



PITCH Partnership to Inspire, Transform
and Connect the HIV response

Annual Report 2017



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Acronyms



AGYW	Adolescent girls and young women
CCM	Country Coordinating Mechanisms
HRC	Human Rights Council
KP	Key population
LGBT	Lesbian, Gay, Bisexual and Transgender
M&E	Monitoring and evaluation
MSM	Men who have sex with men
PEPFAR	President's Emergency Plan for AIDS Relief
PITCH	Partnership to inspire, transform and connect the HIV response
PLHIV	People living with HIV
PWUD	People who use drugs
SDG	Sustainable Development Goals
SRHR	Sexual and reproductive health rights
SW	Sex workers
UHC	Universal health coverage
UPR	Universal Periodic Review

1. INTRODUCTION

In 2017, the PITCH programme reached scale and began to yield concrete results. There was ongoing capacity-strengthening and advocacy work, national coalitions built across key population (KP) groups, targeted global interventions and new regional initiatives. Dialogue increased across key populations and adolescent girls and young women (AGYW) groups. Dissent, mostly with governments, was focused and context-sensitive.

This report includes an analysis of the programme, examining global, regional and national levels. Following that, there are case studies illustrating milestones and progress towards achieving PITCH outcomes. Lessons learnt are identified and grouped according to topics of partnership, programme innovation, and the theory of change. Finally, there are summary plans for 2018 and beyond. Annexe 1 shows the PITCH Theory of Change, and annexe 2 provides a financial overview.

2. CONTEXT ANALYSIS

This section flags the key changes during 2017 in the global, regional and national contexts for the PITCH programme.

2.1 Improvements

Global The She Decides movement formed to secure the fundamental rights of every girl and woman by opposing populist voices and filling funding gaps. Together with other initiatives, such as the Women's March, this suggests widespread support for PITCH outcomes and the promotion of human rights and sexual and reproductive health rights (SRHR).

Global The new global Prevention Coalition championed the Prevention 2020 Road Map for achieving global commitments to HIV prevention in UNAIDS 'fast track' countries. It created momentum to strengthen political support and

increase funding for prevention priorities. PITCH followed through in two ways: 1) a decision to prioritise revitalising prevention in the Southern Africa regional programme, and 2) civil society capacity strengthening in regard to prevention in order to hold governments accountable in 'fast track' countries.

Global An increased number of countries submitted Sustainable Development Goals (SDGs) Voluntary National Reports (although the way that HIV/AIDS and KP issues are addressed still needs to be strengthened).

Regional The African Union Plan of Action on Drug Control (2013-2017) was extended to 2019, providing the opportunity to incorporate health-focussed language from the UN General Assembly on Drugs 2016 Outcome document and the Common African Position.

National Positive shifts in the programme's context included:

- **Myanmar** The government advanced positive policy reforms, including those relating to youth, sex work, people living with HIV (PLHIV) and people who use drugs (PWUD).
- **Ukraine** This country continues to be a progressive policy environment in the region (although planned health and justice system reforms are stagnating).
- **Zimbabwe** The change in presidency from Mugabe to Mnangagwa means the possibility of less restrictive policies and a broadening of civil society space.

2.2 Deteriorations

Global Changes in the political environment (such as Trump's election and Brexit) and shifts in the funding of the global AIDS response led to:

- Reduced overseas development aid funding, including budget cuts in key multilateral agencies (e.g. WHO; Global Fund to fight AIDS, Tuberculosis and Malaria; UNAIDS; UNFPA), with implications for support to key HIV and SRHR services.

- Prioritisation of economic interests as part of proposed development funding, as well as blending (use of development funds as incentives/guarantees for private investors).
- Re-enactment of the Global Gag Rule and continued enforcement of the US Government's anti-prostitution loyalty oath. This indicated a shift to the right in the whole US administration, incl. State Department, USAID, and some key President's Emergency Plan for AIDS Relief (PEPFAR)-implementing government agencies, which impacts other bilateral and multilateral aid (notably Global Fund). Similarly, the US has pulled out of several international conventions and mechanisms, such as the Paris Agreement, showing that multilateralism risks losing ground.
- A new European Consensus for Development, the EU's overarching framework for development cooperation. This put migration and security at its core, thus potentially de-prioritising global health, the role of civil society, and SRHR.

Regional In South-East Asia, there were extra-judicial killings of PWUD and implementation of a repressive policy, particularly in the Philippines. Although this has not spread to neighbouring countries, there are worrying signs in Indonesia and Cambodia.

National Negative shifts in the programme's context included:

- **Indonesia** The political situation worsened as politicians utilised anti-LGBT, religious and ethnic issues in their campaigns for the 2018 election. The Ministry of Social Affairs still aims to have Indonesia free of prostitution in 2019. In some districts (Aceh, Yogyakarta, etc), lesbian, gay, bisexual and transgender people (LGBT) and sex workers (SW) face criminalisation and persecution.
- **Kenya** The country was plunged into turmoil when the supreme court overturned President Kenyatta's victory in elections in August 2017. General elections were re-held in October 2017.
- **Mozambique** Although there has been an end to hostilities between RENAMO and FRELIMO, a revival of tensions between

them has led to a deterioration of civic space.

- **Nigeria** Ongoing armed activities by the Boko Haram movement and implementation of its conservative religious views severely impeded the possibility for PITCH to work in specific states.
- **Uganda** The 2016 NGO Act came into force with serious implications for many organisations, especially those working on SRHR or KP issues such as LGBT, SW and PWUD. The special obligations imposed on NGOs (e.g. to refrain from doing anything 'prejudicial to the interests and dignity of the people of Uganda'), as well as the complicated registration process, made it difficult for organisations, including PITCH partners, to acquire or renew their licenses.
- CSO registration requirements and funding conditions in **Mozambique** and **Vietnam** impeded the operation and development of civil society, particularly for KP groups.

3. OUTCOMES

This section illustrates the nature and range of outcomes achieved by PITCH across the breadth of the programme. The case studies and stories highlight achievements in terms of policy, services, human rights, movement building and capacity strengthening.

3.1 Policy

3.1.1 Shape policy reforms and debates

In 2017, many PITCH partners successfully influenced debates and policies related to sex work, drug use, youth and health insurance to extend or ensure equal and full rights for key populations.

In **Kenya**, in support of rights for LGBT, PITCH partners were centrally involved in strategic litigation against the criminalisation of same-sex



relations and forced anal examinations. A win in Kenya is likely to have a regional impact. PITCH partners were also active in debates around the decriminalisation of sex work, and, in particular, Women Fighting AIDS in Kenya was at the forefront of advocating Towards End To Sterilization of Women living with HIV.

In **Myanmar**, PITCH partners participated in consultations and technical groups. Their impact was evident in the health-focused language of the drafts for drug and sex work regulation legislation debated in Parliament. Similarly, the country's first Youth Policy explicitly addressed young key populations as well as other marginalised young people. Young people from the Myanmar Youth Stars group (developed with the support of the Dutch-funded Link Up programme) actively participated and influenced the policy. In Myanmar we started to brainstorm with colleagues from the Dutch embassy on how to bridge the gap between the government and civil society. We discussed possibility of creating informal spaces where civil society and government officials could engage in informal dialogues.

'The Ministry of Social Welfare officially addressed the final Youth Policy. This was some great news for which we were consistently advocating for a year-long journey to have meaningful and clear inclusiveness of the roles of all young KPs and marginalised young people' *Myanmar Youth Stars*

In **Nigeria**, minors (i.e. under 18 years of age) must have parental consent to access testing, treatment and services related to HIV and sexual and reproductive health, including contraceptives. These laws and policies apply regardless of the specific needs or circumstances of the young person concerned. The Federal Ministry of Health developed guidelines recommending that age of consent be reduced to 12 years; however, this did not align with other laws that held the age of consent at 18. In response to this, PITCH partner organisation Education As A Vaccine Against AIDS formed and trained Youth Advocate Groups to push for enactment of a legal framework that supports lowering of the age of consent in Nigeria and developed a plan to guide advocacy on the age of consent issue. In **Vietnam**, partners influenced the development of a health insurance mechanism to ensure it addressed KP needs. A local PITCH

partner, together with global partner the Stop AIDS Alliance, developed a report and instigated policy dialogues on key barriers to health insurance for KPs. They showed that lack of identity cards and link to postal address limits KPs' access to health services. A commitment from the government to address and collaborate on these challenges was achieved.

In **Uganda**, PITCH partners shaped policy reforms and debates affecting adolescent girls and young women. Issues affecting HIV and SRHR services for AGYW were presented to the HIV Parliamentary Committee in a position paper developed by the young people themselves. The parliamentarians made commitments, among which was a directive through the Ministry of Health for each accredited Health Centre to have a youth-friendly centre. Similarly, although comprehensive sexual education in schools was banned, PITCH partner the Uganda Network of Young People Living with HIV with other coalition members petitioned the government and obtained a commitment to review the SRHR guidelines, which are yet to be finalized.

Leveraging change at the **global** level, Stop AIDS Alliance and Free Space Process partners strengthened the engagement of the HIV movement in the universal health coverage (UHC) and SDGs global and regional debates, bringing country experiences to the fore in these processes. Extending PITCH influence and learning as broadly as possible, Stop AIDS Alliance initiated debates about the inclusion of services for KPs, including prevention, under UHC national schemes in **Vietnam** and **Senegal** and in global UHC debates such as at the UHC summit in Japan, during the World Health Assembly, the UN High-level Political Forum and other political spaces. As a result of all these collaborations at different levels, the Director of a local PITCH partner in Vietnam became the NGO alternate member for the UHC 2030 steering committee. This will make it possible to bring KP and HIV discussions into the UHC global debates.

Also, at the **global** level, to chart progressive harm reduction discussions within the drug policy debate, PITCH worked closely with the International Drug Policy Consortium as well as Bridging the Gaps partners. They trumpeted countries' progressive

experiences related to harm reduction and situated drugs-related issues within SDG debates during the Commission on Narcotic Drugs and the International Harm Reduction Conference.

3.1.2 Block punitive policies

In several countries, PITCH partners were faced with initiatives that imposed restrictive, punitive policies, further curbing the rights of KPs and their access to services. Some successes were recorded in terms of blocking punitive policies. For example, partners in **Nigeria** successfully challenged a change to a drug control law that sought to increase sentences for people who use drugs to a maximum prison term of 25 years.

Meanwhile, in **Indonesia**, PITCH contributed to the development of a broad coalition consisting of human rights, PWUDs, PLHIV, youth and LGBT organisations. The work of this coalition intensified to challenge a petition from conservative groups to fast-track criminalisation of LGBT people. The Constitutional Court rejected the petition – a positive result to which PITCH partners and other coalition members contributed significantly. The criminalisation of LGBT issues, sex outside of marriage, people who use drugs and condom promotion is still looming though, as per the draft Criminal Code, which will be under parliamentary review in 2018. PITCH partners continue their efforts to challenge these measures.

3.2 Services

3.2.1 Secure political support for services

In **Uganda**, long-term campaigning and advocacy by PITCH partner, Ugandan Harm Reduction Network, resulted in securing a letter of support from the Ministry of Health and the approval of the standard operating procedure to pilot a needle syringe programme and medically-assisted therapy in the four government regional health centres (Kampala, Mbarara, Mbale and Gulu). A video clip showcases PWUD community voices discussing what the needle and syringe program means to them¹. These positive developments were amplified through complimentary work in the Global Fund programme,

¹ www.youtube.com/watch?v=MjzOD8Khzac&feature=share

led by Community Health Alliance Uganda, a PITCH partner. They illustrate the significant improvements made in recognising the meaningful involvement and participation of PWUD in key spaces and by the Ministry of Health, the Ugandan AIDS Commission and service providers. The Ugandan Harm Reduction Network broadened the movement by supporting the legal registration of informal grassroots groups of women, youth and LGBT people who use drugs into formal organisations. PWUDs have also been nominated as members of the multi-sectoral Technical Working Group on human rights hosted by the Uganda AIDS Commission.

Access to SRHR services, particularly among women who use drugs, remains problematic. In **Ukraine**, PITCH partner research showed that due to their status, as well as issues of stigma and discrimination by health care workers, 80% of women who use drugs did not enrol in antenatal or maternal health care and had their first medical check-up during the birth, 50% of women who use drugs did not know about the need and opportunity to join opioid substitution therapy, and 30% of women who use drugs, including those on opioid substitution therapy, felt forced into having an abortion after being convinced by the health worker that the birth of a healthy child would be impossible. This evidence was used to advocate for improving the access and quality of SRHR services for women who use drugs. PITCH partners also analysed laws regulating the provision of SRHR services, including for women living with HIV/AIDS. Research shows that regulations need to be changed to make services for KPs more gender sensitive. A memorandum of understanding was developed with the Bila Zerkva city administration in the Kiev region to cooperate on the delivery of more gender-oriented services.

In 2017, PITCH began to work with the AIDS and Rights Alliance for Southern Africa regional network to shift the **Southern African** region's governments and the International Conference on AIDS and STIs in Africa conference debate from biomedical intervention to structural barriers, such as addressing punitive policies that hamper access to prevention services for KPs and AGYW. The AIDS and Rights Alliance for Southern Africa, together with other partners, ran 'The missing piece of the puzzle campaign' and organized prevention-related engagements at the conference jointly with

representatives of the African Union Commission, UNFPA, and the Tanzania Network of Women Living with HIV. Debates covered domestic funding for structural interventions, the role of the AU in holding governments accountable, and opportunities for national advocacy linked to the Southern African Development Community Key Populations Strategy and Guidance for National Target Setting recently approved by Ministers of Health, as well as the African Union Partnership and Coordination Platform.

3.2.2 Ensure services are properly funded

In all PITCH countries, HIV/AIDS-related health care services are funded primarily by international donors, the largest being the Global Fund to fight AIDS, Tuberculosis and Malaria and the President's Emergency Plan for AIDS Relief. In 2017, representatives of PITCH partners, including both KP and AGYW organisations, gained seats on Country Coordinating Mechanisms (CCMs) and were able to successfully influence Global Fund proposal development processes in **Kenya, Uganda, Ukraine and Zimbabwe**. As a result, more funding was allocated for KP services, programmes took account their needs, and KP-led organisations gained prominence and became sub-recipients for the first time.

Partners also started to engage more confidently with PEPFAR's complex and data-driven processes relating to resource allocation. Capacity strengthening of partners undertaken by HealthGap significantly contributed to these results. In **Kenya**, following the HealthGap workshop, PITCH partners began to engage with the PEPFAR Country Operational Plans. This helped to ensure that grassroots KP groups were able to provide input and lobby for the collection of relevant data. PITCH plans to share lessons from this work to other programme countries.

In **Uganda**, the International Community of Women living with HIV Eastern Africa coordinated the civil society PEPFAR Country Operational Plans coalition, ensuring the participation of PITCH partners in the dialogues and meetings to assess the performance of PEPFAR COP16, analyse PEPFAR COP17 data, and develop the roadmap for ensuring

meaningful participation in the PEPFAR18 planning process.

In **Kenya and Zimbabwe**, the Global Fund issued grants specific for KPs for the first time, for example, the \$10 million KP 2018-2020 grant for interventions in the field of sex workers and men who have sex with men (MSM) interventions in Zimbabwe. PITCH partners Gays and Lesbians of Zimbabwe, Sexual Rights Centre in Zimbabwe and Ishtar MSM in Kenya successfully applied to become implementing partners and will start providing services to MSM and sex workers in 2018.

After extensive lobby with the government of **Ukraine**, Act#263 was issued. This act recognizes the crucial role of KPs by assigning seats on the CCM to PWUD, SW and MSM. PITCH partners representing sex workers and PWUDs have successfully applied for these seats, meaning they are now directly involved in decision-making related to funding allocation and design of the programme. For example, the 'VOLNA' movement of people who use drugs became a formal organisation in 2017. VOLNA strategic development became a priority in the Global Fund proposal. PITCH also had two small-scale cases of successful government funding and transition related to prevention-related work. Firstly, in the Kyiv region, the HIV/AIDS Centre started to fund the post of a community outreach worker who had previously been funded by donors and based in the NGO 'Convictus'. Secondly, the government funded awareness raising and campaigning related prevention activities in multiple cities in Kyiv region. The PITCH Ukrainian Country Focal Point is also engaging with the National Key Populations Platform, which has been developed on the basis of tripartite cooperation in Ukraine between Dutch embassy, civil society and UNAIDS.

PITCH also successfully influenced the allocation of funding for KP services at the **global** level. The Global Fund is being pushed by its Board to follow other donors leaving middle-income countries without much consideration of the implications for the sustainability of the response to the three diseases. In response to this, Stop AIDS Alliance and PITCH global policy partners worked for more than a year with partners, such as the Global Fund and the Dutch Ministry of Foreign Affairs to raise this as a political issue and mobilise leadership at the EU level. This was in order to: 1) raise the profile of

responsible transitions at the political level and ensure the EU supports a softer and well-thought-out approach; 2) share EU best practice with countries in EECA and ensure the EU supports them with technical expertise in taking their transition plans forward and; 3) influence the programming of the EU health programmes so that resources can be directed towards supporting transition work and civil society in the Eastern region.

As a result of this work, PITCH collaborated with the political leadership in Estonia to host a Senior Level Policy Dialogue, 'Addressing HIV and TB Challenges: from Donor Support and Emergency Response to Systems', and to draw attention to the issues of transition and allocation of funding for key populations in the **Eastern Europe region**. The Outcome Document of the Senior-Level Dialogue provides a comprehensive set of recommendations to the EU, governments, civil society and international donors and partners. It will be used to inform upcoming relevant events and initiatives, such as the Tallinn Charter Anniversary High-Level Meeting "Health systems for prosperity and solidarity – leaving no one behind" in June 2018, the International AIDS Conference in Amsterdam in July 2018 and the UN General Assembly High-Level Meeting on TB in 2018.

3.2.3 Service standards

In 2017, Robert Carr civil society Networks Fund grantees pushed for outcomes related to improving access to rights-based services, including SRHR services. For example, grantees the International Community of Women Living with HIV and the Global Network of People Living with HIV built on the World Health Organisation process for validating and certifying elimination of vertical transmission of HIV, creating a tool to measure achievement of standards for community engagement, human rights and gender equality to the existing clinical standards. As a result of their advocacy, there is now a mechanism by which countries must reflect periodically on the human rights, gender equality and community engagement aspects of their prevention of mother-to-child transmission programming and where networks of women living with HIV can exert influence over system reforms at the country level. Stronger recommendations regarding essential service improvements and reduction of stigma and

discrimination are being given to countries seeking validation.

3.3 Human rights

Global PITCH made the most of opportunities under the United Nations Human Rights Council (HRC) to achieve the AIDS human rights targets included in the 2016 Political Declaration. For example, PITCH generated the first ever analysis of how HIV-related issues were included in the Universal Periodic Review (UPR) cycle 1 and 2 and an in-depth analysis of how the UPR is working in **Indonesia, Ukraine and Uganda**. This research opened spaces for dialogue with member states, increased awareness and strengthened capacity among CSOs to maximize the opportunities under the UPR.

In 2017, PITCH also supported the engagement of **Indonesia** and the Philippines with the UPR cycle 3 through targeted advocacy at the Geneva level with member states. As a result, Indonesia achieved one UPR recommendation related to drug policy from Portugal, which contains exactly the same language as the one proposed by the PITCH advocacy ask. This recommendation will allow advocates in-country to discuss national implementation mechanisms with the government. The Philippines achieved at least six recommendations on drug policy from countries contacted through PITCH advocacy interventions: Portugal, Thailand, Guatemala, Italy, Ireland, Luxembourg.

As part of the engagement with the Human Rights Council, PITCH strengthened collaboration between global networks and the human rights and social justice movement. For example, Stop AIDS Alliance and members of Free Space Process worked together to influence the HRC Social Forum on HIV in October 2017. The outcome document included key advocacy asks around KPs, SDGs and the UPR and is expected to inform a possible (still to be confirmed) HRC resolution on AIDS in July 2018.

Recording and responding to Human Rights violations against KPs and AGYW living with HIV was also a key PITCH achievement. PITCH partners in **Myanmar, Uganda and Zimbabwe** collected and responded to human rights violations, using innovative software such as REAct (Rights-

Evidence-Action) and Martus. In medical emergencies, the response would include immediate referrals to treatment and psychosocial support. At the core of PITCH, however, is the collection and analysis of evidence to be used in advocacy. By presenting hard data on human rights violations to policymakers, the need to protect AGYW and KPs from violence and discrimination becomes indisputably clear. In 2017, PITCH partners collected a wide variety of evidence, ranging from verbal abuse to forced shaving of the hair of transgender women, and used this to reinforce advocacy asks and pursue legal action against perpetrators. Collection and documentation of human rights violations is a laborious task and requires accuracy, confidentiality and safe filing. As a next step, consolidation and analysis of cases require statistical skills and expertise. PITCH has been strengthening these capacities amongst partners and will continue to do so in the years ahead.

'The beauty of REAct is that it is a package. At its heart is the individual – documenting what has happened to them and identifying an immediate and specific response. But, with the evidence it produces, REAct also provides a means to mitigate issues that are coming up – putting in place the actions needed to ensure that such situations don't happen again. It gives hope to both our organisation and our community.' Member of Sexual Minorities Uganda

In 2017, the PITCH country partner in **Myanmar**, Aye Myanmar Association (AMA) brought eight cases of violence against SW to court. In one specific case, a 27-year-old female sex worker had been seriously beaten and sexually harassed by a policeman in Mandalay. The injuries led her to be taken to the hospital where she was finally assisted by AMA, a sex worker's organisation. AMA provided her with support and information about her rights and helped her file a court case against the police. It was the first case by a sex worker against police in the history of Myanmar. Nobody thought that the sex worker would be able to access the legal justice system. However, the case continued for another six months, leading to justice finally recognizing the sex worker's rights. The police officer lost his job for misconduct and was fined. After the case, police violence was also perceived to be drastically reduced. This case can now be further used as a

legal precedent for the protection of sex workers' rights.

3.4 Movement building

To counteract punitive practices and policies towards people who use drugs in **South-East Asia**, PITCH continued to strengthen the cross-country exchange among harm reduction and human rights organisations. The International Drug Policy Consortium brought together civil society advocates working in human rights, harm reduction and drug policy reform in the region to share experiences, receive an accurate assessment of the risk environment, and explore advocacy opportunities linked to the extra-judicial killings of PWUD in the Philippines. Expert advisors from UN agencies specialising in HIV, drug control and human rights, current and former senior government officials, NGOs specialising in human rights and harm reduction advocacy in other regions, and donor agencies also joined to offer strategic advice and input. It was apparent that the spread of extrajudicial killing of people suspected of using or dealing drugs in other countries was not a major risk. However, hardening attitudes and punitive approaches to PWUD were possible. Indeed, a nationwide crackdown on drugs was launched in Cambodia in January 2017, involving mass arrest and detention of people who use or supply drugs. In addition, an increase in people killed during drug-related police operations has been noticed in Indonesia.

PITCH partners from **Indonesia** and **Myanmar** engaged in a conference of the International Federation of Non-Governmental Organizations for the Prevention of Drug and Substance Abuse that took place in Macau, China, and raised awareness of conservative medical addiction treatment specialists from Asia about evidence-based harm reduction and community-based addiction treatment services.

In **Kenya**, PITCH supported the KP Consortium in its campaign to stop the use of biometric data collection in relation to HIV services. This type of data can put the lives of people from KPs in danger, since sex work, homosexuality and drug use are all criminalised in Kenya. The KP Consortium worked directly with the US Centers for Disease Control and Prevention, Kenyan National AIDS Control

Council and the Kenya Red Cross (the principal recipient of Kenya's grant from the Global Fund) to change the policy. In light of the advocacy, the decision to use biometric data was cancelled, the number of KP organisations receiving Global Fund funding increased from 2 to 12, and representation of KPs in the CCM improved (2 representatives from MSM, 1 from PWUD, 1 from SW). These were tangible results from the cross-key population movement that was created.

In **Uganda**, joint implementation of the national stakeholder's dialogue helped to harmonise key issues identified by the PITCH partners. These issues were integrated into a position paper and shared with stakeholders. This process gave partners a stronger combined voice to advocate for improved SRH and HIV services for AGYW. It also led to the Ministry of Health providing space for an AGYW nominee to participate in the young people's Technical Working Group, a key forum for influencing policy.

In 2017, both Aidsfonds and the International HIV/AIDS Alliance leveraged several programmes funded by the Dutch Ministry of Foreign Affairs, such as Bridging the Gaps and READY, to amplify and complement the work done in PITCH. For example, in **Mozambique**, PITCH and READY programmes mobilised adolescents and young people living with HIV to make healthier choices and improve access to services and commodities relating to their sexual and reproductive health and rights. In **Indonesia**, PITCH and Bridging the Gaps, together with the Indonesian Ministry of Health, partly financed a meth-specific Integrated Biological and Behavioral Surveillance Survey implemented by Mainline, that identified crystal meth use in 6 cities.

There are also several cases of development in one partnership feeding into next steps in another partnership. For instance, for 2017 in Bridging the Gaps, the organisation Health Options for Young Men on HIV/AIDS/STI in **Kenya** identified social media use in marketing health services to male sex workers, educating them on their rights, and community mobilization as a best practice. The next step will be incorporated into PITCH; an all-inclusive and integrated mobile app will be developed for

the future. Furthermore, Bridging the Gaps, READY and PITCH have been collaborating on various initiatives for AIDS2018.

3.5 Capacity strengthening

PITCH incorporates a strong capacity strengthening component. One of the areas targeted for capacity strengthening is the M&E of advocacy (as distinct



community members, which will serve several purposes, including providing information on health and use as a safety and security tool.

The synergy between Bridging the Gaps and PITCH is mostly driven by linking and learning, knowledge development, M&E and research, which is turned into evidence-based advocacy or tools that can further advocacy efforts. The ambition is to actively look for more opportunities for collaboration of this kind. This takes place on more ad hoc basis, however we are striving for more structural cooperation in

from the M&E of service delivery). In 2017, PITCH organised M&E workshops in eight² out of nine programme countries to strengthen capacity for formulating advocacy asks and keeping track of the advocacy process through advocacy logs. Partners reviewed and jointly prioritised a subset of PITCH programme outcomes as well as M&E indicators that reflect lessons learnt and progress for each country. Partners were also familiarised with the concept of the new online M&E tool, Wanda, which will be rolled out in early 2018. Wanda allows for

² The ninth workshop took place in 2018

tracking advocacy processes and generation of user-friendly reports.

Illustrating the value of South-South learning as a capacity strengthening strategy, PITCH partners from **Myanmar** (including parliamentarians, representatives and leaders of the national-level key population networks and government staff members) conducted an exchange visit to PITCH partners in **Vietnam** to explore how civil society organisations and government authorities can work together to create an enabling environment for KPs. The delegation met with senior Vietnamese government officials, parliamentarians, the National AIDS Commission, CBOs and representatives of community networks. They also visited a methadone clinic and a Global Fund project site. The exchange visit helped to strengthen ties between individual PITCH partners Alliance Myanmar and a local PITCH partner in Vietnam and initiated an exploration of a potential joint regional advocacy initiative. In addition, on their return, the Myanmar delegation added to and amended the final draft of the new HIV law in Myanmar to strengthen means of securing rights for key populations and invest more in HIV-related work, especially surrounding harm reduction.

PITCH partner the International Drug Policy Consortium delivered a 'Train the Trainers' workshop for African partners in August 2017 alongside the South Africa Drug Policy Week organised by the TB/HIV Care Association. The training brought together 22 civil society participants, including PITCH partners from **Kenya, Nigeria, Uganda** and **Zimbabwe** as well as non-PITCH partners from Ghana, Liberia, Mauritius, Senegal, Sierra Leone, South Africa and Tanzania. Representatives from the African Union and the Kenyan Government also attended. It expanded participants' capacity to use the International Drug Policy Consortium Drug Policy Advocacy Training Toolkit³ to deliver their own training of trainers to increase capacity at the local level.

³ <https://idpc.net/publications/2013/06/training-toolkit-on-drug-policy-advocacy>

4. LESSONS LEARNT

Through successes, challenges and failures, PITCH continues to learn lessons that inform the strategic direction of the programme. This section highlights lessons linked to partnerships, innovative approaches, and the theory of change.

4.1 Partnerships

As a partnership, PITCH provides a unique opportunity to demonstrate how different organisations can combine expertise, experience and insights to create a transformative response to HIV at the global, regional and national levels. Lessons learnt include:

- Partnerships need to be maintained and constantly nourished to be successful. During the year, the International HIV/AIDS Alliance and Aidsfonds collaborated on the PITCH Transformative Partnership Reflection paper that concluded with a detailed Statement of Intent agreed upon by the partners.
- Building on this, partnership-building workshops were held and an internal tool to reflect on and monitor our commitment to the partnership was developed.
- The Dutch Ministry of Foreign Affairs is a valuable partner in PITCH; their presence, advice and input contribute significantly to the programme's ability to achieve its goals.
- Local Dutch embassies have vital information about the key stakeholders that may block or support PITCH work in countries and regionally. For example, an opportunity for engagement with the embassies for the PITCH regional programme in Eastern Europe and Central Asia: the Dutch Ministry of Foreign Affairs played an active role in sharing information about work conducted in the region, on which PITCH will build its regional programme for Eastern Europe and Central Asia in 2018. In addition, PITCH partners regularly attend meetings organised by the

Dutch embassies in Kenya and Indonesia. PITCH colleagues from country teams also pay regular visits to the Dutch embassies in Uganda and Mozambique to keep the embassy colleagues up to date about PITCH activities.

- The diversity of capacities among PITCH partners requires a tailor-made approach to systems and capacity strengthening approaches, whilst guaranteeing high levels of quality in our work.

related elements in indicators. In 2018 we are planning to roll out webinar training for partners on gender transformative approaches.

- Private sector actors, including multinational and country corporate sectors, can be engaged in building tolerance towards KPs and tackling stigma and self-stigma, although the pace of change can be slow.



Cross KP workshop in Nairobi to counteract increasing risk and security issues, 2017 by Caroline Dorval-Defferary. Copyright International HIV/AIDS Alliance

4.2 Programming and innovation

Lessons learnt from PITCH programming and innovations in 2017 include:

- Integration of gender transformative indicators in the PITCH M&E framework and reporting template, backed up by targeted capacity strengthening, helps to build momentum in the programme around gender transformative approaches. In 2017, PITCH integrated gender- and power-

Example

Through a PITCH flexible investment, along with Open for Business, PITCH created networks of advocates and leaders for LGBT rights in the business community in Kenya. These advocates/leaders will collectively discuss issues pertaining to the LGBT community with key policymakers, as well as in the private sector community.

- South to South cross-country and cross-KP learning and capacity strengthening creates a solid base for cross-country movement building and joint support.
- Cross-population advocacy can be particularly valuable but can be complex to build. It requires time and commitment to build trust and a collective approach.

Example

PITCH brought together all LGBT PITCH partners from Kenya, Mozambique, Uganda and Zimbabwe to train them in the use of REAct tool for monitoring and responding to human rights violations. This engagement generated several lessons learnt that should lead to an increase in the exposure of human rights violations cases across different countries.

- The flexible investment mechanism enables PITCH to respond quickly to emerging issues. This is especially important in the arena of KP programming, where safety and security are critical considerations and unforeseen circumstances can easily arise.

Example

The elections in Kenya brought uncertainty and an increase in hostility and violence particularly to KPs. PITCH partner Health Options for Young Men on HIV/AIDS/STI requested support to prepare community members for emergencies. A workshop on safety and security for KP programming between PITCH and Linkages was also held in Nairobi. This brought together partners across the different KP groups to share, learn and exchange experiences about coping with risk and security. Civil society actors were involved in validating a toolkit that was launched to support partners.

4.3 Reflecting on the theory of change

PITCH did not conduct a major review of the theory of change in 2017 -- that is scheduled as part of the mid-term review in 2018. However, as the programme evolves, PITCH continually reflects upon

the theory of change, for example as part of the regular in-country reflection meetings or the annual reporting cycle. Whilst the goals remain relevant and pertinent, the pathways to achieving the goals do change. PITCH has learnt to continually review its strategies considering the evolving context, progress-securing outcomes, opportunities and threats.

5. WAY FORWARD

In 2018, the internal Mid-Term Review is an important opportunity for PITCH to reflect on achievements and explore ways to improve and better achieve the goals of the programme.

The programme will bring together country, regional and global policy partners during the first PITCH Policy Summit and finalise the PITCH Policy Strategy, which ensures the integration of country, regional and global work and identifies key strategies and milestones to achieve results. In areas where results are less evident, efforts will be intensified or redirected to better achieve PITCH strategic objectives. The PITCH programme and its partners are committed to ongoing learning and evolution to maximise results.

2018 also brings the International AIDS Conference in Amsterdam. PITCH plans a strong engagement at the conference by supporting the participation of representatives of the programme's four populations.

PITCH will also build on the momentum generated by the creation of the Global Prevention Coalition to support regional partners in the strengthening of advocacy around combination prevention in Southern Africa, as well as holding governments accountable for their commitments.

Gender and sexual and reproductive health and rights are key areas of PITCH, and in 2018 the programme will prioritise these areas by developing and implementing strategies to connect the work of implementing partners to the SRHR movements.

PITCH experienced several challenges during the first two years of implementation that enabled the

partnership to learn and grow. In its third year, PITCH has a comprehensive portfolio of partnerships and activities in place and shows a steady accumulation of concrete results.

Everyone involved in PITCH has growing confidence to inspire, transform and connect the responses to HIV and AIDS in the years to come.

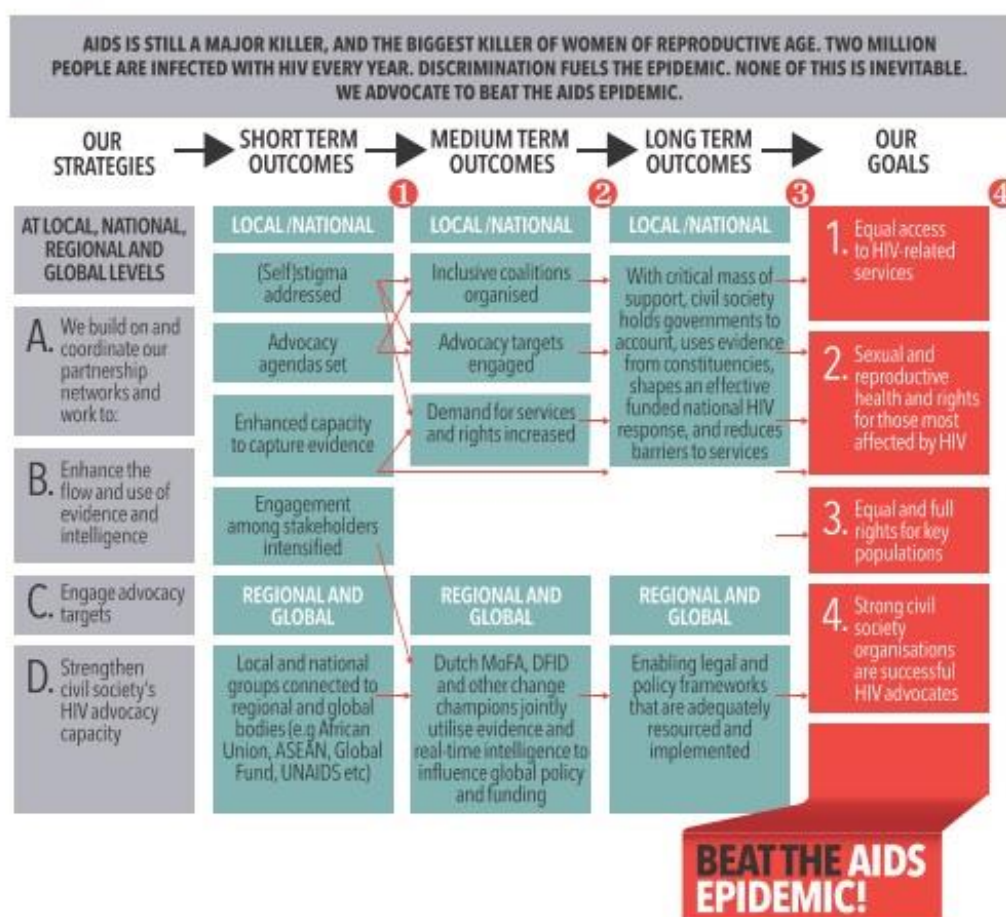


ANNEXE 1: PITCH

THEORY OF CHANGE



PITCH Partnership to Inspire, Transform and Connect the HIV response



THE SUCCESS OF THIS PARTNERSHIP ASSUMES THAT:

- > We can capitalise on the changing spirit, nature and methods of activism
- > Service delivery continues to provide evidence of bad, good and best practice
- > Civil society is not suppressed to the point of no longer being able to function

KEY RISKS RELATED TO THIS THEORY OF CHANGE ARE THE:

- > World power shifts that undermine human rights
- > Growing conservatism and fundamentalism
- > Political instability and fragility
- > De-prioritisation of AIDS response

ANNEXE 2: PITCH

FINANCIAL REPORT

2017

In EURO

Lobby & Advocacy and Capacity Building

In-country

Focus countries	Budget 2017	Expenditures 2017	Balance 2017
Country 1 - Indonesia	486.447	362.597	123.849
Country 2 - Kenya	748.461	833.351	-83.890
Country 3 - Mozambique	457.801	291.501	166.300
Country 4 - Myanmar	411.533	271.373	140.160
Country 5 - Nigeria	493.891	243.326	250.564
Country 6 - Uganda	693.002	733.168	-40.166
Country 7 - Ukraine	283.444	265.203	18.241
Country 8 - Vietnam	633.699	476.198	157.501
Country 9 - Zimbabwe	566.513	406.215	160.298
Total	4.776.790	3.832.832	882.857

Regional Programmes	Budget 2017	Expenditures 2017	Balance 2017
Regional Southern Africa & Regional Eastern Europe Programme	350.000	30.972	319.028
Total	350.000	30.972	319.028

Flexible Investments	Budget 2017	Expenditures 2017	Balance 2017
Flexible Investment pool	521.962	151.705	370.257
Total	521.962	151.705	370.257

Total In-country	5.847.752	4.065.809	1.552.143
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Global Advocacy / Policy

Global Advocacy / Policy	Budget 2017	Expenditures 2017	Balance 2017
RCNP	600.000	600.000	-
SAA	507.896	344.370	163.526
Other Global including FSP	240.000	92.983	147.017
Total	1.347.896	1.037.353	310.543

Total Lobby & Advocacy and Capacity Building	6.995.648	5.103.162	1.892.486
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Programme Management

Programme Management	Budget 2017	Expenditures 2017	Balance 2017
Programme Management	1.015.112	918.686	96.226
Overhead	368.697	289.370	79.328
Total	1.383.809	1.208.056	175.554

Programme Management Activities	Budget 2017	Expenditures 2017	Balance 2017
Communication and Publications	85.000	54.939	30.061
Travel	97.168	77.708	19.460
Consultants	36.000	53.286	-17.286
Conferences, Workshops and Meetings	28.480	48.078	-19.598
Assurance (training, audits etc)	22.000	16.904	5.096
Total	288.648	250.915	17.734

Total Programme Management	1.652.458	1.468.170	183.287
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Alliance Partnership Strengthening

Alliance Partnership Strengthening	Budget 2017	Expenditures 2017	Balance 2017
Directors and Blue Sky Week Meetings	12.571	13.414	-843
Assurance (LO internal audits, crisis management)	10.573	11.470	-897
Accreditation	8.850	9.164	-314
Capacity Building and Learning Exchange	39.997	45.115	-5.118
Technical Assistance Mechanisms	35.097	22.642	12.455
LO Strategic Grants	42.298	45.198	-2.902
Total	148.334	147.002	2.332

Total Alliance Partnership Strengthening	148.334	147.002	2.332
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Research and MEL

Research and MEL	Budget 2017	Expenditures 2017	Balance 2017
Research	73.750	34.316	39.434
M&E	76.250	57.151	19.099
Total	160.000	91.468	68.532

Total Research and MEL	160.000	91.468	68.532
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Total PITCH	8.947.490	6.800.602	2.146.887
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