an information-well for their families, colleagues and communities.

- Champions are skilled and capacitated to articulate this knowledge.

- Champions foster strategic and supportive relationships with other allies across multiple sectors who are similarly committed to KP rights. Champions identify and network with other potential champions in their community who can enhance the impact of their work.

- Champions employ strategies that work in their context and which accelerate the response to KP issues, such as identifying policies for reform.

- Champions design programmes and interventions that are guided by a human rights approach, are rooted in evidence, and informed by a working knowledge of human sexuality.
After lunch on Tuesday, Delene facilitated the final session for the day. Participants were asked to gather in country groups to draft an advocacy action plan for KPs. Groups were encouraged to be creative (in terms of funding), realistic, concrete and to plan until 2018. Groups were asked to respond to the following questions: (i) Identify what plan/activities you would like to implement, (ii) what is the objective of this plan/activities? (iii) how would you measure the impact of the plan/activities? (iv) what are the indicators of success? (v) Who needs to be involved for the plan/activities to be successfully implemented? (vi) how are you going to implement the plan/activities; what are your next steps? (vii) what support do you need from KP REACH? Groups were asked to elect a scribe who captured the discussion. Most groups elected to draft their plans on laptops and electronic copies were later sent to the facilitators for inclusion in this report. Country advocacy plans for KPs follow.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Indicator</th>
<th>Output</th>
<th>Responsible</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy to gatekeepers (parliamentarians, CBOs, CSOs, House of Chiefs, media, police)</td>
<td>MSM &amp; WSW</td>
<td>#meetings held</td>
<td>#of leaders supporting the cause</td>
<td>Champions</td>
<td>8 months</td>
</tr>
<tr>
<td>Community mobilisation</td>
<td>MSM &amp; WSW</td>
<td>#community activities conducted, #kgotla meetings held</td>
<td>#of CBOs supporting KPs</td>
<td>Champions</td>
<td>6 months</td>
</tr>
<tr>
<td>Health worker capacity building on KP health needs</td>
<td>MSM &amp; WSW</td>
<td>#health care workers trained</td>
<td>#KP friendly facilities</td>
<td>Delene &amp; Champions</td>
<td>1 year</td>
</tr>
<tr>
<td>Multi-media campaign</td>
<td>MSM &amp; WSW</td>
<td>#of media houses reached; #of messages targeting KPs</td>
<td>#of media houses reached; #of messages targeting KPs</td>
<td>Champions, Ministry of Health, KPs</td>
<td>1 year</td>
</tr>
</tbody>
</table>
### Lesotho and Namibia

**Objective:** To disseminate messaging co-created with KPs that aim to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment for KPs by 2018

<table>
<thead>
<tr>
<th>Activity</th>
<th>Sub activity</th>
<th>Target KP</th>
<th>Indicator</th>
<th>Output</th>
<th>Responsible</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify all KPs organisations and affiliates</td>
<td>Compile the list of all organisations that work with KPs or KPs organisation</td>
<td>All KPs</td>
<td>Directory or list of all KPs organisations and their affiliates</td>
<td>Knowing all the constituents of all the KPs in Lesotho</td>
<td>All Champions</td>
<td>February, 2017</td>
</tr>
<tr>
<td>Advocate for social support for KPs</td>
<td>Sensitisation, consultations, networking and collaboration</td>
<td>Organisations working with KPs, all KPs, media, community</td>
<td>Reports</td>
<td>Increased knowledge and changed attitudes</td>
<td>All organisations and Champions</td>
<td>April, 2017</td>
</tr>
<tr>
<td>Distribute the IEC material</td>
<td></td>
<td>Community; KPs</td>
<td>No of material distributed</td>
<td>Changed attitudes</td>
<td>All KPs, organisations and Champions</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Advocate for resources that will create enabling the environment for access to health services</td>
<td>Review all the HIV policies, guidelines and strategies to cater for KPs</td>
<td>All sectors and constituencies</td>
<td>Programmes targeting KPs</td>
<td>Improved health care services</td>
<td>All sectors</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Activity</td>
<td>Objective</td>
<td>Indicators</td>
<td>Responsible</td>
<td>Time</td>
<td>Support</td>
<td></td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Drafting Human rights action plan (2017-2021) and inclusion of KPs issues in the National plan, i.e. Law reform on HIV/AIDS prevention and management Bill reviewing of the public Health Act.</td>
<td>Ensure that laws and policies are in line with international human rights standards that would shift attitudes and beliefs for reduction in stigma and discrimination</td>
<td>Adoption of the human rights action plans and enactment of laws</td>
<td>Ministry of Justice</td>
<td>2018</td>
<td>Capacity building, dissemination of action plan and enacted laws</td>
<td></td>
</tr>
<tr>
<td>Sensitisation of fellow traditional leaders-seminars</td>
<td>Ensure that cultural practices are addressing attitudes, beliefs for reduction of stigma and discrimination</td>
<td>The number of sensitisation meetings</td>
<td>Area development committees</td>
<td>2018</td>
<td>Capacity building, dissemination of action plan and enacted laws to vernacular languages</td>
<td></td>
</tr>
<tr>
<td>Dialogue with fellow religious leaders on KPs issues</td>
<td>Ensure that negative attitudes, perceptions and beliefs on religious leaders towards KPs are transformed</td>
<td>The number of dialogue meetings</td>
<td>Religious groupings</td>
<td>2018</td>
<td>Capacity building, dissemination of information into vernacular IEC materials</td>
<td></td>
</tr>
<tr>
<td>Advocacy and lobbying of fellow parliamentarians starting with HIV/AIDs &amp; Nutrition committee, Local councils and communities</td>
<td>Ensure that negative attitudes, perceptions and beliefs on various leaders towards KPs are transformed</td>
<td>The number of advocacy and sensitization meetings</td>
<td>Parliament, district council and area meetings</td>
<td>2018</td>
<td>Capacity building, dissemination of information into vernacular IEC materials</td>
<td></td>
</tr>
<tr>
<td>Develop Health care services provider’s manual which will aim at addressing attitude, stigma and discrimination towards sex and sexuality of key populations.</td>
<td>Increasing access to KPs access to clinical care, HIV prevention, testing, and treatment in line with the test and treat policy adopted by Malawi</td>
<td>No. of health workers trained; KPs opening up for clinical; of interface meetings with stakeholders, HCSP manual developed and developed</td>
<td>Ministry of Health</td>
<td>2018</td>
<td>We ned stationery, printing, trainings, workshops, transport</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Sub-activity</td>
<td>Target</td>
<td>Indicator</td>
<td>Output</td>
<td>Responsible</td>
<td>Time Frame</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td><strong>Objective 1: Investment levels targeting key populations</strong></td>
<td>Increase investment in services and programs for key populations that are effective and that reach more people</td>
<td>• Review of health policy advocating for the use of reproductive justice as opposed to reproductive health and rights</td>
<td>Sex workers, LGBTI communities, Drug users (PWID) and inmates in correctional facilities, miners and ex-miners, PLHIV, migrants and health care workers</td>
<td>Percentage of KPs reached with services and programmes</td>
<td>Reviewed policies are in line with International and country requirements</td>
<td>Government including relevant private sector; parliament committees, sector, civil society organization, SANAC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To lobby policy in line with International and Country Laws and recommendations</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Establish a joint committee involving NGO leadership, government, and private sector health organizations to monitor and evaluate the impact of the new policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 2: Inclusion of key populations in country and regional processes</strong></td>
<td>Get the voice of key populations heard through making sure that the organizations that support them have enough resources to do their work and to advocate for it</td>
<td>• Mobilize financial and other relevant resources from</td>
<td>Government and other Donors</td>
<td>Availability of resources</td>
<td>• Improved representation of KPs</td>
<td>Government Sector</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure representation of Key Populations in relevant regional and national mechanisms where key decisions are made.</td>
<td></td>
<td></td>
<td>• Increased resources</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• SANAC</td>
<td></td>
</tr>
</tbody>
</table>
### Objective 3: Creating measurable deliverables and improved reporting mechanisms

<table>
<thead>
<tr>
<th>Improve the access to and use of grant funding by key population organizations</th>
<th>Number of Organizations having accessed funding</th>
<th>% of donor funding spent effectively</th>
<th>Increased funding access</th>
<th>Government Sector, Civil Society organization, SANAC</th>
<th>2016 - 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review policies that relate to the allocation of donor funds to see if they unduly discriminate against LGBTI organisations that are traditionally less resourced</td>
<td>Religious Leaders, Government, NGO’s, and all relevant KP representatives</td>
<td>Reduced stigma index, decrease in reported cases of discrimination</td>
<td>Increase in behaviour change (attitude)</td>
<td>Make sure all those involved in working with key populations know enough about these populations and have learnt from each other</td>
<td></td>
</tr>
<tr>
<td>• Recommend support structures to strengthen these organisations for funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Objective 4: Reinforce knowledge among Global Fund staff and partners

<table>
<thead>
<tr>
<th>Make sure all those involved in working with key populations know enough about these populations and have learnt from each other</th>
<th>Religious Leaders, Traditional Leaders, Government, NGO’s, and all relevant KP representatives</th>
<th>Reduced stigma index, decrease in reported cases of discrimination</th>
<th>Increase in behaviour change (attitude)</th>
<th>Government Sector, Civil Society Organization, SANAC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Orientate all relevant stakeholders results of the stigma index and research on KP</td>
<td></td>
<td></td>
<td>Make sure all those involved in working with key populations know enough about these populations and have learnt from each other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Objective 5: Leadership and advocacy by and for key populations

Make sure all those involved in working with key populations are up to date with the needs and circumstances of these populations and that knowledge is shared to inform best practice

- Mobilize and capacitate leaders in different sectors
- Train health providers in principles of non-discrimination
- Share best practice research and case studies with relevant stakeholders (workshop/dialogue) to inform their work

<table>
<thead>
<tr>
<th>Religious Leaders, Traditional Leaders, Government, NGO’s, and all relevant KP representatives</th>
<th>Number of leadership Organizations engaged</th>
<th>Number of Advocacy programmes implemented</th>
<th>Government Sector, Civil Society Organization, SANAC, Religious Leaders, Traditional Leaders, Communities</th>
</tr>
</thead>
</table>

#### Objective 6: Facilitate community awareness of the KP rights to access to essential services, including health care

Prepare a stall KP community sensitisation stall for the World AIDS Day (WAD) to be held at Ekurhuleni District, Gauteng.

Integrate KP fact sheet into the existing STI/ HIV fact sheet at the Department of Health, to be disseminated during the World AIDS Day event

- Human resource: community outreach teams
- Transport
- Training

<table>
<thead>
<tr>
<th>Human resource: community outreach teams</th>
<th></th>
<th></th>
<th>National Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport</td>
<td></td>
<td></td>
<td>District and provincial HTA coordinators</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td>District peer educators</td>
</tr>
</tbody>
</table>

**2016 - 2018**

**1 December 2016**
<table>
<thead>
<tr>
<th>Objective 7: KP sensitisation training of health care providers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conduct a community dialogue among the World AIDS Day participants, to tackle the social issues exposing the KP to high risk of acquiring and transmitting HIV.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 7:</strong></td>
<td><strong>KP sensitisation training of health care providers</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Review of the existing KP sensitisation manual to ensure it covers all the KP.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Planning of the training process with the national and provincial Regional Training Centres (RTCs).</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Roll out of the sensitisation training sessions for health care providers.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Human resources</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Training budget</strong></td>
</tr>
<tr>
<td></td>
<td><strong>KP supporting partners</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Training of master trainers</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Technical Assistant (TA) for the High Transmission Areas (HTA)/ KP programme; RTCs; KP supporting partners such as Anova, SWEAT etc.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>HTA/ KP programme technical working group (TWG)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>May 2017 and continuous.</strong></td>
</tr>
<tr>
<td>Objective 8: Dissemination of HTA/ KP guidelines for HIV managers and health care providers</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
</tbody>
</table>
| Dissemination of HTA/ KP guidelines for HIV managers and health care providers | • Review of the HTA/ KP guidelines to align them with the latest National Strategic Plan (NSP), which will be launched on the World AIDS Day.  
• Consultative meetings with stakeholders.  
Printing and dissemination of the guidelines | • HTA/ KP programme technical working group (TWG)  
• SANAC  
• Provincial HTA/ KP coordinators | July 2017 |

| Objective 9: Quarterly HTA intervention sites quality of service assessments |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| Quarterly HTA intervention sites quality of service assessments | • Finalisation and formalisation of the reviewed HTA intervention site assessment tool  
• Quarterly service quality assessments of the HTA intervention sites assessment by the provincial and district HTA coordinators  
Reports compiled on findings during quality of service assessments. | • National Department of Health  
• Provincial HTA coordinators | By March 2017 and continuous |
# Swaziland

**Objective:** Disseminate messages co-created with KPs that aims to shift attitudes and beliefs for reduction of stigma and discrimination as a barrier to HIV prevention, testing and treatments for KPs in at least 75% of participating countries by 2018

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Indicators</th>
<th>Person responsible</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a human rights based approach programming monitoring tools</td>
<td>1</td>
<td># Human right based approach programming monitoring tools developed</td>
<td>Muziwethu Prince Nkambule (NERCHA)</td>
<td>2017</td>
</tr>
<tr>
<td>2. Conduct dialogues with key populations to address stigma and discrimination</td>
<td>1</td>
<td># of dialogues conducted with parliamentarians</td>
<td>Honourable Member of parliament Sandile Alpheus Nxumalo (Parliament)</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td># of dialogues conducted with media and arts</td>
<td>Maswati Dludlu (Arterial Network Swaziland)</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td># of dialogues conducted with Church leaders</td>
<td>Reverend Zwanini Shabalala (Church Forum)</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td># of dialogues conducted with Community leaders</td>
<td>Strydom Candie Mpanza (MoH)</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td># of dialogues conducted with the judiciary</td>
<td>Phathaphatha Saul Mdluli (MoJ)</td>
<td>2017</td>
</tr>
<tr>
<td>3. Conduct meetings with members of parliament to lobby for enactment sexual offenses and domestic violence bill</td>
<td>6</td>
<td># of lobbying meetings conducted</td>
<td>Honourable Member of parliament Sandile XAlpheus Nxumalo (Parliament)</td>
<td>2017</td>
</tr>
<tr>
<td>4. Sensitise policy makers on the loops holes of the old laws and its current enforcement against key populations</td>
<td>3</td>
<td># of sensitisations with policy makers conducted</td>
<td>Phathaphatha Saul Mdluli (MoJ)</td>
<td>2017</td>
</tr>
<tr>
<td>5. Sensitise law enforcement agencies on the loop holes of the old laws and its current enforcement against key populations</td>
<td>4</td>
<td># of sensitisations with law enforcement agencies conducted</td>
<td>Phathaphatha Saul Mdluli (MoJ)</td>
<td>2017</td>
</tr>
<tr>
<td>6. Participate in health worker dialogues to address stigma</td>
<td>4</td>
<td># of dialogues champions would have participated in</td>
<td>Khanyisile Luju Lukhele</td>
<td>2017</td>
</tr>
<tr>
<td>Activity</td>
<td>Objective</td>
<td>Output</td>
<td>Responsible</td>
<td>Time</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>50 One to one meetings with influential community and traditional leaders</td>
<td>To disseminate messaging co-created with KPs that aim to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment for KP's.</td>
<td>50 engagement meetings conducted</td>
<td>KP's Champions</td>
<td>Once Every Quarter</td>
</tr>
<tr>
<td>8 Engagement meetings with Ministry of Health and Health Care Provider</td>
<td>To disseminate messaging co-created with KPs that aim to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment for KP's.</td>
<td>8 engagement meeting with Ministry of Health and Health Care Providers Conducted</td>
<td>KP's Champions</td>
<td>Once Every Quarter</td>
</tr>
<tr>
<td>8 Engagement and dialogue meetings with key pop network like TLI, FOR and TBZ</td>
<td>To disseminate messaging co-created with KPs that aim to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment for KP's.</td>
<td>8 engagement meeting with KP's Networking Organizations Conducted</td>
<td>KP's Champions</td>
<td>Once Every Quarter</td>
</tr>
<tr>
<td>164 Engagement and dialogue meetings with the parliamentarian e.g. meeting with the opposition parliamentarians.</td>
<td>To disseminate messaging co-created with KPs that aim to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment for KP's.</td>
<td>164 engagement and dialogue meetings with Parliamentarians Conducted</td>
<td>KP's Champions</td>
<td>Once Every Quarter</td>
</tr>
<tr>
<td>8 Engagement meeting and dialogue with the house of chiefs.</td>
<td>To disseminate messaging co-created with KPs that aim to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment for KP's.</td>
<td>8 engagement meetings with house of chiefs conducted</td>
<td>KP's Champions</td>
<td>Once Every Quarter</td>
</tr>
<tr>
<td>8 Dialogue Meetings with the National AIDS Council</td>
<td>To disseminate messaging co-created with KPs that aim to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment for KP's.</td>
<td>8 dialogue meeting with National AIDS Council</td>
<td>KP's Champions</td>
<td>Once Every Quarter</td>
</tr>
</tbody>
</table>
### Objective: Integrate KP reach plans into National KP Plans

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Output</th>
<th>Responsible</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct KP Forum meeting - Give feedback to KP forum</td>
<td>KP led &amp; KP IPS and Partners</td>
<td>Meeting held</td>
<td>NAC</td>
<td>Nov-16</td>
</tr>
<tr>
<td>Conduct a KP stakeholder mapping - Through consultations with DAC/NAC</td>
<td>KP led &amp; KP IPS &amp; partners</td>
<td>mapping exercise done</td>
<td>KP Reach Zim Champions</td>
<td>Q1 2017</td>
</tr>
<tr>
<td>Database</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situational Analysis of KP advocacy work to remove stigma and improve</td>
<td>KP led &amp; KP IPS and partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>access HIV services - TA to hire a consultant to do the situational</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct KP Hot Spot mapping</td>
<td>KPs</td>
<td>Hot spot report</td>
<td>KP Reach Champions</td>
<td>Q2 2017</td>
</tr>
<tr>
<td>Dissemination of finding to stakeholders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refine action plan in line with findings including selection the KPs</td>
<td>KP led &amp; KP IPS and partners</td>
<td>Refined work plans</td>
<td>NAC &amp; KP REACH CHAMPIONS</td>
<td>Q2 2017</td>
</tr>
<tr>
<td>champions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct speak out dialogues - Sessions with different community leaders;</td>
<td>Gen population</td>
<td>Number of meeting held</td>
<td>KP Reach Champions ZIM</td>
<td>Q3 2017</td>
</tr>
<tr>
<td>Session with different service providers relevant sectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of contextualised messages</td>
<td></td>
<td>Number of messages developed, pretested and</td>
<td>KP Reach Champions Zim</td>
<td>Q3 2017</td>
</tr>
<tr>
<td>Integrate KP issues in HIV Programmes</td>
<td></td>
<td>shared</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Objective 2: Integrate KP messaging into national HIV programmes**

<table>
<thead>
<tr>
<th>Activity</th>
<th>MOHCC Sectors</th>
<th>ATP Partners</th>
<th>MOHCC Training Packages</th>
<th>Number of training and mentoring sessions done for HCWs</th>
<th>NAC, MOHCC, KP Reach Champions ZIM</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give feedback to the HIV Coordination meeting</td>
<td>MOHCC Programme Managers</td>
<td>MOHCC Partners, KP LED and KP IPS</td>
<td>Updated Manuals</td>
<td>No. of Supportive Supervision Visits done</td>
<td>NAC, MOHCC, KP Reach Champions ZIM</td>
<td>Q4 2016</td>
</tr>
<tr>
<td>Give feedback to the HIV Partnership Forums</td>
<td>MOHCC Programme Managers</td>
<td>MOHCC Partners, KP LED and KP IPS</td>
<td>Updated Manuals</td>
<td>Number of meeting held</td>
<td>NAC, MOHCC, KP Reach Champions ZIM</td>
<td>Q4 2016, Q1 2017</td>
</tr>
<tr>
<td>Disseminate KP messages on HIV Testing campaigns</td>
<td>Gen populations</td>
<td>MOHCC Training Packages</td>
<td>Updated Manuals</td>
<td>No. of Campaigns done</td>
<td>NAC, MOHCC, KP Reach Champions ZIM</td>
<td>2017, 2018</td>
</tr>
<tr>
<td>Update Training and sensitisation materials to include KPs</td>
<td>MOHCC Training Packages</td>
<td>MOHCC Training Packages</td>
<td>Updated Manuals</td>
<td>Number of meeting held</td>
<td>NAC, MOHCC, KP Reach Champions ZIM</td>
<td>Q4 2016, Q1 2017</td>
</tr>
<tr>
<td>Train and mentor health care workers on public health needs of KPs</td>
<td>MOHCC HCWs</td>
<td>MOHCC HCWs</td>
<td>No. of Supportive Supervision Visits done</td>
<td>NAC, MOHCC, KP Reach Champions ZIM</td>
<td>2016 - 2018</td>
<td></td>
</tr>
<tr>
<td>Support and supervise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NAC, MOHCC, KP Reach Champions ZIM</td>
<td>2016 - 2018</td>
</tr>
</tbody>
</table>
CLOSE
Late Tuesday afternoon, Delene thanked participants for immersing themselves in the national advocacy planning exercise. National plans were heard in a plenary session the following morning, and the group was asked to re-convene at 8.30am on Wednesday morning. Before leaving, participants also submitted themes they wanted to explore at a regional level for an exercise the following day. Evaluation forms for day two were completed on day three, the results appear below:

**Overall Evaluation Day 1**

<table>
<thead>
<tr>
<th>Quality</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>52%</td>
</tr>
<tr>
<td>Excellent</td>
<td>48%</td>
</tr>
</tbody>
</table>

**Day 2 sessions were helpful**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding the HR response to HIV</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>What does it mean to be a champion?</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>In-country advocacy planning</td>
<td>9</td>
<td>17</td>
</tr>
</tbody>
</table>
Understanding the HR response to HIV

What does it mean to be a champion?

In-country advocacy planning

Day 2 sessions were relevant to my setting

I plan to use what I learnt in Day 2 sessions

Level of Confidence Post-Day 2 Sessions

SAIAIDS/HIVOS 52
Learn what it is to be a champion

Country and regional advocacy planning sessions

The strategies to deal with stigma and discrimination and access to health

I have learnt about advocacy for social change

Getting more information about what is happening in the different SADC countries

Networking

What did you accomplish in Day 2 that was important to you?

In what way could the Day 2 sessions have been improved?

Increase and enhance more examples

Make the human rights session more participatory

Take less time to recap

Give enough time for participants to contribute

Emphasise responsibilities that go with rights

Reporting as a group to back up our one presenter
INTRODUCTION
Delene opened the third and last day of the workshop with some housekeeping. Participants were asked to complete an evaluation form for the second day, to return any outstanding photo consent forms, and to submit any requests for reimbursements.

THE DELLEN SHOW
For the first session on Wednesday morning, participants were asked to showcase the national KP advocacy plans they had drawn up the previous afternoon. This plenary session took the form of a special interest television show (like the Ellen DeGeneres Show). Delene hosted the show and invited a representative from each country to present their plan to the live studio audience.

SESSION ONE
In the first segment of the show, plans for Malawi (Enock Phale, Health), Zambia (Lubinda Chingumbe, Health), Botswana (Dintle Victor Thanke, Health), and Swaziland (Maswati Dludlu, Traditional) were presented. Country plans were projected on screen for the audience to see as the presenter spoke. The studio audience were then invited to ask questions or make comments.
QUESTIONS, COMMENTS & CLARIFICATIONS

Do you need a lot of money from this project? Do you have in-country support? If you had no money from this project, would you be able to do this? (Delene Van Dyk, KP REACH/2nd Sight)

- Some of it
- The irony is that we'll only know in May next year once the national plans are polished what funding is available for them, but we may need to be creative about sourcing funding (Delene Van Dyk, KP REACH/2nd Sight)
- What we are also doing is what we can. We discovered late that we didn’t budget for these work plans, we are now pushing the PR so that at least other partners can support if they can. If we get resources from the other PR we can also support. As SAfAIDS we also have another programme called SCOPE and six countries that fall under the programme may be able to benefit from SCOPE while we’re implementing. We’ll take it back and discuss internally how best to support these initiatives (Ngoni Chibukire, KP REACH/SAfAIDS)
- What I’m seeing, is that the issue of the health service provider manual might be a common issue at regional level, and we could engage the PR regionally for that (Ngoni Chibukire, KP REACH/SAfAIDS)
- We do have a regional manual for KPs. It’s free to use and you just may need to apply its content to your context. The issues on the ground are basically the same, even though the legal and cultural contexts are different, such as more violence against lesbian and trans women in South Africa, but not blackmailing
like in Zambia. Organisations like COC and HIVOS have been funding health care provider training for 6 - 7 years, but this meeting is different in that it looks at five sectors. That’s why this meeting is ground breaking (Delene Van Dyk, KP REACH/2nd Sight)

- How can we access this book? (Dintle Victor Thanke, Health, Botswana)
- The printed version I will need to put in Dropbox for you because it’s so big, but I will email through the digital copy as well as the facilitators manual (Delene Van Dyk, KP REACH/2nd Sight)

*Note: During the course of the day, the digital copy of the integrated manual was loaded onto flash drives which were distributed to participants at the end of the day*

**ENERGISER: LUCKY DRAW**

Delene facilitated the first lucky draw for the day which helped re-energise and focus participants following the presentation of the first four national KP advocacy plans.

**SESSION TWO**

In the second segment of the show, plans for Lesotho (Ntholeng Daniel Molefi, Justice), Zimbabwe (Tendai Mbenyeanwa, Health), and South Africa (Roelene Booi, Justice) were presented. As only one participant from Namibia was present at the workshop, Namibia’s planning was done in conjunction with Lesotho and Franzina Jagger (Health Namibia) sat on stage to represent Namibia. As in the first segment, country plans were projected on screen for the audience to see as the presenter
spoke. After a brief tea break, the audience re-convened to make comments and ask questions.

QUESTIONS, COMMENTS & CLARIFICATIONS

We as the traditional leaders back home, this is challenging because in Botswana, as an only chief...last year we had a same seminar as this one, some traditional leaders, they walk out of the seminar and said you, young boy, why are you listening to these people? To my colleagues, I think we are going to make an effort to call all those leaders and track them with this issue. It’s going to take a long process to build this up (Chief Bafedile Lesoma, Traditional, Botswana)

- Thanks, Chief, it’s a very lonely place, these are beautiful plans and it’s a scary space. Richman there has been doing this for 7 years, he may be a good mentor for you. The message is, you’re not alone and we’re going to help and support (Delene Van Dyk, KP REACH/2nd Sight)
- The same in Malawi, the frequency of meetings have an impact on how people understand this issue. We had reform on the abortion law, and because of the meetings, if you go to traditional leaders now, they give you the facts and support it. People are not aware of KP strategies.

I will be brief, thank you to all of you who impacted my life over these two days, I’m leaving early. There are low hanging fruits already, let’s use the low hanging fruits to strengthen one another in your respective countries. It is there, we will need help and respite, it’s tiring. I can visualise and feel it. We need to become a support group ourselves to one another, and have smaller workshops or events where we can strengthen each other, and we need a safe space where we can come to and come lean on each other. God-bless you all (Rev Desmond Lambrecht, Religion, South Africa)

- I am a mentor sent to earth to help others with issues I suffered through alone. These beautiful country plans take a toll on us. I would make an effort emotionally and spiritually to support you (Delene Van Dyk, KP REACH/2nd Sight)

Directed to the chiefs from Botswana and Malawi...what is it that spurred you to listen? Maybe we can use that same strategy moving forward. In terms of timing we need to be cognizant of what is happening in the macro-climate of our countries. As champions, we need to focus on timing. So, in Zimbabwe, we’re going into the elections. Things become sensitive so we need to go in strategically but not stop the work (Tendai Mbenyeranwa, Health, Zimbabwe)

- Yes, everything is marinated in fear and guilt (Delene Van Dyk, KP REACH/2nd Sight)
Personally, I think that we also need to accept and admit that this is hard stuff. This is a very serious issue - looking back to where we came from. Since I came here I’ve been trying to chew this information. When I look at myself personally, chewing is easy but swallowing is hard. From the religious point of view we are still experiencing the same thing as our traditional leaders. We recognise that marginalisation and silence is a fertile cow for abuse. As a faith based organisation, the Churches are not yet ready to address this issue openly, it’s one of the issues we need face, although it is killing people. We really need more follow ups and trainings on this issue (Ntholeng Daniel Molefi, Justice, Lesotho)

- I’m with you, let’s not get too deep into despair. This meeting wouldn’t have happened 10 years ago (Delene Van Dyk, KP REACH/2nd Sight)
- As much as we may not be happy about the progress, we have progress, for example, the homophobic pastor from Trump’s country, he was expelled – from South Africa, Botswana and Malawi (Sam Khandlhlela, Traditional, South Africa)
- The irony is that we are saying no to homophobia (Delene Van Dyk, KP REACH/2nd Sight)
WORLD CAFÉ: REGIONAL ADVOCACY PLANNING

On Wednesday morning, Delene facilitated a World Café exercise for an hour: Seven meta-themes (see Appendix B) for regional KP advocacy planning were drawn from themes submitted by participants. Seven tables represented each theme and participants were encouraged to gather around the theme that most interested them. The subsequent discussions were recorded on flip chart paper and left for any subsequent participants to build on. The process was governed by the Law of Two Feet which encouraged participants to keep moving between discussions that interest them and to which they can contribute. Please see below for the regional advocacy themes and planning ideas that emerged from the discussions:

**Theme 1: Regional level KP and Champions campaign - messaging**

1. **Activities:**
   - One-on-one meetings
   - Breakfast meetings
   - Road shows
   - Exchange visits
   - Mass media
   - Community dialogue

2. **Slogans:**
   - KP’s rights are human rights
   - Healthy equity for all
   - The time for stigma and discrimination is over
   - Stand out and be counted
   - Break the silence and marginalisation
   - Politicians for KPs
Theme 2: Improving health services for KPs

1. Identify existing gaps in the provision of health services
2. Capacitate health workers to change negative attitudes
3. Provide appropriate mentorship and a health care manual
4. Sensitisation for KPs and community and create demand (health seeking behaviours)
5. Differentiated care model for KPs
6. KP sensitive
7. Comprehensive health care services
8. Adequate infrastructure (health facilities)
9. Alignment of clinical guidelines to be inclusive for KPs

Theme 3: Integrating KP advocacy strategies from each sector to fight stigma and discrimination

1. Legal sector:
   - Reforms
   - Strategies that were used elsewhere to change/influence legislature
   - Comparative analysis of legal interventions
2. Mass media electronic and print campaigns by:
   - CSOs
   - Religious leaders
   - Political sector
   - Traditional sector
   - Medical/health sector
3. Community engagement
4. Joining/establishing regional KP-focused desks in NACs
   - Sharing ideas
   - Strategies for strengthening KP voices
5. Lobbying relevant parliamentary portfolio committees
6. Using regional blocks like SADC to make governments accountable to what they sign for in country reports
7. KP event at SADC level meetings
Theme 4: Research

1. KP size estimation and EPI data
2. Knowledge, attitude, perceptions and behaviour of health care workers or service providers towards KPs, as well as of the community
3. Baseline studies to know what’s on the ground
4. A regional knowledge, attitude and practice survey on health care workers towards KPs
5. Documentation of best practices for KPs in Southern Africa
6. Encourage KPs to come out and be identified

Theme 5: Capacity building, training and mentorship

1. Health care worker trainings
2. Training of leadership on KP issues
3. Capacity building on setting up National Strategy Plans that have a strong KP component
4. Capacitating legal and policy makers on KPs and related issues
5. Training of trainers both KP and non-KP
6. Capacitating religious leaders on KPs
7. Creating models/centres of excellence then have exchange visits to the centre (benchmarks)
8. Exchange visits by regional champions
9. Develop blended learning packages for ongoing training/mentorship

Theme 6: Regional KP Champion Network

1. Exchange visits for regional KP Champions
2. Formulation of social networks like WhatsApp and Facebook
3. Establishment of Parliamentarian KP Champion Network to share law reform
4. Establishment of regional KP Champion workshops for religious leaders and traditional leaders (separate workshops)
5. Twinning of KP networks
6. Regional KP Champions x 2 conferences
7. Strengthen coordination of in-country sectors using NAC KP desks
8. Link and learn platforms for all champions e.g. WhatsApp groups etc.
9. Link the regional network to continental human rights systems e.g. African Commission on Human Rights
Theme 7: Regional KP Documentary

1. Strengthen regional participation
2. Best practice documentation processes
3. Identification of film-makers and radio producers in each country and conduct a training on KPs and their human rights
4. Development of a film research tool, scriptwriting, mentorship of community, filming and mobilisation of community practitioners
5. Scripting, interviews and recording in each country
6. Editing of footage
7. Documentary and radio programmes on TV, DVD and CD
8. A team comes together to edit film from all countries to come up with a regional documentary
9. Regional documentary is shown to SADC heads of state, recreationally and civil society in the region

SECTOR MEETINGS

After World Café, Delene invited participants to gather in sector-groups (health, justice, religion, tradition and politics). Each group was asked to choose a regional advocacy theme to initially focus their efforts on, and to come up with a group name or slogan which best describes them. Each group also provided their phone numbers so facilitators could create WhatsApp groups for each sector (the groups will be named per the slogans/names chosen by each sector group). This exercise gave sectors across the region to network, foster regional relationships and initiate a conversation which can be developed on WhatsApp. After approximately forty minutes, each sector shared their name and theme with the whole group. Please find sector group names and chosen theme below.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Name</th>
<th>Regional Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Health with a Twist</td>
<td>Improving health services for KPs</td>
</tr>
<tr>
<td>Justice</td>
<td>Justice for All</td>
<td>Integrating KP advocacy strategies from each sector to fight stigma and discrimination</td>
</tr>
<tr>
<td>Politics</td>
<td>KP Political Champs</td>
<td>Integrating KP advocacy strategies from each sector to fight stigma and discrimination</td>
</tr>
<tr>
<td>Religion</td>
<td>Human Dignity</td>
<td>Regional Level KP and Champions Campaign: Messaging (No One Left Behind)</td>
</tr>
<tr>
<td>Tradition</td>
<td>Traditional Champions</td>
<td>Capacity building, training and mentorship</td>
</tr>
</tbody>
</table>
CLOSE

On Wednesday afternoon, after lunch, participants were asked to fill out three evaluation forms, and to hand in any outstanding evaluation or photo consent forms from the previous two days. When participants handed their forms over, facilitators gave each participant a flash disk which was loaded with information discussed during the workshop. Participants were also given a form to fill out for incidental reimbursements which could be collected from Ngoni.

Ngoni thanked participants for taking the time to be at the workshop, emphasising that change begins at the individual level; with each participant in the room. He informed participants that SAfAIDS, in due course, will take national and regional advocacy plans forward. Memorandums of Understanding will be signed with Champions to formalise both a commitment to the process and the relationship. Delene also thanked participants for having the courage to be in the room and wished each participant safe travels home. She also thanked the facilitation and support team for ensuring the workshop went smoothly.
Opportunities in-country level for enhanced linkages and networking
Working with KP organisations for in-country advocacy and core messaging
Opportunities for regional linkages and networking
Working with KP organisations for regional advocacy and core messaging
What did you accomplish in Day 3 that was important to you?

- I can facilitate a dialogue with KPs and other stakeholders: 1
- Understanding of how stigma towards KPs can be eliminated: 1
- Sharing my concerns as a champion and how we would want further support: 2
- Regional networking, planning and mentorship: 6
- Exchanging & sharing best practices: 7
- Exchanging experiences and planning as a sector: 8
- Coming up with plans for countries, sectors and the region: 6

In what way could the Day 3 sessions have been improved?

- Sector groups should have given feedback to the whole group: 1
- More time for the workshop as a whole: 1
- More time for group discussions, networking & information sharing: 5
- Putting all the presentations on one format: 1
- More time for sector networking, sharing and discussions: 9
FEEDBACK FROM OVERALL POST-WORKSHOP EVALUATION FORMS

Overall impression of the workshop

- THE REGISTRATION, HOTEL RESERVATIONS WAS GOOD
  - Strongly Agree: 26
  - Agree: 10
  - Neither Agree/Disagree: 7
  - Disagree: 12
  - Strongly Disagree: 2

- THE MATERIALS DISTRIBUTED WERE PERTINENT AND USEFUL
  - Strongly Agree: 24
  - Agree: 12
  - Neither Agree/Disagree: 11
  - Disagree: 5
  - Strongly Disagree: 1

- THE PRESENTERS WERE KNOWLEDGEABLE
  - Strongly Agree: 28
  - Agree: 7
  - Neither Agree/Disagree: 13
  - Disagree: 1
  - Strongly Disagree: 1

- THE QUALITY OF INSTRUCTION WAS GOOD (DELIVERY MODE)
  - Strongly Agree: 25
  - Agree: 11
  - Neither Agree/Disagree: 15
  - Disagree: 4
  - Strongly Disagree: 6

- PARTICIPATION AND INTERACTION WERE ENCOURAGED
  - Strongly Agree: 23
  - Agree: 12
  - Neither Agree/Disagree: 22
  - Disagree: 1
  - Strongly Disagree: 1

- ADEQUATE TIME FOR QUESTIONS AND DISCUSSION
  - Strongly Agree: 21
  - Agree: 11
  - Neither Agree/Disagree: 28
  - Disagree: 7
  - Strongly Disagree: 4

- DURATION OF SESSIONS WERE GOOD
  - Strongly Agree: 18
  - Agree: 17
  - Neither Agree/Disagree: 13
  - Disagree: 20
  - Strongly Disagree: 1

- THE VENUE CHOSEN FOR THE INDUCTION WAS GOOD
  - Strongly Agree: 29
  - Agree: 29
  - Neither Agree/Disagree: 3
  - Disagree: 6
  - Strongly Disagree: 1

- THE AIRPORT SHUTTLE SERVICE WAS GOOD
  - Strongly Agree: 28
  - Agree: 6
  - Neither Agree/Disagree: 24
  - Disagree: 18
  - Strongly Disagree: 1

- THE WORKSHOP DATES WERE WELL TIMED
  - Strongly Agree: 15
  - Agree: 18
  - Neither Agree/Disagree: 14
  - Disagree: 18
  - Strongly Disagree: 2

- OVERALL ORGANISATION OF WORKSHOP WAS WELL DONE
  - Strongly Agree: 24
  - Agree: 11
  - Neither Agree/Disagree: 9
  - Disagree: 20
  - Strongly Disagree: 2

Overall Impression of the workshop
- Strongly Disagree
- Disagree
- Neither Agree/Disagree
- Agree
- Strongly Agree
What was most important to you?

- Breaking stereotypes amongst leaders: 1
- In-depth information about KPs and their challenges: 2
- Straight talk: 1
- Lucky draw gifts: 1
- Human rights approach (leave no one behind): 2
- Relevant topics and sufficient materials: 6
- Logistically well organised workshop with support staff and good communication: 10
- Respectful, knowledgeable, relaxed, approachable and flexible facilitation: 6
- Interactive & introspective nature of the workshop and sharing of best practice: 4
- Having diverse leaders from different sectors lead the process: 8

In what way could the workshop be improved?

- More space for disagreement (often there's no right/wrong answer): 1
- One-on-one or smaller group sessions: 1
- Not travelling on Sundays or having to leave very early from home: 2
- More time & opportunities to interact and share experiences: 13
- Hearing from KPs and those who work with them: 3
### What did you specifically learn at this workshop?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>The impact of and need to tackle stigma and discrimination amongst KPs</td>
<td>12</td>
</tr>
<tr>
<td>In-depth understanding of KP categories, challenges, needs</td>
<td>11</td>
</tr>
<tr>
<td>Self-reflections, responsibilities, experiences and challenges of Champions in the region</td>
<td>9</td>
</tr>
<tr>
<td>Morals and values exercise</td>
<td>2</td>
</tr>
<tr>
<td>Opportunities for national, regional and sectoral KP advocacy</td>
<td>8</td>
</tr>
<tr>
<td>How Global Fund, SAFAIDS and KP REACH operate in the region</td>
<td>6</td>
</tr>
<tr>
<td>The role of a human rights based approach to ending HIV and AIDS</td>
<td>7</td>
</tr>
<tr>
<td>Binaries and Boxes or Not, especially clarity of terminology</td>
<td>18</td>
</tr>
<tr>
<td>Gaps in health care provision for KPs</td>
<td>4</td>
</tr>
</tbody>
</table>
Do you need any specific information on the topic of prevention of stigma and discrimination towards KPs?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>More information on providing health for KPs</td>
<td>1</td>
</tr>
<tr>
<td>More information on rights of KPs</td>
<td>1</td>
</tr>
<tr>
<td>Strategies to deal with political, cultural and community backlash</td>
<td>1</td>
</tr>
<tr>
<td>Networking forums for champions</td>
<td>1</td>
</tr>
<tr>
<td>Practical daily, medium, and long-term strategies for tackling stigma and discrimination</td>
<td>1</td>
</tr>
<tr>
<td>Best practices in the region</td>
<td>2</td>
</tr>
<tr>
<td>More data on stigma and discrimination towards KPs</td>
<td>3</td>
</tr>
<tr>
<td>Support in the process of becoming and being a champion</td>
<td>2</td>
</tr>
<tr>
<td>Tools &amp; IEC material (in local languages) to help implement knowledge</td>
<td>7</td>
</tr>
<tr>
<td>More information on legal frameworks in the different countries</td>
<td>2</td>
</tr>
<tr>
<td>Resolving KP issues with religious teachings</td>
<td>1</td>
</tr>
<tr>
<td>How to influence leaders to protect KPs</td>
<td>2</td>
</tr>
</tbody>
</table>
### What do you now perceive to be your biggest challenge in preventing stigma and discrimination towards KPs?

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of an established network of champions at country and regional level</td>
<td>1</td>
</tr>
<tr>
<td>Finding platforms to address KP issues publicly</td>
<td>1</td>
</tr>
<tr>
<td>Evidence-based research to inform programming</td>
<td>2</td>
</tr>
<tr>
<td>Financial and human resources for advocacy, lobbying, sensitising and training people of key influence</td>
<td>3</td>
</tr>
<tr>
<td>Being a champion in a hostile environment (dealing with isolation/bullying)</td>
<td>4</td>
</tr>
<tr>
<td>Changing/challenging religious and cultural attitudes and perceptions within communities</td>
<td>17</td>
</tr>
<tr>
<td>Practical strategies to tackle stigma and discrimination</td>
<td>2</td>
</tr>
<tr>
<td>Getting support from KP communities and NGOs</td>
<td>3</td>
</tr>
<tr>
<td>Working to change laws and policies that do not support KP rights</td>
<td>5</td>
</tr>
<tr>
<td>Working with other key stakeholders who may resist advocating for KPs</td>
<td>4</td>
</tr>
</tbody>
</table>

**"REACHING OUT"**
## APPENDIX A: AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Arrival and registration</td>
<td>Recap</td>
<td>The Dellen Show: Plenary feedback on</td>
</tr>
<tr>
<td></td>
<td>Introductions</td>
<td>The human rights approach to KPs</td>
<td>national advocacy plans</td>
</tr>
<tr>
<td></td>
<td>Opening remarks and</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>welcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre-workshop assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>Workshop expectations and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session</td>
<td>objectives</td>
<td></td>
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<tr>
<td></td>
<td>What is the Global Fund?</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Tea</td>
<td></td>
</tr>
<tr>
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<tr>
<td></td>
<td>SAfAIDS work in the SADC region</td>
<td>Defining championship</td>
<td>World Café: Regional KP Advocacy Planning</td>
</tr>
<tr>
<td></td>
<td>Understanding Stigma and Discrimination</td>
<td></td>
<td>Sector Meetings</td>
</tr>
<tr>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Lunch</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Understanding morals and</td>
<td>National KP Advocacy Planning</td>
<td>Post-Assessment Evaluations</td>
</tr>
<tr>
<td>Afternoon</td>
<td>values</td>
<td></td>
<td>Wrap up</td>
</tr>
<tr>
<td>Session</td>
<td>Binaries and Boxes (or Not!)</td>
<td></td>
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<td></td>
<td></td>
<td>Tea</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Afternoon</td>
<td>National KP Advocacy Planning</td>
</tr>
<tr>
<td></td>
<td>Session</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Binaries and Boxes (or Not!) continued</td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX B: REGIONAL THEMES

<table>
<thead>
<tr>
<th>Regional KP Advocacy Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Regional level KP and Champions campaign: Focus on messaging (e.g. no one left behind)</td>
</tr>
<tr>
<td><strong>2</strong> Improving health services for key populations</td>
</tr>
<tr>
<td><strong>3</strong> Integrating KP advocacy strategies from each sector to fight stigma and discrimination</td>
</tr>
<tr>
<td><strong>4</strong> Research: Taking stock of what’s already been done</td>
</tr>
<tr>
<td><strong>5</strong> Capacity building, training, and mentorship</td>
</tr>
<tr>
<td><strong>6</strong> Regional KP Champion Network: Conferences, workshops, committees</td>
</tr>
<tr>
<td><strong>7</strong> Regional KP Documentary</td>
</tr>
<tr>
<td>APPENDIX C: NATIONAL GROUPS</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>BOTSWANA</strong></td>
</tr>
<tr>
<td>1. Chief Bafedile Lesoma (Traditional) <a href="mailto:lesomalesoma119@gmail.com">lesomalesoma119@gmail.com</a></td>
</tr>
<tr>
<td>2. Dintle Victor Thanke (Health) <a href="mailto:dintle@gmail.com">dintle@gmail.com</a></td>
</tr>
<tr>
<td>3. Pastor Gabriel Musindo (Religion) <a href="mailto:lesomalesoma119@gmail.com">lesomalesoma119@gmail.com</a></td>
</tr>
<tr>
<td>4. Jonathan Moyombuya Moalosi (Health) <a href="mailto:Jonathanmoalosi@yahoo.com">Jonathanmoalosi@yahoo.com</a></td>
</tr>
<tr>
<td><strong>LESOTHO &amp; NAMIBIA</strong></td>
</tr>
<tr>
<td>1. Mamaima Motanyane</td>
</tr>
<tr>
<td>2. Ntholeng Molefi (Justice) <a href="mailto:ntholengmolefi@gmail.com">ntholengmolefi@gmail.com</a></td>
</tr>
<tr>
<td>3. Malebohang Maine (Health) <a href="mailto:malebomaine@gmail.com">malebomaine@gmail.com</a></td>
</tr>
<tr>
<td>4. Manthota Lebusa (Political) <a href="mailto:tonerlane@gmail.com">tonerlane@gmail.com</a></td>
</tr>
<tr>
<td>5. Franzina Jagger (Health) <a href="mailto:franzinajagger@gmail.com">franzinajagger@gmail.com</a> - Namibia</td>
</tr>
<tr>
<td><strong>MALAWI</strong></td>
</tr>
<tr>
<td>1. Charles Chimenya (Health) <a href="mailto:charleschimenya@yahoo.com">charleschimenya@yahoo.com</a></td>
</tr>
<tr>
<td>2. Rev Martin (Religion) <a href="mailto:mkalimbe@yahoo.co.uk">mkalimbe@yahoo.co.uk</a></td>
</tr>
<tr>
<td>3. Pacharo Kayira (Justice) <a href="mailto:pkayira@yahoo.com">pkayira@yahoo.com</a></td>
</tr>
<tr>
<td>4. Enock Phale (Health) <a href="mailto:enockphale@gmail.com">enockphale@gmail.com</a></td>
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<tr>
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APPENDIX E: SUPPORTING DOCUMENTS


- *Presentation: Binaries and Boxes (or Not!) Understand Human Sexuality – Understand Life! KP REACH Champions Meeting: 7 – 9 November*, by Delene Van Dyk, 7 – 9 November, 2016


- *Presentation: A Southern African Regional Programme supported by the Global Fund to Fight AIDS, Tuberculosis, and Malaria* by Themby Chiware (KP REACH/HIVOS), 7 – 9 November, 2016


- Video: Introduction to the Global Fund and CCMs [https://www.youtube.com/watch?v=qOPU9f6MM0E](https://www.youtube.com/watch?v=qOPU9f6MM0E)