

## Harvested Outcomes PITCH - Substantiated

This document presents the 39 harvested outcomes which have been substantiated. The outcomes are organised per country and region (Global Policy: 4; EECA Regional Programme: 2; Indonesia: 4; Kenya: 4; Mozambique: 3; Myanmar: 4; Nigeria: 4; Uganda: 4; Ukraine: 4; Vietnam: 4; and Zimbabwe: 2). ID numbers correspond to the originating database.

ID	Outcome Description	Significance Description	Contribution Description
<b>GLOBAL LEVEL</b>			
136	On August 24, 2019, at the G7 in Biarritz, France, the president of the European Council Donald Tusk announced an early pledge of € 550 million to the Global Fund to fight AIDS, TBC and Malaria, on behalf of EC President Jean-Claude Juncker.	This represents an increase of 16% compared to the previous replenishment cycle (€ 475 million). That is a major achievement given the financial constraints and political climate at EU level and was against all expectations. It set the momentum for other EU countries to increase the percentage of their financial commitments as well. While the absolute amount in financial terms is less than what individual countries pledged, the increase was symbolic as no country wanted to increase its contribution and everybody was waiting to see what the other would do.	Arben Fetaj, Head of EU Policy at Aidsfonds and PITCH Global Policy colleague, led civil society advocacy efforts in Brussels, Rome, London, and The Hague, targeting the EC President Donald Tusk. PITCH leveraged on the influence of French President Macron through its partners in Paris, who pressured the French chancellery to adopt the PITCH ask of a € 580 million pledge from the European Commission.
92	On 12 July 2019, at the UN High Level Political Forum (HLPF) in New York and straight after the PITCH side event, Mr Raka Pamungkas, third secretary of the Permanent Mission of Indonesia to the UN, invited the PITCH country focal point (CFP) for Indonesia, Baby Rivona, for an informal dialogue to further discuss the implementation of the SDGs in Indonesia. During that informal conversation that took place immediately, the Indonesia Representative recognized the	It was the first time for the PITCH country focal point in Indonesia to have a meaningful dialogue with a representative from the Indonesian Foreign Ministry on these issues and directly in response to the concerns Baby had raised in her intervention during the side event. The concern being that official Indonesian government 2019 reporting on progress to achieve the 2030 Agenda, including the Target to end AIDS by 2030, failed to meaningfully consult communities. (a civil society parallel report highlighted these gaps).	PITCH (Aidsfonds) and FSP (MPact) organized an in-person workshop in Indonesia in January 2019 to build the Indonesian CFP and selected civil society organizations' capacities on Universal Health Coverage and the SDGs and MPact provided tailored coaching, technical support, and guidance through to July 2019 to Indonesian civil society to produce a Voluntary National Review (VNR) parallel report. This report provided an advocacy framing for the Indonesian CFP to approach and share her concerns with the Indonesian Minister of National Development Planning and a delegate from the Ministry of Foreign Affairs, after their presentation on the Indonesia VNR at the HLPF, shortly before the PITCH side event of 12 July. At the PITCH side

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<b>GLOBAL LEVEL</b>			
	<p>importance of equal access to HIV-related services, SRHR, and reduced discrimination as necessary for the achievement of the Sustainable Development Goals, and promised to raise these issues with the Indonesian government with support of documentation to be sent by Baby Rivona about the mini study about young people and SRHR in Papua.</p>	<p>A Foreign Ministry representative engaging the PITCH CFP for dialogue represents a significant change, because engagement on these topics (particularly at the Foreign Ministry level) is unprecedented. The establishment of this communication created a new opening for future collaboration between Baby, who represents many platforms on key populations, and Indonesian government representation at the UN. Unfortunately, due to practical issues, no concrete collaboration plans yet have been articulated since.</p>	<p>event of 12 July 2019, the Indonesian CFP spoke on challenges to accessing HIV-related services. The representative of the Indonesian Permanent Mission attended the side event unexpectedly and followed up with the Indonesian CFP immediately to have a meeting.</p>
90	<p>During the UNAIDS side event at the International AIDS Conference of July 2018 in Amsterdam, UNAIDS' Deputy Director Gunilla Carlsson publicly recognized the importance of including HIV in official and parallel reporting on the Voluntary National Review (VNR) process, to highlight access to HIV services, Sexual and Reproductive Health and Rights (SRHR), and reduced discrimination as barriers to achieving the 2030 Agenda.</p>	<p>UNAIDS had not publicly articulated before a commitment or process by which civil society or governments should report on HIV in relation to Voluntary National Reviews of Sustainable Development Goal implementation. Official guidelines or a strategy for involving UNAIDS country teams in VNR reporting has yet to be communicated but at least UNAIDS organised another HIV side event at the High-Level Political Forum in 2020 in New York, which can be seen as an indication of their interest to pursue the issue.</p>	<p>MPact produced various resources: Getting on Track in Agenda 2030 (March 2018), which includes an overview of the VNR process and assesses the inclusion of HIV and key populations in 2017 VNR reports, as well as case studies from governments and civil society on engagement in the VNR process. UNAIDS Secretariat reviewed this report and was notified about the targeted recommendations to UNAIDS Country Teams. Make Your Voice Heard in Your Country's VNR: (March 2018) this short info sheet highlights opportunities for civil society engagement in SDG reporting including some key concepts for creating parallel reports. This information was the basis of the side event at AIDS2018. Agenda 2030 for LGBTI Health &amp; Well-Being (June 2017), which includes an in-depth review of the Targets in Goal 3 (health) and how they apply to LGBTI people. This was the first publication on the topic and it was shared with UNAIDS, laying the groundwork for thinking about HIV and SRHR among LGBTI people in the framework of the 2030 Agenda. In many ways this publication began the conversation between civil society and UN agencies, including UNDP and UNAIDS, on the 2030 Agenda. Focus on VNRs within the 2030 Agenda began over the year following the publication.</p>

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<b>GLOBAL LEVEL</b>			
74	<p>In November 2018, in New York, the UN System Chief Executives Board for Coordination (CEB) – a body representing all 31 UN agencies – met and agreed the first ever UN System Common Position on Drugs. The Common Position seeks to ensure that the entire UN system speaks with one voice on this issue and includes explicit endorsements of harm reduction and decriminalisation for people who use drugs, and strong references to human rights and the SDGs.</p>	<p>The groundbreaking Common Position clarifies the support of the entire UN system for harm reduction and decriminalisation, building on the various levels of support from individual UN agencies prior. Although not legally binding, the Common Position means that at the international, regional and national levels, all UN representatives and officials should be echoing this position and promoting it to governments and other audiences. In turn – if proactively implemented – this will have a positive impact on service access and the lives of people who use drugs.</p>	<p>The issue of UN system-wide coherence has been something that IDPC and other partners have included in their advocacy reports, briefings and messages for the last ten years. With the core funding contributed by PITCH, IDPC have continued to raise this issue in our interactions with policy makers and UN officials, through informal meetings, CND side events, formal dialogues, numerous publications, and in our role as Secretariat for the UN Strategic Advisory Group (SAG) on drugs.</p>

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<b>EASTERN EUROPE AND CENTRAL ASIA REGION</b>			
94	<p>On December 4th, 2019 at the meeting of the working group of the St Petersburg Centre for Prevention and Control of AIDS and Infectious Diseases under the Health Committee of Saint-Petersburg (AIDS Center), the Chief Medical officer declared that AIDS Center of Saint-Petersburg will continue providing treatment to pregnant migrants in Saint-Petersburg.</p>	<p>Within Russian legislation, the Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor) has the right to reject to reside in Russia and deport migrants due to HIV positive status. Due to this fact HIV-positive migrants including pregnant women, do not have access to HIV-treatment. Moreover, there are some contradictions in current legislation of Russian Federation which prevent migrants (including KP representatives) from receiving free HIV treatment. Thus, this decision improves equality, rights, and access to HIV-related services of vulnerable people in St-Petersburg.</p>	<p>In 2019, PITCH partner EVA started receiving more frequent requests from citizens of the Republic of Belarus and Ukraine residing in Russia with questions about the possibility of receiving free medical care and medicines for the treatment of HIV infection in Russian Federation.</p> <p>EVA conducted a legislation analysis, identified some contradictions in different laws and sent an official request addressed to the Prime Minister Dmitry A. Medvedev. Additionally, EVA developed a check-list for migrants what to do when the Russian Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor) would decide to deport migrants due to their HIV status. In October 2019, at the meeting of the Health Committee, EVA raised the issue of pregnant migrants living with HIV not having access to HIV treatment.</p>
93	<p>On 13 June 2019, in Bishkek, Kyrgyzstan, women living with HIV, women who use drugs, female SW and LBT women officially registered the first network of vulnerable women in Kyrgyzstan called Women’s Network of Key Communities as an NGO. Its mandate is to protect the rights of vulnerable women and girls at high risk of HIV and other socially significant diseases.</p>	<p>The civil society of the Kyrgyz Republic is very strong. However, the KP communities used to work separately from each other. Often, they worked towards the same goals, but lack of unity prevented them from achieving meaningful results. The Women’s Network of Key Communities unites four key population groups with intersecting forms of stigma and discrimination. Working together they will increase the voice of women of key communities at the national and local level advocating for a robust response to the epidemic, delivering services that can reach everyone in need and tackling HIV-related stigma and discrimination.</p>	<p>On January 19, 2019, in Bishkek, after years of discussion, at the National meeting of vulnerable women in Kyrgyzstan, representatives of women living with HIV, women who use drugs, female SW and LBT women, women who have children living with HIV made a decision to create a Women’s Network of Key Communities (Network) to reinforce their action and voice against stigma, discrimination and violence and protect their rights. However, they did not have enough capacity and needed an external and professional support to become a strong, sustainable, and influential network. In May 2019, PITCH partner AFEW Kyrgyzstan provided technical support to a group of female leaders representing the Network with registration in the Ministry of Justice, conducted a series of capacity building trainings with the network members on legal aspects of NGO management and helped to design a stamp. The Network includes Kyrgyz representatives from</p>

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<b>EASTERN EUROPE AND CENTRAL ASIA REGION</b>			
			<p>Eurasian HIV Women’s Network; Eurasian Network of Drug-Users;  Eurasian Harm Reduction Network; Association for Women’s Rights in Development and has four board members representing each of the KPs (WLHIV, WWUD, SW, LGBTI).</p>

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<b>INDONESIA</b>			
53	<p>From mid-2018 to mid-2019, eight Legal Aid Institutions (Lembaga Bantuan Hukum/LBH) in 8 provinces in Indonesia signed a memorandum of understanding (MOU) with the 8 Provincial branches of the Organisation of Social Change in Indonesia/ OPSI (PITCH Partner), to provide legal assistance for cases relating to sex workers. The 8 provinces are Riau, Jambi, DKI Jakarta, Bali, East Nusa Tenggara, South Kalimantan, North Sulawesi, and Maluku.</p>	<p>Community Legal Service is a paralegal community of sex workers established by OPSI in 2016 with the support of the PITCH program. CLS consisted of selected OPSI staff who are trained on basic knowledge on human rights, documentation of cases of human rights violations specifically on sex workers etc. Before signing an MoU with the Legal Aid Institute (LBH), OPSI provided legal services through the Community Legal Service (CLS). As paralegals, CLS can only provide assistance to sex workers to obtain legal service but they are not allowed to offer legal services independently themselves as they are not lawyers. With the support of LBH, cases that have been accompanied by CLS can now enter the realm of law through lawyers of LBH.</p>	<p>Throughout 2017, OPSI documented 104 cases of violence and human rights violations through the Community Legal Service (CLS) which is a paralegal of the sex workers community. The documented cases are related to physical, psychological, sexual, economic, gender-based, and structural violence.</p> <p>On 11-13 April 2018, the National OPSI provided capacity building to its members on Community Paralegal Training and Advocacy for CLS in the provinces (Riau, Jambi, DKI Jakarta, West Java, Special Region of Yogyakarta, Bali, South Kalimantan, East Nusa Tenggara, North Sulawesi, and Papua) at Adhi Jaya Sunset Hotel Denpasar, Bali. As a follow-up to the training, CLS started networking and discussing with the local LBH branches, which opened opportunities for collaboration.</p> <p>At the end of April 2018 OPSI began discussions with LBH in 11 Provinces, they are Aceh, Riau, Jambi, DKI Jakarta, Bali, South Kalimantan, North Sulawesi, South Sulawesi, East Nusa Tenggara, Maluku, Papua to seek opportunities for cooperation in advocating cases of violence and human rights violations that have been documented by OPSI. However, only 8 MoU was successfully signed between LBH and OPSI for this collaboration.</p>
46	<p>In October 2019, Reverend Octovianus Rumaropen, Chairperson of the Jayapura Christian Education Foundation engaged in providing Christian Education services for Early Childhood Education (PAUD) to High Schools (SMA) began to include the issue of sexual and reproductive health rights (SRHR) or sexuality in informal</p>	<p>This commitment is important because the majority of the population in Papua is Christian. Patriarchal culture is very high in Papua especially in the context of the vulnerability of young women to gender-based violence and the application of customary law. Access to contraceptive devices and tools is also very difficult to obtain. The church has the ability to mobilize its congregants to understand the issue of SRHR.</p>	<p>From mid-2018 to February 2020, PITCH partner, Inti Muda Indonesia conducted capacity building for 18 young Papuans to be prepared to become young Papuan agent of change through training and mentoring, as part of a fellowship program for young Papuans at the Inti Muda Secretariat office in Jakarta and to be involved in advocacy and networking activities, both at the national and international level.</p>

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<b>INDONESIA</b>			
	<p>education subjects in Religious Education (Church) in Jayapura - Papua Province, Indonesia.</p>	<p>Furthermore, the commitment of the Jayapura Christian Education Foundation becomes very strategic and important for the dissemination of information related to the issue of SRHR, especially for young people.</p>	<p>In December 2018, Inti Muda Indonesia and IPPI (PITCH partners) initiated the formation of Inti Muda Papua, which is managed by 18 young Papuan agents of change who have participated in a series of capacity-building activities.</p> <p>Since getting the capacity building in the form of SRHR Training of Trainers (ToT) from Inti Muda Indonesia and IPPI, some members of Inti Muda Papua have begun to lobby and discuss/share with key stakeholders in Papua, including with Reverend Octo (YKP), on SRHR information and HIV obtained from the ToT on SRHR.</p> <p>On 10 - 12 February 2020, Inti Muda Indonesia and IPPI held a training of SRHR trainers for stakeholders, communities, and mass media in Jayapura, Papua Province. The training of trainers was also attended by Rev. Octo as a trainee.</p>
44	<p>Between August 2018 to January 2019, 2 community health centers/ Puskesmas (Puskesmas Babakan Sari and Puskesmas Puter) and 3 hospitals (Pindad Hospital; Advent Hospital &amp; Al Islam Hospital) in Bandung City, West Java Province, Indonesia, signed Memorandum of Understanding (MoU's) with Puzzle Indonesia (PITCH partner) related to HIV AIDS and sexually transmitted infections (STIs) prevention and control programs especially in terms of socialization, counseling, outreach, by Puzzle Indonesia field support officers for key populations of men who have sex with</p>	<p>To improve the quality of facilities and infrastructure, the Bandung City Health Office, West Java Province requested that the Community Health Centers &amp; Hospitals conduct accreditation. One of the accreditation requirements is to develop cooperation between the government and professional organizations or other institutions (stakeholders) in accreditation and certification processes for services provided by Community Health Centers &amp; Hospitals.</p> <p>Before the MoU was carried out, the 2 community health centers and 3 hospitals already had services related to HIV AIDS and STIs. However, based on the assessment conducted by Puzzle Indonesia in 2018-2019 the 5 health service providers are still lacking in providing qualified health workers related to Care</p>	<p>In 2018, Puzzle Indonesia conducted regular assessments for its monthly meeting on issues related to HIV AIDS and sexual and reproductive health in key populations, especially MSM and transgender, including health facilities available at local health care centers in Bandung. The results of the assessment found that 2 health centers in the city of Bandung, namely UPT Puskesmas Babakan Sari and UPT Puskesmas Puter were found to lack counselors for HIV / AIDS prevention programs for MSM and TG communities. This condition made Puzzle Indonesia - which has a team of certified counselors from the Indonesian HIV VCT Counsellors Association in partnership with the Ministry of Health and the Health Service - see opportunities for cooperation to address the shortcomings of the two community health centers.</p>

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<b>INDONESIA</b>			
	men (MSM) and transgender (TG) communities.	<p>Service Treatment (CST) as well as peer group support and psychosocial support for PLWHA / People with HIV AIDS or People Living with PLWHA.</p> <p>With the existence of this MoU, field support officers from Puzzle Indonesia will provide adequate support and information to clients related to HIV AIDS including HIV testing, STI testing, and/or condoms. They will also provide information to hospitals and health center staff on how to carry out HIV testing. In addition, Puzzle Indonesia is also involved in the socialization of Care Support and Treatment (CST), ARV (Anti-Retroviral) therapy, Peer Support Groups, and social-social support for People Living with HIV AIDS (PLHIV) or People Living with PLHIV and specific assistance for PLHIV from the key populations.</p>	<p>The same assessment was carried out in 2019. The results of the assessment found that there were 3 hospitals in Bandung, namely Pindad Hospital; Advent Hospital and Al Islam Hospital even though they have HIV / AIDS-related counselors, still need support, especially related to Care Support and Treatment (CST) Services and Peer Support Groups, especially for MSM and TG communities.</p> <p>Based on the findings of the assessments, at the end of 2018 and mid-2019, Puzzle Indonesia conducted a hearing to the five health service facilities to inform the findings of the assessment. Through the hearing, Puzzle Indonesia also opened up potential partnerships through several meetings with the five health service facilities. Since the hearing, Puzzle Indonesia conducted intensive coordination with the five health service facilities to prepare the MoU to be signed.</p>
39	On 20 September 2019, the President of the Republic of Indonesia Joko Widodo at the Merdeka Palace, Jakarta declared to postpone the deliberation of the revised Criminal Code Bill (KUHP), stating that the bill has to be open for more discussion. This statement was followed by the statement from the House of Representatives Speaker, Bambang Soesatyo, on 24 September 2019, that government and lawmakers should first provide the public with a better understanding regarding the controversial articles in the bills, citing the need to defuse public anger over the issue.	<p>The Bill of Penal Code consists of formulation that, once enacted, would criminalise and stigmatise HIV-AIDS key populations:</p> <ol style="list-style-type: none"> <li>1. There is an article to criminalize all form of consensual extra marital sex</li> <li>2. There is an article to criminalize promotion of contraceptive tools for adolescents</li> <li>3. There is an article to criminalize all form of abortion</li> <li>4. There is an article to criminalize cohabitation that can be reported by a village head</li> <li>5. "same sex" element was included in the formulation of obscene act criminalization</li> </ol>	<p>Since 2017, PITCH partners based in Jakarta and Bandung, namely the Institute for Criminal Just Reform (ICJR), Rumah Cemara, IPPI, and OPSI have joined the National Alliance for Reform of the Criminal Code. This coalition has compiled several briefs, notes, and recommendation papers related to the formulation of the Criminal Code.</p> <p>In August 2018, ICJR, as a member of National Alliance for Reform of the Criminal Code representing PITCH partners, was invited to a meeting by the Ministry of Law and Human Rights (Kemenkuham) to contribute to the discussion of the Bill of the Penal Code. ICJR advised that the penal code should be reformed, including a recommendation to drop articles that directly or indirectly criminalize key populations.</p>



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<b>INDONESIA</b>			
		<p>6. Drug offences are included in the Bill of Penal Code, which would stigmatize drugs problem as a criminal matter.</p> <p>The postponement means that the bill will not be deliberated or passed in the plenary meetings during the last session of the House’s 2014-2019 term, which will end on 30 September 2019, as the deliberations will be continued by the new cohort of lawmakers, including re-elected ones, who are due to take their seats in the House until 2024 and are scheduled to be installed on 1 Oct 2019.</p> <p>With this postponement, the RKHUP discussion would give the opportunity for the 6 issues above to be changed by the government and the DPR. The President's insistence on further discussing the substance gives opportunities for the public to raise issues related to key populations in further discussions. However, until mid-2020, there has been no substantial discussion between the government and the Parliament. But the progresses are appeared. Progress of the discussion in RKUHP draft from government (Sept 2019 – March 2020) are:</p> <ol style="list-style-type: none"> <li>1. Complaints of consensual sex criminalization by village head is removed by the government’s draft</li> <li>2. The allowable pregnancy for abortion is installed in the RKUHP with an improvement, our current law in Health Act only 40 days in RKUHP from the government is longer, up to 120 days</li> </ol>	<p>From 2017 to mid-2020, the Alliance conducts regular activities related to monitoring and advocacy of the RKUHP including:</p> <ol style="list-style-type: none"> <li>1. Update reports regarding monitoring activities conducted by Alliance: <a href="https://bit.ly/365SbT3">https://bit.ly/365SbT3</a></li> <li>2. Regular Coordination meeting: <a href="https://bit.ly/305qQgc">https://bit.ly/305qQgc</a></li> <li>3. Regular Media releases. Press releases coordinated by ICJR: <ul style="list-style-type: none"> <li>• <a href="https://bit.ly/3cwkll4">https://bit.ly/3cwkll4</a></li> <li>• <a href="https://bit.ly/3i4gcw2">https://bit.ly/3i4gcw2</a></li> </ul> </li> <li>4. Provide analysis: policy brief; media kits; infographics: <ul style="list-style-type: none"> <li>• ICJR released policy brief: <a href="https://bit.ly/330f4W4">https://bit.ly/330f4W4</a></li> <li>• In November 2017, Rumah Cemara and ICJR published the policy paper ""Contraception and its problems in the RKUHP: <a href="https://bit.ly/3i2U2dN">https://bit.ly/3i2U2dN</a></li> <li>• In January 2019, Rumah Cemara and ICJR published research on articles/subsections in the RKUHP that could criminalize narcotic users under the title 'Prison Trap for Narcotics Victims': <a href="https://bit.ly/3cvfEhA">https://bit.ly/3cvfEhA</a></li> </ul> </li> <li>5. Involved in media publishing: invited in media interviews and talk shows: <ul style="list-style-type: none"> <li>• <a href="https://bit.ly/2GacELs">https://bit.ly/2GacELs</a></li> <li>• <a href="https://bit.ly/2EwL22M">https://bit.ly/2EwL22M</a></li> <li>• <a href="https://bit.ly/3i2ceUV">https://bit.ly/3i2ceUV</a></li> </ul> </li> <li>6. Organized rally/mobilization of people: <ul style="list-style-type: none"> <li>• On 12 February 2018, National OPSI mobilizes OPSI members from the provinces (West Java, Banten, DKI Jakarta) to take action in front of the Office of the House of Representatives</li> </ul> </li> </ol>

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<b>INDONESIA</b>			
			<ul style="list-style-type: none"> <li>• OPSI at its provincial branches also mobilized people to take actions together with its local alliances in their respective provinces</li> <li>• On September 16, 2019, Rumah Cemara rented a command car to hold a big demonstration action in front of the House of Representatives in Jakarta and mobilize around 150 people to take join the demonstration</li> </ul> <p>7. Conduct workshop: On May 3, 2018, Rumah Cemara supported the Institute for Study and Advocacy to conduct a consultation workshop on the National Alliance for Criminal Reform in Jakarta</p>

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<b>KENYA</b>			
23	<p>On January 23rd, 2020, during the Universal Periodic Review [UN-UPR] 3rd cycle, in Geneva, the Government of Kenya accepted a number of recommendations, that were made to the Kenya government by different UN member states, touching on HIV (3), Universal Health Care (UHC) (1) and Sexual Orientation and Gender Identity and Expression (SOGIE) rights (6). This included recommendation 6.202: Review all legal, policy and structural barriers that impede the provision of sexual and reproductive health services, in particular against adolescent girls, young women and members of key populations more vulnerable to HIV, and implement comprehensive human rights-based programmes in this area.</p>	<p>In the 2nd UN-UPR cycle review in 2015 the Government of Kenya had only accepted one [1] LGBTI recommendation on discrimination and none on HIV was made to Kenya. In this round, it was the first time for Kenya to receive recommendations on HIV. The 3rd UPR cycle process and outcome has been significant because it will push the Government to remove structural barriers that hinders access to SRHR/HIV services for KPs and AGYW. The outcome will also continue pressing the Government towards decriminalization of KPs as well as promoting and protecting their rights; assist KPs and AGYW partners in ensuring that there will be representation in future UPR conversations that include development of the 3rd cycle UPR implementation framework by the Ministry of Justice and on advocating for access to universal, equitable health rights for criminalized and vulnerable populations. The partners will also be able to follow up with the recommending UN member states to ensure that they encourage their peer (Kenya) to meet the recommendation.</p>	<p>The PITCH partners' engagement in the UPR process started in a meeting held in Mombasa in February 2018, where the PITCH Country Focal Point (CFP) and KP Consortium took part in the deliberations. The Mombasa meeting was a review and drafting of the UPR 2nd Cycle CSO report. In this meeting CFP and KP Consortium were able to lobby for both HIV and SOGIE issues to be incorporated in the report under the ECOSOC and the Group rights.</p> <p>The 3rd UPR cycle process started in July 2018. PITCH partners and other allies supported by PITCH had the first Capacity building workshop at the Double Tree Hotel in Nairobi on UPR.</p> <p>In March 2019 to mid-July 2019, a number of PITCH partners under the leadership of UPR Info Africa held several meetings to prepare shadow reports that were submitted to the Human Right Council on 18th July.</p> <p>After submission, the partners embarked on the in-country advocacy, the main one being the in-country pre-session in 21, 22 October 2019 in Nairobi organised by UPR Info. PITCH also took advantage of the International Conference on Population and Development (ICPD25) in Nairobi in November 2019 to further lobby different missions like the Norway, Denmark and the Dutch Mission.</p> <p>Finally in Dec 11-15 2019 they attended the advocacy week and UPR pre-session in Geneva organised by UPR Info and ILGA where they lobbied different missions at the UPR pre-session meeting and at an individual level.</p> <p>From the various meetings above, KPs and AGYW groups in PITCH supported convening's of organisations to write,</p>

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<b>KENYA</b>			
			<p>review and send three [3] UPR Shadow reports, one on HIV, KP and AGYW; second one on SOGIE issues and lastly by sex workers done by KESWA. In 22 October 2019 PITCH partners KESWA, NGLHRC, KELIN and the PITCH Country Focal Point for Kenya and other partners joined other CSOs to meet in-country UPR pre-session to lobby the different missions ahead of the Geneva UPR pre-session (session hosted by Dutch Embassy). In November 2019, PITCH partners Trans Alliance, KESWA, NGLHRC, KP Consortium Partners and Jinsingu met different missions in Geneva to lobby for both HIV and SOGIE recommendations to the Government of Kenya.</p>
15	<p>In 2018 the Kenya Coordinating Mechanism (KCM) admitted 1 sex worker as community representative at its National Oversight Committee (NOC) in Nairobi, which provides the overall leadership for the Coordination of the Global Fund grants in Kenya. The nomination was through the Key Population Constituency, currently the Key population is represented in the KCM by 2 members and 2 alternates out of 23 KCM members and alternates, additionally a member of SWOP Ambassadors actively represents the KCM in the KCM Oversight Committee and has been participating in KCM Oversight field visits to assess progress made on implementation of GF Grants and benefits to the community In the ongoing funding request application to the Global Fund, a</p>	<p>The inclusion of the Sex Worker (SW) organizations and programs, namely: Health Options Young Men on HIV/AIDS/STIs (HOYMAS) and SWOP Ambassadors, meant that the views and interests of the Sex Worker (SW) organisations would always be factored in decision-making. The admittance of a sex worker in these committees and the allocation of funds are an indication that the Global Fund started recognising sex workers networks as policy drivers within HIV programming. 17 Key Populations led organisations have benefited from capacity building on managing Global Fund funds and are in turn training other Key Populations organisations.</p>	<p>In 2018, all PITCH partners through attending the Inter-Agency Coordinating Committee (ICC) meetings requested the Global Fund to consider Sex Workers organizations as potential Sub recipients for the Global Fund round of funding 2019. At the Kenya Coordinating Mechanism, the Key Populations representatives ensured accountability in allocation and programming for sex workers by sex workers.</p>

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<b>KENYA</b>			
	<p>member of SW has been nominated to the Funding request Secretariat Core Team to provide leadership during the funding request development process. The Sex workers/Key population have also been holding dialogue meetings to discuss and provide inputs to the funding request development process.</p>		
9	<p>In October 2019, at Parliament Buildings in Nairobi, the Parliamentary Caucus on Sustainable Development Goals (SDGs) and Business signed a Memorandum of Understanding (MOU) with VOCAL Kenya, on behalf of other CSOs, a to work together on drug policy reform in Kenya.</p>	<p>This MOU was to increase collaboration and participation of the key stakeholders in harm reduction. Our continued engagement with the policy-makers will be more structured based on this MOU; and again, this was the first time that a Parliamentary organ was signing an MOU with the CSOs on Drug Policy reforms. This also shows that the harm reduction CSOs are also officially recognised by Parliament. Ultimately, this would lead to equal access to health care for people who use drugs.</p>	<p>Planning meetings were hosted by Voices of Community Action and Leadership (VOCAL) to provide more information for Members of Parliament to understand the need for policy change and their partnership. The policy-makers relied on VOCAL to provide information on harm reduction. So we provided the relevant statistics that helped inform the policy-makers on the anticipated policy action.</p>
3	<p>In July 2019, the Ministry of Health in Kenya, issued a circular to all health facilities in the country lifting the restriction on providing Dolutegravir (DtG) to women of reproductive age including Adolescent Girls and Young Women (AGYW). The treatment guideline was revised to offer DtG as first line regimen to consenting AGYW and women.</p>	<p>This contributes to the theory of change that is anchored on strengthening the capacity of civil society to advocate on reducing barriers to services and shaping an effective HIV response. It has also led to increased access to equitable and Right Based HIV Treatment.</p>	<p>To enhance meaningful engagement of AGYW, through PITCH funding, the Ambassador for Youth Adolescent Reproductive Health Program (AYARHEP) strengthened the capacity of AGYW to Advocate for Equitable and Right-Based HIV treatment hence increasing access to equitable and Right Based HIV Treatment. To influence public support with support of PITCH Funds, AYARHEP and partners: Women Fighting Aids in Kenya (WOFAK), Bar Hostess Empowerment and Support Program (BHESP), Kenya Sex Workers Alliance (KESWA), Young People Living with HIV (Y+ Kenya), organized a march on 10 April 2019 demanding for withdrawal by the Ministry of Health, a directive prohibiting use of Dolutegravir (DtG) by women of childbearing age. Further through participation in round table meetings with Government officials, they shared the key needs of AGYW</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>KENYA</b>			
			on Dolutegravir. This was done through mobilising AGYW to advocate for DtG use.
<b>37</b>	On 24th July 2019, the National AIDS Control Council [NACC] of Kenya appointed the KP Consortium to sit in the newly formed committee on Advisories and Memos, charged with leading the development or review of HIV related policies and guidelines. This happened during the HIV, Human Rights and the Law Technical Working Group [TWG] retreat held at Naivasha Kenya.	This means that KP issues are more likely to be prioritized in the policies and guidelines unlike before when they were only consulted. By KPs taking part, we would also be archiving our contribution and lived realities as KPs to the larger HIV movement.	On 24th July 2019, PITCH Partners KP Consortium and The Kenya Legal & Ethical Issues Network on HIV and AIDS [KELIN] participated in the HIV, Human Rights and the Law Technical Working Group retreat held at Naivasha Kenya, where they pushed for the inclusion of the KP Consortium into the committee on Advisories and Memos tasked to advise the Ministry of Health [MoH] on using the rights based approach in ongoing developments in the HIV sector such as emerging technologies, emerging laws and policies and how they would affect KPs .
<b>38</b>	On 25th October, 2018, the National AIDS Control Council (NACC) reviewed the published draft of the HIV and AIDS Prevention and Control Act – [HAPCA] PRIVACY REGULATIONS, 2017 to protect the identities of individuals including KPs accessing HIV services.	The HIV and AIDS Prevention and Control Act thus addresses issues of confidentiality and data protection during provision of HIV services. The new HAPCA regulations are awaiting to go to Parliament for it to have the force of law. However, KPs already use the draft regulations to demand for their right to confidentiality of their identity when health officials violate this right.	PITCH partners, KP Consortium, HOYMAS, KESWA and KELIN in 25th October, 2018, took part in the review meeting called upon by NACC. In 2017, NACC and the above mentioned PITCH partners developed a joint workplan that included the development of updated Privacy Regulations. At the meeting, the representatives pointed out key areas of concern with regard to handling Key Populations and People Living with HIV [PLHIV] Health data that they wanted to see the Privacy guidelines address.
<b>7</b>	On 11th December 2018, Hon. Sabina Chege, the Chairperson of the Parliamentary Committee on Health in the National Assembly, in a meeting held at the Laico Regency Hotel, Nairobi, publicly acknowledged that problematic drug use is a health issue rather than a criminal issue and promised that she would work towards decriminalization of drug use in Kenya.	Criminalisation of drug use limits access to healthcare for PWUD. This public proclamation has helped to initiate debates towards policy change at National level. There is a debate initiated by Hon. Sabina Chege on modern healthcare systems where drug use and rehabilitation fall under the Ministry of Health, and with an intent to transfer the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) to the Ministry of Health. This one is with a view to making harm reduction just one of the treatment options just like rehabilitation. We are also	In September 2018, Voices of Community Action and Leadership (VOCAL) conducted one-on-one follow up meetings with the Parliamentary Committee on Health which led to the public declaration meeting on 11th December 2018. The build-up and preparation meetings were hosted by VOCAL (PITCH partner) in Parliament Buildings. VOCAL did give relevant and timely information to the Policy makers, especially the statistics, to help the Champion advance the agenda - this feeds into her knowledge. PITCH also advised the Champion on how the harm reduction idea links with other development blueprints in the country like the Kenya Vision 2030 and also

ID	Outcome Description	Significance Description	Contribution Description
<b>KENYA</b>			
		in the pipeline of coming up with a Harm Reduction Bill.	linkages with the Sustainable Development Goals (SDGs). Actually, VOCAL has acted as the Think Tank to the Policy-maker.

ID	Outcome Description	Significance Description	Contribution Description
<b>MOZAMBIQUE</b>			
138	<p>On May 31, 2020, the Global Fund to Fight AIDS, Tuberculosis and Malaria allocated 4.7 million USD to Mozambique's first ever Harm Reduction Strategy (2021-2023) (instead of the 2 million USD previously forecasted for the implementation of this strategy). This Strategy will be implemented in Maputo City, Maputo Province, Sofala Province and Nampula Province.</p>	<p>The law in Mozambique criminalizes drug use and there has generally been little political will towards allocating budgets for PWUD, who are seen as people involved in illegal activities. In the previous version of the Global Fund's (2017-2020), the component related to interventions aimed at PWUD was not very strong, and only 30.000 USD was allocated for it. The approval of the Global Fund Harm Reduction Strategy (2021-2023) is the first time a Harm Reduction policy was accepted by Mozambique. The Global Fund's Harm Reduction Strategy defines the strategic priorities for Mozambique related to the implementation of Harm Reduction and Human Rights Programmes for people who use drugs in 3 provinces. The Strategy is currently in the Grant Making phase.</p>	<p>In order to contribute to this result, PITCH partners Unidos and ACAM had to first target the Mozambican government to accept Harm Reduction as a strategy to for PWUD. They targeted the Mozambican Ministry of Health, in the process of developing the first National Harm Reduction Plan, as well as the National Harm Reduction Strategy for Mozambique. Since 2018, ACAM and Unidos participated and provided input in meetings of the Human Rights and Key Populations Technical Group of the National AIDS Council and in the Prevention, Care and Treatment for Key Populations Technical Group of the Ministry of Health. Both of these groups meet twice a month. Unidos and ACAM made sure to share Harm Reduction experiences from different African countries (learned at e.g. the Eastern Africa Harm Reduction, which took place in Kenya from 26 Feb-1 March 2018) with the Mozambican National AIDS Council and also linked the Ministry of Health up with relevant contacts in Tanzania and South Africa.</p> <p>Unidos and ACAM also participated in the Mechanism for Country Coordination (MCP) of the Global Fund, which is made up of Mozambican government representatives, civil society organisations and Global Fund representatives.</p> <p>In November 2019, ACAM and Unidos participated in Consultations in Maputo, Beira and Nacala, organized by the Mozambican Ministry of Health, where civil society was invited to input on the National Strategy for Harm Reduction. ACAM and Unidos made sure that people who use drugs were involved in these discussions and consultations.</p>



ID	Outcome Description	Significance Description	Contribution Description
<b>MOZAMBIQUE</b>			
			<p>The lobby to influence the Global Fund took place on the national and international level, through meetings and “corridor advocacy”. ACAM and Unidos met 3 times with the Secretary of the Executive Committee of the Mechanism for Country Coordination (MCP) of the Global Fund between Jan-Jul 2020. At the international level, engagements took place with Barbara Magalhoes, Senior Programme Officer at the Global Fund in Geneva.</p> <p>Unidos also invited the team of the Global Fund to the Community Center for Assistance to People Who Use Drugs in Mafalala (Maputo), to get a sense of the effect of Harm Reduction treatments. This is the only center with these services at the national level, run by Mozambican and international civil society organisations.</p> <p>In May 2020 PITCH partners ACAM and UNIDOS asked Frontline AIDS to hire an independent consultant (Dr. Carlota Silva) to assist them in the process of developing a budget for the draft Harm Reduction Strategy Proposal. The draft proposal itself was developed by ACAM, UNIDOS, MozPUD and Doctors Without Borders (MFS). This consultant incorporated a suggested increase from 2 mio to 4.7 mio USD into the Proposal to be submitted to the Global Fund.</p>
<b>123</b>	(Story of Change) On October 29, 2019, the National STI/HIV Programme Focal Point of the Ministry of Health of Mozambique (Dr. Jessica Seleme) publicly committed to include transgender women as part of Key Populations in the next National Strategic Plan for HIV/Aids (2020-2024).	<p>The inclusion of trans women initially met with resistance on the part of the National AIDS Council (CNCS), which urged civil society to bring evidence.</p> <p>The National Strategic Plan establishes guidelines for intervention packages and services to be offered to different population groups. By integrating transgender women as a Key Population group in its</p>	PITCH partner LAMBDA, in coalition with other CSOs, pushed for the inclusion of trans women into the National Strategic Plan for HIV/Aids. This forms part of a longer process of sensibilization of Mozambican civil society and government by LAMDBA, to clarify the difference between MSM and trans women. LAMBDA is part of the Steering Committee of the National Aids Council (CNCS), which is a Technical Group composed of government representatives

ID	Outcome Description	Significance Description	Contribution Description
<b>MOZAMBIQUE</b>			
	<p>She committed to this during the plenary session on “Rights and Duties of Key Populations”, as part of a workshop on Universal Health Coverage, held in Maputo.</p>	<p>own right, the government recognizes the need to provide specific prevention, care, treatment and mitigation services for this population group, which up to this point, was considered as part of MSM.</p> <p>This guarantee by the Ministry of Health also reinforced the process of drafting the Global Fund's annual plan, which now also includes trans women as a specific group (whereas before they were included in the MSM group).</p>	<p>and civil society organizations, constituted within the framework of the process of preparing Mozambique’s HIV/AIDS COP (Country Operational Plan), funded through PEPFAR. LAMBDA pressured the CNCS to comply with the WHO guidelines and emphasized the high rates of HIV among trans women, whom, in the majority, are sex workers, using the research “Political, Economic and Social Situation of LGBT People in the Cities of Maputo, Beira and Nampula”, a study carried out by LAMBDA (published in Nov 2017). In addition , PITCH was a pioneer in uniting Mozambican civil society to discuss Universal Health Coverage (UHC). PITCH organized in Oct 2019 a seminar “Putting Key Populations and Vulnerable Groups at the Core of UHC”, attended by representatives of UNDP-Mozambique, the Ministry of Health, the National AIDS Council, and the Maputo National Health HQs (attended by 46 participants). The Representative of the National Platform for the Rights of Sex Workers and the President of Tiyané Vavasate (sex worker organisation) contributed to the plenary session on “Rights and Duties of Key Populations”, in which the discussion focused on the barriers sex workers face in accessing health services (with a focus on sex workers that are trans women). PITCH partner LAMBDA also intervened in this regard as well as Frontline Aids.</p>
120	<p>On December 13, 2018, the Mozambican Minister of Education and Human Development (Conceita Ernesto Sortane), through Order 435/GM/MINEDH/2018 revoked Ministerial Order 39/GM/2003, which obliged pregnant girls to attend high school classes at night.</p>	<p>This result is important, because previously, when girls fell pregnant, they could only continue their high school education by taking evening classes. This exposed them to additional dangers and many of them would give up on education altogether, which increased the education gap between boys and girls. With the repeal of the decree, girls, even when</p>	<p>On the 16th and 17th of August 2018, the IV National Conference of the Girl Child took place in Maputo, organized by the Coalition for the Elimination of Premature Marriages (CECAP, of which PITCH partners COALIZAO and Muleide are part). This conference was attended by 500 Mozambican delegates, amongst which over 200 adolescent girls and 80 adolescent boys (belonging to the adolescent boys and girls and youth groups that COALIZAO and Muleide</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>MOZAMBIQUE</b>			
		<p>pregnant, are protected and safely continue their studies on an equal basis with boys.</p>	<p>work with). During this conference, a Position Paper that pleaded for the revocation of Ministerial Order 39/GM/2003, written by adolescent girls themselves, was handed over by Raima Manjate (a COALIZAO youth activist) to Nyelete Mondlane, the Minister of Youth and Sports. The adolescent boys also wrote their own position paper, in support of the revocation of Order 435. By presenting the positioning paper to her, the adolescent and young people were allying to her as a strategic person. After the Conference, the Position Paper was distributed by adolescent girls linked to COALIZAO and Muleide to all governors and district administrators in all provinces in Mozambique. COALIZÃO and Muleide, in partnership with CECAP, also participated in a meeting with the 3rd Parliamentary Committee on the matter in question on 23rd November 2018. When there still seemed to be no traction at the level of the Ministry of Education, COALIZÃO and Muleide together with other CECAP coalition partners eventually decided to hire a consultant to prepare a petition, but the Minister of Education and Human Development, when he found out about these plans, quickly revoked the Order before the petition was submitted, in order to prevent the matter from being discussed in Parliament.</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>MYANMAR</b>			
73	<p>In May 2020, the Sagaing (Region in Myanmar) Regional Health Department, approved a methadone clinic at Min Thar station hospital in the Tamu district (which includes three townships).</p>	<p>In Tamu, drug users mainly abuse opium. These addictions have to be treated by gradually reducing the amount of the drug consumed, focus is on reducing the health impact by supervising injections every day for a period of time - different from user to user.</p> <p>Previously, methadone clinics in neighboring townships were several hours drive, which was impossible for addicts who have to travel to on a daily basis (some would have had to travel over 40 miles back and forth each day).</p> <p>Following the opening of the methadone clinic, drug users in Tamu township now have better access to healthcare services through the methadone clinic - it will be less expensive and faster travel to and from the clinic for users in Sagaing/Chin border region. About 500 drug users will benefit from this new clinic.</p>	<p>In August 2019, PITCH partner Charity Service for Friends (CSF), together with the local Joint Advocacy Group (JAG) for Tamu (13 civil society organisations from Tamu in total, focusing on social development in general but first priority is fighting drug addiction), conducted a series of coordination meetings with the Tamu district/township officer, police and Department of Health representatives in Sagaing region to discuss the need for a methadone clinic in Tamu.</p> <p>Following this, PITCH supported several meetings of CSF with the local Department of Health representatives and members of the Sagaing Regional Parliament to prepare evidence and advocacy messages in support of the opening of such a clinic and a rehabilitation centre in Tamu \- evidence for this was gathered in focus group discussions with KP from Tamu, 2 direct advocacy meetings with regional Members of Parliament (U Myint Naing Oo and U Ro Thang Puia) throughout October and November 2019.</p> <p>In November 2019, CSF presented a proposal for a methadone clinic to the Sagaing Regional Parliament in Monywa. Parliament was asked to bring this matter to the attention of the Regional Health Department, who would be able to take a decision on the matter.</p> <p>(PITCH partner Alliance Myanmar's lobbying on the correct implementation of the national drug policy at national level also might have contributed to this, including their advocacy presentation in May 2019 to the Pyithu Hluttaw (Upper House of Myanmar Parliament) and good relationship with the National Programme Officer of the National Drug Dependency Treatment Centre.)</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>MYANMAR</b>			
68	<p>(story of change) On 5 February 2020, during a high-level meeting in Naypyidaw, capital of Myanmar, the Intellectual Property Department announced that it would involve the Ministry of Health and Sports in the by-law review process to amend the Patent Law (published in May 2020), in order to avoid possible negative impact of the law on affordable access to life-saving medicine for HIV patients. Members of the National Parliament and various members of the PLHIV community (see network mentioned in contribution) participated with the Intellectual Property Dept in this meeting.</p>	<p>The Patent law, presented to the Myanmar Union Parliament (Pyidaungsu Hluttaw) by the Intellectual Property Department (part of the Ministry of Education) on 11 March 2019, is one of four Intellectual Properties laws in Myanmar. Patent restrictions would have a negative impact on PLHIV's access to anti-retroviral therapy (ART) at affordable prices. However, a clear role for the Ministry of Health and Sports in the development of the by-laws was not foreseen, so these issues were not considered initially. The legislation now also includes references to reduce the barriers to access to medicine for PLHIV.</p>	<p>On 16 February 2019 in Yangon, even before the official publication of the proposed legal text, a multi-stakeholder consultation meeting was held on the patent law that led to the formation of a Community Advocacy Working Group in March 2019 by members of nine HIV community networks and PITCH partner organisations and also the representative from UNAIDs, to provide coordinated technical assistance on the law. Working group meetings were held on 16 February 2019, 9 September 2019, 8 October 2019, 10 October 2019, 13 January 2020. To make sure that Ministry of Health and Sports would become involved, the Community Advocacy Working Group held an advocacy event in Naypyidaw on 10 June 2019 and another advocacy meeting was held with the Department of Patent and Copyright (part of the Intellectual Property Department) on the same date. All throughout 2019, the Group continued to present information about and demands for access to medicine (as related to the law) to the Department of Intellectual Property, the Attorney General and to the Union Parliament in Naypyidaw.</p> <p>In June 2019, PITCH partner Myanmar Positive Group (MPG), then formed a more focused working group composed of core members from the original Community Advocacy Working Group plus other PITCH partners such as Myanmar Positive Women Network (MPWN), Myanmar MSM &amp; TG Network (MMTN), Myanmar Youth Starts (MYS), SWiM, and AMA, as well as HIV networks and community based HIV groups including 9 community organisations, and 5 INGOs/UN institutions). This group reviewed the draft legislation, and developed concrete advocacy points that it brought to the attention of the Intellectual Property Department (IDP), the National AIDS Programme and also to Bill Committee during the by-law process of the Patent Law.</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>MYANMAR</b>			
			<p>The advocacy points included the application of flexibility on drugs for key populations in line with the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS, which guarantees right to access generic medicine), as well as ensuring parallel import of medicine whenever needed.</p>
60	<p>Between August 2019 and June 2020, Myanmar judges in Yangon and Kwathaung townships started making judgements in favour of the human rights of sex workers in cases involving the abuse of sex workers (see 4 documented cases in the attachment).</p>	<p>Before this, the courts left illegal arrests of sex workers unpunished and violence against sex workers was widespread.</p> <p>While four documented cases does not yet constitute a systemic or legal change, partner evidence collected over the past year indicates that this trend of judges judging in favour of sex workers rights is increasing in sex workers cases.</p>	<p>In May and August 2018, PITCH partner SWiM provided two trainings (training of trainers) on legal education/basic human rights to sex workers in Yangon. These sex workers then acted as focal points in their communities, sharing knowledge on how to handle abuse and providing SWiM with evidence of abuses and illegal arrests from their townships. In total, they reached 598 sex workers in Yangon townships. The trainers did 507 field visits in Yangon townships focusing on providing legal information to female sex workers at their meeting points. They often went to areas where abuse cases against sex workers had just happened to be able to respond in a timely manner. They connected sex workers with legal aid the sex workers abused, the focal points started proactively contacting SWiM.</p> <p>In August 2019 especially, SWiM also collaborated with the Anti Human Trafficking branch of the police, the Department of Social Welfare, Women's Affairs Federation and the Myanmar Maternal and Child Welfare Association in order to advocate for the respect of human rights for sex workers. They also had coordination and sensitization meetings with National AIDS Programme managers, local fixers and pimps to sensitize the local fixers and pimps on human rights and lobby them not to exploit sex workers. They discussed that, while CSOs do not have much power in preventing human rights abuses, they need to collaborate with government entities including courts to change the</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>MYANMAR</b>			
			<p>way cases are being handled currently. The Kawthaung case (see evidence) was used to show the importance of working with government entities. This was recognised and acknowledged by local government authorities that SWiM spoke to.</p> <p>Following all of this, SWiM started receiving timely information by the Social Welfare Department whenever they had received human trafficking cases or when a court had to find a pro bono defense lawyer for a sex worker case to support sex workers in legal and social demands - as was the case for the cases in the evidence.</p>
56	<p>On 8th March 2020, the Ministry of Information of Myanmar announced on its website a bill by the Ministry of Health and Sports to protect people living with HIV, inviting public input on the bill text before it becomes adopted into law by Parliament. In addition, the same information was published by Pyidaungsu Hluttaw (Upper House National Parliament) on its website on 23 March 2020 and in the state-run newspapers Myanmar Alin and The Mirror on 21st, 22nd, 23rd and 24th of March.)</p>	<p>Once approved, this will become the very first law in Myanmar aimed at protecting people living with HIV. Once the bill is approved by Parliament and the law has been passed, all citizens and government institutions will have to follow it. The law will protect PLHIV from discrimination in accessing healthcare services and at the workplace.</p>	<p>Since 2014, 8 networks formed a consortium (the Community Network Consortium) to help the bill drafting process of this law. PITCH partner Alliance Myanmar and SWiM participated in the consortium from the beginning and provided technical assistance in form of evidence, experience sharing, and advocacy messages.</p> <p>In 2017, through PITCH funding, the consortium members including SWiM, MMN, MPG, MMTN, MYS and AMA gave technical input to meetings with government officials and law makers, including with the Ministry of Health and Sports, Bills Committee, Pyidaungsu Hluttaw’s Legal Affairs and Special Case Assessment Committee (House of Assembly), Pyithu Hluttaw Health and Sports Development Committee of the Pyithu Hluttaw (Lower House of Parliament).</p> <p>Many donors supported this process including CARE Myanmar and Global Fund. Out of that, PITCH supported the following trips to attend following number of meetings:</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>MYANMAR</b>			
			<ul style="list-style-type: none"> <li>• 16 Naypyidaw trips for the above-mentioned PITCH partners were financially supported by PITCH in 2017, including Alliance Myanmar, SWiM and MMN, to attend 10 meetings with the above advocacy targets to discuss the PLHIV law</li> <li>• 6 trips for PITCH partners Alliance Myanmar, MPG, MMTN and MYS were financially supported by PITCH in 2018, to attend 4 such meetings in total</li> <li>• 3 trips by MPG were supported by PITCH in 2019, to attend 3 meetings</li> </ul>



ID	Outcome Description	Significance Description	Contribution Description
<b>NIGERIA</b>			
66	<p>On 12th July 2018, Dr. Sani Aliyu, the Council Chairman &amp; Director General of National Agency for the Control of AIDS (NACA), during a consensus meeting organized by the National Agency for the Control of AIDS (NACA) and the National AIDS and STIs Control Programme (NASCP) in Abuja, Nigeria, directed that the recommendation on lowering the Age of Consent to 14 years for HIV Testing Services be presented to the National Council on Health (NCH).</p>	<p>One of the barriers to adolescents and young people's access to HIV testing Services (HTS) in Nigeria is the Age of Consent pegged at 18 years. The commitment by the NASCP and the National HIV task team to lower the Age of consent to 14 and to present the proposal to the National Council on Health for approval, was a massive step towards improving access for adolescents and young people. The lowering of Age of consent presents an opportunity, especially for adolescent girls and young women who are most affected by the issue of parental consent to have easy access to testing services. HTS is a crucial entry point for HIV prevention and treatment for vulnerable adolescents, and so a lowered age will increase access to HIV services for adolescents.</p> <p>The NCH meeting with the reduction of Age of Consent as an agenda item for approval was scheduled for March 2020 however due to the COVID-19 pandemic has been rescheduled for September 2020. It was impossible to get the AOC on the agenda in 2019, as there were competing priorities for the group. The NCH usually sits twice a year but had only one in 2019, hence the delay of 1.5 years after the approval was secured.</p>	<p>At the 4th National Council on AIDS Meetings held on 19th-20 March 2018, PITCH-AGYW partner, Association of Positive Youth Living with HIV/AIDS in Nigeria (APYIN) presented a memo on Improved Care and Support for Adolescent and Young People Living with HIV in Nigeria. Following the presentation by PITCH partners in March 2018, Dr. Sani Aliyu, the then Council Chairman &amp; Director General of National Agency for the Control of AIDS (NACA) issued a directive through the National AIDS and STIs Control Programme (NASCP) to hold a Consensus Stakeholder meeting. PITCH through APYIN funded the convening of the Consensus Stakeholders Meeting held on the 12th of July 2018. The meeting had in attendance all PITCH partners, and CSOs and INGOs such as EVA, SFH, etc working on adolescent health, representatives of different units from the federal ministry of health, and the National Agency for the Control of AIDS. APYIN facilitated the session on the importance of lowering the Age of Consent for adolescents and young people. APYIN used the opportunity to make a case for immediate action in order to move the process forward.</p>
65	<p>In 2019, arbitrary arrests of LGBTI+ persons by the Rivers State police command in Nigeria, reduced by 30% (compared to previous years).</p>	<p>Before 2019, Rivers state had the highest number of LGBT+ rights violations in the country. Annually, as measured over the past three years, there has been a violation of an average of 420 LGBT persons per year in Rivers state. At the end of the year 2019, there was a record of 294 violations, hence a reduction of 30%. The result is in line with the theory of change, and our advocacy asks for a reduction in homophobia and discrimination.</p>	<p>Since 2017, PITCH partner IAH has organized monthly, the “know your rights” training for LGBT persons in Rivers state to educate them on their fundamental human rights. Besides, IAH published the “know your rights” pamphlet for LGBT persons to foster the reduction of arbitrary arrest by police officers.</p> <p>The photovoice advocacy project implemented between December 2018 and 2019, illuminated the level of LGBT rights violations. The photovoice exhibition organized by</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>NIGERIA</b>			
			<p>the International Centre for Advocacy on Right to Health (IAH) to commemorate the World AIDS Day at the their Community centre in Rivers state increased the awareness among police officers in River State and other relevant stakeholders within the state.</p> <p>In December 2018 IAH also made several advocacy visits to 20 police stations in Rivers State to dialogue and created awareness on the human sexuality and the Same-Sex Marriage Prohibition Act among police personnel.</p>
62	<p>On 19th December 2019 in Abuja, Justice Binta Nyako, a senior advocate of Nigeria, made a pronouncement in a case brought against some arrested sex workers by the police that sex work is not a crime in Nigeria.</p>	<p>Although sex work is not criminalized in Nigeria, Sex workers face severe human rights abuses and multiple forms of discrimination. According to the Nigerian Constitution, sex work is not explicitly criminalized, rather the people that ‘benefit from the proceeds of sex work’. The prevailing norm is that Sex workers are punished when caught negotiating sex ‘aggressively’ with a client. Sex workers are harassed and punished by law enforcement agencies that apply administrative offenses. The judgment by Justice Binta Nyako is significant as the wording of the constitution is vague and usually interpreted at will. Following the judgment by Justice Binta Nyako, NSWA indicates they received less reports from member sex workers of being arrested by the police arrest (no data available).</p>	<p>PITCH SW partner [NSWA] (<a href="https://bit.ly/367D4sg">https://bit.ly/367D4sg</a>) organized a street march in Abuja (<a href="https://bit.ly/3i2QND9">https://bit.ly/3i2QND9</a>) and a press conference on 10th May 2019 to protest against the illegal arrest of women accusing them of being sex workers. PITCH Nigeria, together with Education as a Vaccine (EVA), NSWA, International Federation of Women Lawyers (FIDA), and the Dorothy Njemanze Foundation, organized a [press briefing] (<a href="https://bit.ly/3i28m6l">https://bit.ly/3i28m6l</a>) on 2 May to address the frequent arrests of women in Abuja. On 15th November 2019, the NHRC organized a public hearing before a panel of judges and the NHRC executive secretary to investigate the matter. At the hearing, NSWA presented witnesses who testified to the constant harassment of women by law enforcement agencies. On 17th December 2019, NSWA held another stakeholder meeting with the police, ministry of justice, and NHRC to discuss the status of the case.</p>
58	<p>On May 17, 2019, Dr. Isaac Adewole, Minister for Health, approved the concept note for the implementation of comprehensive harm reduction in Nigeria inclusive of Needle Syringe Program (NSP); Opioid Substitution Therapy (OST) and Naloxone.</p>	<p>Comprehensive Harm Reduction for PWUD in Nigeria has always been opposed, especially the Needle and Syringe, Naloxone, and Opioid Substitution Therapy. The height of it was when the Federal Government rejected funding for PWUD HIV programmes from the Global Fund (GF) in the 2017-2019 grant cycle because of the insistence of GF on Harm Reduction.</p>	<ul style="list-style-type: none"> <li>From August to November 2018, PITCH supported series of consultation meetings involving national stakeholders (NACA, Federal Ministry of Health, law enforcement agencies, local harm reduction implementing partners, and the GF) which resulted in the development of the concept note.</li> </ul>

ID	Outcome Description	Significance Description	Contribution Description
<b>NIGERIA</b>			
		<p>The approval of the concept note set in motion the planning and development of guideline documents, standard operating procedures (SOP), and training manuals towards the implementation of a pilot Needle-Syringe Program in Nigeria for the first time. This process ~~~~ had PWUD community involvement including a study tour to Kenya (16-20 Sept 2019) and the training of trainers on harm reduction. The concept note has also led to the inauguration of a national technical working group (NTWG) on Drug Demand and Harm Reduction headed by the Federal Ministry of Health with membership with PITCH PWUD partners to facilitate and oversee the implementation of comprehensive Harm Reduction (beginning with NSP) in-country.</p> <p>This will help reduce the prevalence of HIV/Hepatitis B and C among PWUDs including a reduction in needlestick injuries and abscess and generally promote the health of PWUDs in Nigeria.</p> <p>It is noteworthy that this will be the first Government-led NSP programme that will be implemented wholly by Drug User-led and focused organizations anywhere in the world and about the 8th country in Africa to implement the NSP.</p>	<ul style="list-style-type: none"> <li>• PITCH global staff also supported a series of training for PITCH partners specifically on the Photovoice (advocacy tool) which partners have used overtime in producing advocacy materials to further educate stakeholders (FMOH, NACA, Law Enforcement Agencies) in the importance of harm reduction and a need for a public health response to drug use in Nigeria.</li> <li>• By constantly advocating to the ministry through meetings and taking advantage of specific invites we constantly engaged with key members of the FMOH by handing the photovoice materials which enabled them to see our objectives and how it ties with the national plan. This we believe was influential in gaining the minister's support."</li> </ul>

ID	Outcome Description	Significance Description	Contribution Description
<b>UGANDA</b>			
35	In August 2019; a Key Population (KP) focal person Dr. Sam Kaswar, who is a health worker from Mukono general Hospital, started including LGBT inclusive health service delivery lessons in the Continuous Medical Education (CME) sessions for health workers in Mukono general hospital; Uganda.	Being a Key population focal person at the health facility means that the KPs have an experienced person who is knowledgeable about KP issues to serve the KPs at the facility. This is since LGBT community is not accepted in many communities in Uganda, many LGBT persons especially transgender women found it difficult to access friendly services in Mukono district and they had to travel to Kampala to access the needed services.	PITCH partner TEU conducted community outreaches in different hotspots in Mukono and noted that transgender women had to travel to Kampala for health services. TEU organized a training on Sexual Orientation, Gender Identity and Expression (SOGIE) on 20th February 2019; where 10 health workers from Mukono general hospital, including Dr Sam Kaswar, participated. TEU used the commemoration of the transgender day of visibility (this day happens on March 31th annually). Through this interface we noticed attitude change among health workers. This was noticed through the M&E follow ups that were done by the M&E officer of TEU.
33	On August 02, 2019, the Officer in charge of Madala Kibuye police station; and Local council chairperson (LC1) started monitoring the arbitrary arrests of sex workers on the street at night by unauthorized police officers and Local Defense Unit personnel at dancers' hotspot (group of lodges) in Kibuye, Kampala Uganda	The rights of sex workers were violated for three months at that hotspot. As a result, the sex workers were unable to work as they would have; as the arrests had become so rampant. The intervention of the police and local leaders within this area enabled sex workers to reclaim their rights and conduct business normally.	PITCH partner WONETHA through the Hotspot Peer Educator and the Paralegal Officer convened a meeting on August 02, 2019 to address the arbitrary rampant arrests that had existed for three months. In this meeting the Officer in Charge of Kibuye- Madala police station and the Local council leaders were invited.
28	On October 25 2019; Ministers of Presidency (Hon. Christine Mbayo) and Health (Hon. Jane Ruth Aceng), for the first-time released statements announcing that government had no intention to re-introduce the anti-gay law and called for equal treatment for all patients in all health faculties in Uganda.	The Minister of Ethics in August 2019, called for the re-tabling of the anti-gay law in Uganda. He further stated that a member of parliament would seek to leave at the end of the same month to go prepare the bill. This resulted in many attacks against LGBTI persons and the death of four LGBT persons in Uganda. The Minister of Health's statement was in relation to an attack against a lesbian woman who had gone for medical check-up and was beaten by the doctor. In the same way, the Minister of Presidency released the statement to distance the government from the comments made by the Minister of Ethics and called for calm among the public and protection of	On 17 October 2019, PITCH partner SMUG reached out to the Minister of Health and requested a meeting to discuss the several attacks on the LGBT community members. After receiving this communication, the minister agreed to meet with SMUG, HRAPF, PITCH Country Focal Person and other non-PITCH CSO partners like Chapter Four, HEPS Uganda, and UNAIDS Country Director. The meeting took place on October 21, 2019, at the Ministry of Health offices. Furthermore, through the Uganda AIDS Commission, the PITCH partners convened a meeting in October 2019, at the Uganda Aids commission offices with different stakeholders to engage the Minister for the Presidency. After this meeting, the recommendations of the meeting were taken

ID	Outcome Description	Significance Description	Contribution Description
<b>UGANDA</b>			
		<p>the rights of the LGBT persons in Uganda. This generally led to the reduction of the attacks that had become so rampant among the LGBT community. These two statements also increased pressure on police and leading to the release of the 16 LGBT who had been arrested from the LGBT shelter at Nsangi police station.</p>	<p>into consideration and one of them was for the Minister to speak out publicly against the introduction of the anti-gay law and call for protection of the LGBT community in Uganda which she did.</p>
26	<p>[story of change] In March and October 2019, the Ministry of health’s KP Technical Working Group gave PITCH partner Uganda Harm Reduction Network (UHRN) a green light to expedite the process to roll out harm reduction interventions including Medically Assisted Treatment (MAT/OST) and the Needle and Syringe Programme (NSP) for people who use drugs in Uganda.</p>	<p>Given the fact that the People Who Use Drugs (PWUD) had for long been excluded in the HIV response and harm reduction interventions being highly contested in Uganda; the Ministry of health coming out to take a bold step to rollout the roadmaps for the development of harm reduction guidelines and startup of the first Medically Assisted Treatment (OST) site at Butabika national mental health hospital in Kampala is a big win for the PITCH partner (UHRN) and all harm reduction advocates, allies and communities of people who use drugs. And lays a strong foundation for harm reduction programming in Uganda.</p>	<p>In January and Feb 2019, PITCH partner UHRN developed a host of advocacy materials for dissemination including; Needle and Syringe Programme (NSP) and Medically Assisted Treatment (MAT) fact sheets, posters, PWUD study reports and Power Point presentation for NSP demonstration evaluation findings. In addition, UHRN mentored and supported a core team of grass-root PITCH harm reduction community activists, men and women who use drugs, to champion community led advocacy. UHRN facilitated the community activists to continue participating in the district AIDS Committee, Ministry of Health Key Populations Technical Working Groups and Uganda Aids Commission HIV prevention committee meetings to lobby for consideration and adoption of harm reduction interventions and supportive policy frameworks. UHRN also through the Support of Don’t Punish campaign and the photo voice initiative; amplified PWUD community activists’ experience and key asks for SRHR, HIV and other harm reduction services tailored to the different needs or realities of PWUD. This eventually inspired the Ministry of Health’s consideration for the development of harm reduction guidelines and PEPFAR/CDC support for establishment of the first Medically Assisted Treatment (MAT/OST) site at Butabika national mental health hospital in Kampala Uganda.</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>UKRAINE</b>			
126	<p>(story of change) On 10 October 2018, in Kyiv, Ukraine, at the Parliament hearings “Preventing and Fighting Discrimination of Women from Vulnerable Social Groups”, Deputy Minister of Social Policy Nataliya Fedorovych emphasized that the rights of women from vulnerable populations must be protected. In particular, for the first time during discussion of vulnerable populations, she mentioned the rights of women who use drugs (WWUD) as a separate group of vulnerable women. Following the Parliament hearings, it was recommended to revise the discriminating provision of the Family Code of Ukraine that stigmatizes and discriminates women from vulnerable groups, particularly WWUD.</p>	<p>This is an extremely high achievement considering the high level of stigmatization of women who use drugs (WWUD) in the society. In the Parliament, WWUD had usually been mentioned only in a negative context. It was the first time that WWUD were identified as a separate group of vulnerable women who have some rights and need protection.</p> <p>Singling out WWUD as a separate community, incl. in the application to the Global Fund to Fight AIDS, TB and Malaria (GF) in 2020, means recognition of the WWUD community which, thanks to PITCH, became visible and received opportunities to voice their needs and defend their rights, develop their advocacy agenda, and hold a dialogue with other women’s rights organizations. Besides, establishing WWUD community as a separate vulnerable population in harm reduction advocacy programs allows introducing a gender-transformational approach to the programs.</p>	<p>In 2017, a PITCH partner — CF “Hope and Trust” — started mobilizing the community of women who use drugs (WWUD). A number of mobilization visits were conducted to the regions of Ukraine to hold a first-time study of WWUD’s barriers to accessing health services and SRHR. In 2017, CF “Hope and Trust” held a series of training sessions and workshops under the general name ““Advocacy School”” covering the following subjects: mobilizing the community in the regions and involving local activists, representing community at advisory bodies of local self-government authorities, fighting stigma and self-stigma. Partnership with the Alliance for Public Health with a financial support from the GF has allowed holding more than 10 events. Besides, in 2017, three events involving psychotherapists and trainers on countering stigma and discrimination, where activists had an opportunity to work on their own self-stigma and receive psychological and technical support.</p> <p>Thanks to effective partnership with “Public Advisors” program (IF “Renaissance”, 2017-2018) and work with journalists through trainings for journalists (PITCH partner “Convictus Ukraine” (2019)), WWUD have started speaking out and giving interviews in the media to bring attention to themselves and their rights.</p> <p>On 24-26 November 2017, in Kyiv, at the First National Forum of People Living with Drug Dependence, upon initiative of CF “Hope and Trust” and in partnership with USAID “HIV Reform in Action” (Deloitte), a pre-forum day “Voice of a Woman” was held where WWUD declared establishment of a woman organization. PITCH partner CF “Hope and Trust” provided technical assistance for the formal registration of the organization and the whole</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>UKRAINE</b>			
			<p>process of build-up of “All-Ukrainian Association of Drug-Dependent Women” (VONA).</p> <p>Later, in 2018, a working group organized by the Committee for Human Rights, National Minorities and Interethnic Relations agreed that problems of stigmatization and discrimination of WWUD are different from those of PLWH and recognized the existence of a separate social group of WWUD. Institutionalization of women’s movement has enabled official speaking at Parliament hearings on stigma and discrimination of women from vulnerable populations in Ukraine, taking part in high-level meetings and round tables which, in turn, has enabled visibility of WWUD as a social group during discussions of gender-related stigma and discrimination. E.g., on 10 October 2018, in Kyiv, Svitlana Tkalia, president of CF “Hope and Trust”, an activist of “All-Ukrainian Association of Drug-Dependent Women” (VONA) spoke at the Parliament hearings before MPs, their assistants and human rights advocates on “Preventing and Countering Discrimination of Women from Vulnerable Social Groups” as a “live book”, after which deputy Minister of Social Policy of Ukraine Nataliya Fedorovych emphasized that the rights of WWUD as a separate group of vulnerable women need to be observed. Also, during the Parliament hearings, there was a “Live Library” session in the lobby of the Verkhovna Rada of Ukraine participated by Yanina Stembkovska (an activist of CF VONA and the regional PITCH representative in Poltava region).</p>
<b>124</b>	On 27.11.2019, in Kyiv, Ukraine, the Cabinet of Ministers of Ukraine adopted the National Strategy of Ukraine on HIV, TB and Hepatitis until 2030 ensuring access to the extended services and treatment for all key populations	The adopted by the Cabinet of Ministers National Strategy on HIV, TB and Hepatitis until 2030 (hereafter – the Strategy) is for the first time comprehensive and consistent, covering three diseases at once (HIV, TB, and hepatitis) and a strategic approach to address human rights barriers to access to HIV Prevention and	In late 2016, in Kyiv, following the proposition of the Chairman of the Oversight Commission I. Grishaeva to include representatives of key populations in the National Council on June 16, 2015, the PITCH focal point and PWUD representative Anton Basenko, PWUD organizations CF “Hope and Trust”, CF “Drop In Center”, CF “Vertikal”

ID	Outcome Description	Significance Description	Contribution Description
<b>UKRAINE</b>			
	<p>affected by the epidemics, and developed with consideration of the needs of such key populations.</p>	<p>Treatment Services and Tuberculosis until 2030. Ukraine used to have separate state programs for each disease and this caused a lot of inconsistencies and confusion. It was adopted to meet Ukraine’s commitments regarding the Sustainable Development Goals (SDGs), and is a key stage in transition in program funding from the Global Fund to Fight AIDS, TB and Malaria (GF) to the state budget ensuring continuity and effective implementation of priority actions to combat TB and HIV / AIDS, other socially dangerous diseases. The Government of Ukraine allocated 2.7 million Euros from the state budget for the second half of 2019 and planned to allocate 7 million Euros for 2020 to ensure coverage of people living with HIV, people who use drugs, sex workers and men who practice sex with men with a basic package of HIV-related services of prevention, care and support. As of December 2019, the Public Health Center under the Ministry of Health of Ukraine signed more than 70 contracts with NGOs on provision of services to different key populations.</p> <p>Moreover, community representatives were for the first time able to include in the Strategy adequate targets on programs for prevention and treatment for PWUD, including targets for OST coverage of PWUD that was increased from the initially planned 25% to 40% by 2030, which, in turn, serves as a ground for expanding access to HIV services at the national level.</p>	<p>submitted formal letters to Pavlo Rozenko, Vice Prime Minister of Ukraine, and Mark Dybul, Executive Director of the Global Fund to Fight AIDS, TB and Malaria (the GF), informing them that in the previous 12 years KPs had not been represented in the National Council on HIV/TB. A specially formed expert group (including Alliance for Public Health and PITCH partner Alliance.Global experts) developed Regulations and proposals for a Composition of the National Coordination Council on HIV/TB, enabling KPs' membership in it, and approved by the Cabinet of Ministers of Ukraine on April 12, 2017.</p> <p>In the first half of 2017, PITCH partner Alliance for Public Health supported the creation of the All-Ukrainian Association of People with Drug Dependence (VOLNA) as a formal body.</p> <p>In May 2017, Anton Basenko, PITCH Country Focal Point and a representative of PWUD for the first time became a member of an advisory body under the Cabinet of Ministers of Ukraine — the National Council on HIV/TB. In this capacity he initiated in 2018 the change of regulations by the National Council on HIV/TB concerning operations of oblast and local Coordinating Councils on HIV/TB (Terms of Reference for Crimea Republic, Oblast, Kyiv and Sevastopol City Council) on Coordination of Response to TB and HIV and Standard Regulations for Crimea Republic, Oblast, Kyiv and Sevastopol City Council on Coordination of Response to TB and HIV which formed grounds and encouraged PWUD representatives to join oblast and local Coordinating Councils on HIV/TB.</p> <p>In 2017-2019, with financial and technical contribution from PITCH, the Alliance and the Secretariat of the National Council (UNDP project) held a number of specialized</p>



ID	Outcome Description	Significance Description	Contribution Description
<b>UKRAINE</b>			
			<p>trainings for the All-Ukrainian Association of People with Drug Dependence (VOLNA) and the All-Ukrainian Association of Women with Drug Dependence (VONA) (involving PITCH partners “Hope and Trust”, “Convictus Ukraine”, “Meridian” and “Our Help”) on preparation to joining and working on oblast and local Coordinating Councils on HIV/TB. As the result, in 2018-2020, community representatives joined oblast councils (in 14 oblasts) and local councils (8 PWUD representatives in Donetsk oblast and 5 in Poltava oblast). Also, community leaders are members of some other advisory bodies, Public Councils, Working Groups, etc. In particular, leaders of the PWUD community and representatives of PITCH partners (Anton Basenko , Oleh Dymaretskyi from “Meridian”, Tetiana Lebid from “Hope and Trust”) are members of the Working Group for Development of the National Strategy of Ukraine on HIV, TB and Hepatitis until 2030.</p>
111	<p>On 25 June 2019, in Odesa, Ukraine, at a public dialogue “Bullying of LGBTI adolescents in schools”, Z.A. Dmytruk , a chief expert of the General Secondary and Out-of-School Education of the Department of Education and Science (DES) of Odesa Oblast State Administration (OSA) declared that the concepts of LGBTI community and SOGI (sexual orientation, gender identity) will be included into the anti-bullying program and into newly introduced sexual education courses in schools. Civil society, mass media and Canadian writer Ruby Swanson were present at the event.</p>	<p>In Ukraine, according to the study conducted by ""Fulcrum"" in 2018, 53% of adolescent pupils who belong to the LGBT community have experienced physical bullying during the school year. 65.8% of pupils did not inform school staff about bullying, as they feared that they would not be helped or supported. LGBTI community has been stigmatized at all levels for a long time. LGBTI-related issues have been neglected, representatives of Odesa Oblast State Administration (OSA) have not publicly expressed their opinion and supported LGBT-community.</p> <p>This change is significant and progressive, as the DES of Odesa OSA for the first time publicly recognized LGBTI community and agreed on action.</p>	<p>During 2017-2019, PITCH partner LGBT Association ""LIGA"" (LIGA), in Odesa oblast, in scope of two complementary programmes (PITCH and GF) conducted a number of educational (GF funded), awareness-raising and sensitizing events for local authorities and governmental bodies (PITCH funded) on LGBTI-related issues. In particular, LIGA conducted trainings for professionals in educational sector (teachers, school psychologists, school management, etc.). In 2019 in scope of PITCH project LIGA established a partnership with the Department of Communication and Information Policy of OSA which assumes a conduction of joint events, a provision of premises for events by the OSA, media involvement by the OSA, etc. Within this partnership, on 25 June 2019, in Odesa LIGA conducted the first public shared event with DES OSA - a public dialogue “Bullying of LGBTI adolescents”.</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>UKRAINE</b>			
			<p>On 20 January 2020, LIGA initiated a creation of a cross-sectoral working group comprised of representatives from NGOs, the Commissioner of the Verkhovna Rada for Human Rights in the Southern Regions and independent experts on SOGI aiming at developing a sexual education course and anti-bullying program including informational modules on the concepts of LGBTI community and SOGI (sexual orientation, gender identity).</p>
103	<p>On 12 December 2019, in Kyiv, the ruling party “Servant of the People” decided not to submit to the Parliament their draft law regulating sex work, which was not compliant with international law and discriminating the SWs rights.</p>	<p>Some articles of the proposed law are discriminating against sex workers, they create an excessive amount of oversight bodies, impose stricter sanctions against sex workers for violation of norms included and create numerous opportunities for corruption in the police and other public bodies. At the same time, the draft law provides no measures to ensure security or welfare of sex workers. Adopting the law as is would worsen the quality of life, security and health of sex workers, especially the most vulnerable ones who use drugs or are HIV positive.</p>	<p>In August 2019, representatives of the majority party, “The Servant of the People”, developed a draft law on sex work legalization in Ukraine, which they were to submit to the Parliament in the fall of 2019. PITCH implementing partner Community-based organization (CO) “LEGALIFE-UKRAINE” examined the draft law and provided expert assessment/recommendations concerning protection of rights and interests of sex workers. The draft law envisaged “strict” regulation of sex work in Ukraine which, in opinion of CO “LEGALIFE-UKRAINE”, human rights organizations and experts, differs from the approach of international organizations to ensuring respect of human rights and basic freedoms. After that, representatives of the majority party refused from collaboration with CO “LEGALIFE-UKRAINE” in development of the draft law, but they promised to consider their proposals and, wherever practical, to amend the draft law correspondingly. Representatives of authors were invited to the First International Conference on the Rights of Sex Workers in Ukraine organized by CO “LEGALIFE-UKRAINE” on 17-18 December 2019 and took part in discussions about reforming the legislation during round table “Protecting SW rights: sources, problems, and solutions”.</p> <p>Also, upon an initiative of CO “LEGALIFE-UKRAINE”, the draft law was submitted for expert review to the Ministry of</p>

ID	Outcome Description	Significance Description	Contribution Description
<b>UKRAINE</b>			
			Health of Ukraine, which responded with a negative feedback late in 2019.

ID	Outcome Description	Significance Description	Contribution Description
<b>VIETNAM</b>			
84	<p>On 17th October 2018, the Vietnam Government issued Decree No 146/2018/ND-CP on certain articles of the Law on Health Insurance. Article 12 Section 5 now stipulates that people who don't have identity papers can still buy and use Social Health Insurance (SHI) cards. These health insurance cards will be issued with photos so that SHI can verify the card owners upon providing services.</p>	<p>Vulnerable groups in Vietnam like AGYW, SW, PWUD, TG are facing lots of difficulty with identity papers and residential registration, which consequently restrain them from access to health care and other social services. This decree is the first legal document in Vietnam that allows people without ID papers to have access to SHI. This also shows the change in the perception of the policy makers, recognizing the existence of vulnerable groups in society who need to be considered in social policies.</p> <p>However, this regulation has not brought much change to the life of vulnerable people, because of the complicated law system in Vietnam, that require detailed instructions from higher level to local level, as well as training to local implementer. Nowadays, still many health insurance agencies at local level are not aware of this regulation.</p>	<p>During working with the vulnerable communities, SCDI recognized their need to access health insurance as well as their barriers. From 2016 to 2019, SCDI has actively brought this idea to the Department of Health Insurance (DHI) including:</p> <ul style="list-style-type: none"> <li>Organized policy dialogue between the Department of Health Insurance (DHI-MOH) and representatives of vulnerable communities</li> <li>Participated in the policy consultation sessions organised by DHI.</li> <li>Had informal meetings with influencing people (Vice Head of DHI)</li> <li>Kept tracking the process of policies changes, followed up stakeholder's reactions to ensure reaching advocacy objectives</li> <li>Collected case stories and developed video documentation about the administration barriers of SW, TG, PLWHIV in accessing health insurance then shared with DHI as policy evidence.</li> </ul>
79	<p>On 28th December 2018, the Ministry of Social Affairs and Labour and Invalids (MOLISA) promulgated Decision 1875/QD-BLDTBXH a guiding technical and budgetary framework for piloting community-based sex worker supporting models in 15 pilot provinces (among 63 provinces and cities of Vietnam). The decision stipulates that if provinces select the SW CBO model, which is one of three models in the decision, it will be officially funded by the local government's budget.</p>	<p>This is a meaningful outcome as, for the first time, governmental funding has been made available for community-led services for sex workers in 15 provinces across the country.</p> <p>It is also an official legal framework to support the harm reduction for sex workers and guide the operation of sex worker community-based organisations (CBOs). While prostitution is considered illegal in Vietnam, the decision showed the positive change of government authorities' viewpoints about sex workers. It can be seen as a humanitarian and</p>	<p>The SW CBO model is a long haul intervention and advocacy community-based model, that has been promoted by Bridging the Gap (BtG) and PITCH. Between Jan-Nov 2018, SCDI coordinated with the Department of Social Vices Prevention (DSVP, under MOLISA) to:</p> <ul style="list-style-type: none"> <li>Develop and complete the SW CBO models that were initiated by Bridging the Gap since 2012</li> <li>Introduced the SW CBO model in workshops for policy dialogues on sex workers support since 2014 under Bridging the Gap then since 2016 under PITCH. The workshop had participation of SCDI, representatives of SW CBOs, DSVP, international</li> </ul>

ID	Outcome Description	Significance Description	Contribution Description
<b>VIETNAM</b>			
		<p>practical action of the government to protect this vulnerable population group.</p> <p>The main functions of the model are (1) mapping actual needs of SWs in the areas where the CBO works, and (2) providing need-based services such as provide harm reduction products (condoms, contraceptive pills, syringes), livelihoods support, small credits, referring to vocational schools, etc. as well as (3) mobilizing SW participation in policy advocacy.</p>	<p>organizations (ILO, UNFPA, PLAN, FHI, etc.), and other related institutions (such as Legal Department – MOLISA, MOH, MOP, Women Union, etc.)</p> <ul style="list-style-type: none"> <li>Participated in drafting process of the decision: DSVP built up the framework and invited SCDI to provide inputs and comments.</li> <li>Mobilized SW community to participate in the consultation of the decision: From Jan to Aug 2018, a steering board of Vietnam Sex Worker Network (VNSW) including 5 members attended the consultation process.</li> </ul>
77	<p>From 2016 – 2020, People’s Committees of 5 provinces in Vietnam (Bac Giang, Khanh Hoa, Ba Ria Vung Tau, Hochiminh, Hanoi) developed, piloted, replicated, and partly funded the model of Community-based voluntary drug addiction treatment, care and counseling units. In total 44 units have been established providing care for approximately 2,800 PWUDs. Nowadays, 2 out of the 5 provinces (Ba Ria Vung Tau and Khanh Hoa provinces) are using their provincial budget to partly cover the establishment and operation costs of the model, so they don’t entirely rely on the support from PITCH.</p>	<p>The model is in line with the National Program of Drug Rehabilitation Renovation Plan. It is much appreciated by clients and unit staff and provides evidence to policy makers and local leaders about the feasibility, efficiency, and effectiveness of the voluntary drug addiction treatment approach. Being embedded in local health centres is expected to contribute to sustainability of the model. Partial funding of these units by the government, is a good start but not yet enough to guarantee sustainability.</p>	<p>During the five years 2016 - 2020, SCDI-PITCH partner provided technical assistance and partial financial support to the people’s committees with the following activities:</p> <ul style="list-style-type: none"> <li>Investigated and evaluated the drug use, drug addiction interventions, local resources and needs at the provinces and cities which are potential to pilot the model (the list of potential provinces and cities was provided by the governmental partner (Department of Social Vices Prevention - DSVP under Ministry of Labour, Invalids and Social Affairs -MOLISA).</li> <li>Organized workshops with participation of leaders of People’s Committee, Department of Social Vices Prevention, Health centres, volunteers, police officers in the areas to share advanced and science-based drug addiction treatment approaches and planning for piloting the model.</li> <li>Invited an international specialist to consult during the development of the model</li> </ul>

ID	Outcome Description	Significance Description	Contribution Description
<b>VIETNAM</b>			
			<ul style="list-style-type: none"> <li>* Worked with the 5 provincial People’s Committees to discuss and agree on all related arrangements (establishment, organization, service provision procedures).</li> </ul>
76	<p>On 13th May 2019, the Ministry of Social Affairs and Labour and Invalids (MOLISA) issued Decision 652/QĐ-LĐTBXH publishing a comprehensive training curriculum on drug addiction detoxification treatment and counselling for health workers and social workers.</p>	<p>The training curriculum, for the first time in Vietnam on this topic, meets the basic and advanced training needs with the most updated and effectiveness-proven therapies which are recommended by UNAIDS. The curriculum plays a vital role in the improvement and standardization of the working capacity of drug addiction treatment staffs and contributes to reaching the capacity building objectives of the National Program of Drug Rehabilitation Renovation Plan 2013–2020.</p>	<p>After several years working as a key partner of the Department of Social Vices Prevention (DSVP - Ministry of Labour, Invalids and Social Affairs), PITCH partner SCDI convinced DSVP that there should be training materials as before there was only a administrative management guideline available for the staffs. In 2016, DSVP adopted this idea and its Minister issued Circular 04/2016/TT-BLĐTBXH dated 28th April 2016 promulgating the Training Framework on Drug Addiction Treatment. However, due to limited human and financial resources, DSVP was not able to develop the training curriculum at that time, but requested the drug addiction treatment facilities to develop the curriculum themselves for their internal use.</p> <p>In late 2016, SCDI offered the technical and financial support to DSVP for the development of the curriculum. In December 2016, the first consultation workshop was organized to launch the development of the curriculum. During the period of 2016 - 2019, SCDI has provided following supports to DSVP related to the curriculum development:</p> <ul style="list-style-type: none"> <li>Gathered certain international guidelines and evidence-based practices to recommend to DSVP as knowledge background for the training curriculum.</li> <li>Hired consultants to develop the curriculum.</li> <li>Established a technical working group (DSVP, SCDI, College of Labour and Social Affairs) to provide feedback on the curriculum drafts.</li> </ul>

ID	Outcome Description	Significance Description	Contribution Description
<b>VIETNAM</b>			
			<ul style="list-style-type: none"> <li>• Coordinated the two-way information exchange during drafting of the curriculum: DSVP invited SCDI to join a meeting with their technical team to develop the core contents of training materials. SCDI also organized meetings with experts and invited DSVP to join to discuss the contents of the training materials</li> <li>• Compiled and piloted the curriculum in Vung Tau and Khanh Hoa provinces</li> <li>• Reviewed, proofread, and finalized the curriculum before publishing.</li> </ul>

ID	Outcome Description	Significance Description	Contribution Description
<b>ZIMBABWE</b>			
144	<p>During December 2018 to March 2019, The Ministry of Health and Child Care (MOHCC) in Zimbabwe and KP-focused CSOs including PITCH partners such as GALZ, SRC and FACT, started training health care workers on how to deliver KP friendly services in the Public Health Care Centers. This was in line with national aspirations of the Fast Track Agenda to ending HIV and ensuring that no one is left behind. The training of health care workers was also informed by the need for Ministry of health and Child Care to start rolling out a KP programme in the public sector.</p>	<p>This process was critical as a demonstration of the political commitment by government and the Ministry of Health and Child Care to the Operational and Service Delivery Manual for the Prevention, Care and Treatment of HIV in Zimbabwe, February 2017; the Zimbabwe National Key Population HIV and AIDS Implementation Plan 2019-2020 and the Minimum Services Package for Key Populations developed by the Ministry in 2018. The collaboration with the Ministry in rolling out the health care worker trainings was significant in that traditionally, CSOs were not invited by the Ministry to train health care workers and being invited to do so was an acknowledgment of key population knowledge and capacity gaps to undertake this task alone. PITCH partners such as GALZ; SRC and FACT gladly took up the invitation to co-deliver the trainings with the Ministry.</p>	<p>The PITCH partners supported the Health Centre in their operating communities to be trained. PITCH partners supported identification of Health centers to be trained and offer the training together with Ministry of Health.</p> <p>The training was an outcome of a consultative meeting on the Training Package for Provision of Key Population services in the public sector in Zimbabwe which was held in February 2018. The newly adopted Promoting Health For All: Participatory Handbook for Health Care providers on Key Populations produced in June 2018 was a follow up to a Key Populations Health Care Handbook to Guide Health Care Workers on service provision for Key Populations. The two were used as job-aids to train HCWs and selected KP focused Civil Society Organizations such as GALZ; SRC and FACT</p> <p>PITCH partners participated in 3 national trainings of Health workers, the first one was conducted from 10-15 December 2018 at the Rainbow Towers in Harare. The second was done from 5 to 8 February 2019 and was at the Rainbow towers as well. The third training was from the 11th to 15 March 2019 at Jameson Hotel in Harare.</p>
108	<p>On 28 November 2017, the Zimbabwe Supreme Court in Harare ruled against the arbitrary arrest and detention of three sex workers in Zimbabwe.</p>	<p>This was the first time where the supreme court ruled in favor of sex workers and against their arbitrary arrest and detention. It was a landmark ruling that reduced the arrests and detention of sex workers on grounds of soliciting for purposes of prostitution in Zimbabwe. The ruling will create a more enabling social, legal and policy environment for sex worker rights including access to SRHR. The ruling led to reduced arbitrary arrests and greater respect of sex workers' rights by police from 13 cases reported to the</p>	<p>On 17 April 2015 in Bulawayo at 10th avenue and fort Street, three female sex workers were arbitrarily arrested and refused to pay a fine as admission of guilt due to their empowerment by SRC in various platforms on human and legal rights literacy trainings. This event accelerated the advocacy and lobbying for sex worker rights by SRC and the full enforcement of the 2015 constitutional court ruling where the police was barred from arresting sex workers on the streets. SRC engaged a lawyer that supported litigation of the 3 sex worker rights whose rights had been violated on 28 March 2017 in Bulawayo, Zimbabwe. SRC also held</p>



ID	Outcome Description	Significance Description	Contribution Description
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		SRC Rapid response team in Bulawayo to 11 cases in 2017.	several advocacy platforms from April to November 2017 in Bulawayo to highlight the plight of sex workers and lobby for change with various policy makers and secondary stakeholders such as parliamentarians, Ministry of Health and Child Care, media, National Aids Council and health care workers.