

AIDS AND RIGHTS ALLIANCE

FOR SOUTHERN AFRICA

(ARASA)

**ANNUAL REPORT
JANUARY – DECEMBER
2023**

ARASA
AIDS & Rights
Alliance
for Southern Africa



TABLE OF CONTENTS

LIST OF ACRONYMS	2
1.0 EXECUTIVE SUMMARY	5
2.0. INTRODUCTION	7
2.1. CONTEXTUAL BACKGROUND	7
2.1.1 INTERNAL CONTEXT	7
3.0 ARASA IN NUMBERS	10
3.1 INFOGRAPHIC TIMELINE-2023 KEY HIGHLIGHTS	10
4.0 PROGRAM DEVELOPMENT	11
4.1 PROGRAMME SCOPE	11
4.1.1 SIDA	11
4.1.2 AIDSFONDS - LOVE ALLIANCE GRANT MAKING PROJECT	22
4.1.3 LOVE ALLIANCE REGIONAL ADVOCACY GRANT	25
4.1.4 ROBERT CARR FUND: SHOW US THE MONEY PROJECT	29
4.1.5 HIV JUSTICE NETWORK FOR THE HIV JUSTICE WORLDWIDE GLOBAL COALITION	30
4.1.6 AWDF: SHELEARNS PROJECT	31
4.1.7 YOU(TH) CARE	32
4.1.8 LEVIS STRAUSS FOUNDATION	33
4.1.9 GLOBAL FUND (MPACT): AZIMA PROJECT	33
5.0 MEDIA	35
5.1 MEDIA COVERAGE	35
6.0 INFLUENCING STRATEGIC COALITIONS	38
7.0 ORGANIZATIONAL DEVELOPMENT	42
7.1 GOVERNANCE	42
7.2 HUMAN RESOURCES	42
7.3 STAFF REFLECTION AND REVIEW	43
7.4 PARTNERS CAPACITY ASSESSMENT	43
7.5 ORGANIZATIONALASSESSMENT	43
7.6 FINANCIAL SUSTAINABILITY	43
ANNEXE 1	44
CURRENT IMPLEMENTING PARTNERS	44

AIDS	Acquired Immunodeficiency Syndrome
AGYW	Adolescent Girls and Young Women
ARASA	AIDS and Rights Alliance for Southern Africa
APHRC	African Population Health Research Centre
AU	African Union
AWDF	African Women Development Fund
AYARHEP	Ambassadors for Youth Adolescents for Reproductive Health Programme
BAI	Bodily Autonomy and Integrity
CCM	Country Coordination Mechanism
CGHRD	Coalition for Grassroots Human Rights Defenders
CLM	Community Led Monitoring
CSO	Civic Society Organisation
ESA	East and Southern Africa
FSL	Forensic Science Laboratory
HEARD	Health Economic and HIV and AIDS Research Division
HIV	Human Immunodeficiency Virus
HJN	HIV Justice Network
GALZ	Gays and Lesbians of Zimbabwe
GBV	Gender Based Violence
ICCA 4 Equality	Increased Capacity, Coordination and Accountability for Equality
IAS	International AIDS Society
ICASA	International Conference on AIDS and STIs in Africa
KP	Key Population
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
LA	Love Alliance
MOOC	Massive Open Online Course
MPAC	MPACT Global Action
PATA	Pediatric Adolescent Treatment Africa
PWUD	People Who use Drugs
SAFAIDS	Southern Africa AIDS Information Dissemination Service
SADC	Southern African Development Community

LIST OF ACRONYMS

SAYA	Strengthening Adolescent and Youths Advocacy
SDGs	Strategic Development Goals
SIDA	Swedish International Development Agency
SRHR	Sexual Reproductive Health Rights
SOGIE	Sexual Orientation and Gender Identity Expression
SW	Sex Worker
RCF	Robert Carr Foundation
TaLP	Training and Leadership Programme
TB	Tuberculosis
UHC	Universal Health Coverage
UGANET	Uganda Network of Law, Ethics and HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Populations Fund
Y-FM	Youths Feminists Movement
ZNNP+	Zimbabwe Network of People Living with HIV

1.0 EXECUTIVE SUMMARY

The annual report highlights the progress of the AIDS and Rights Alliance for Southern Africa (ARASA)’s work from January to December 2023. ARASA continued to operate in partnership with Civil Society Organisations (CSOs) working to promote human rights-based responses to Universal Health Coverage (UHC), HIV and Sexual and Reproductive Health (SRH) in East and Southern Africa (ESA). One of the key activities during the period was the SRHR Mukutano Symposium in Johannesburg, South Africa held in March 2023, with the theme” Reflect, Re-engage, Re-integrate”. This was a by-product of the International AIDS Society Conference (IAS) (2022), due to its seemingly perceived detachment from the contextual issues in countries. The launch of ARASA’s 2023 - 2028 strategy was part of the grand closure of the 3-day symposium. The strategy entitled “Increased Capacity, Coordination and Accountability for Equality (ICCA 4 Equality) re-vitalized the organization’s vision of a “just and healthy East and Southern Africa where Every-Body Counts.” The strategy incorporated the developmental megatrends such as climate change, migration, and digital divide into ARASA’s programming.

During the period under review, ARASA continued to be a prominent advocate for UHC, HIV, TB, and Malaria prevention, as well as Sexual and Reproductive Health and Rights (SRHR) in East and Southern Africa (ESA). ARASA’s work has been guided by 3 strategic goals focusing on Programme Development, Quality, Monitoring and Evaluation; Organisational Development and; Influencing and Strategic Coalitions for tangible change to happen. This involved supporting local, national, and regional processes for monitoring progress on targets towards Sustainable Development Goals (SDGs) 3, 5, 10, 13 and 17, through partnerships in 18 countries. ARASA facilitated regional workspace for collaboration and influencing public policy on health, gender equality and equity. Beyond the subregion, ARASA participated in UN High Level Multi-Stakeholder Hearings on Pandemic Preparedness, Prevention and Response and UHC as well as the Fast-Track Cities Conference for 2023.

The projects implemented during the period under review were supported by the Swedish International Development Agency (SIDA), Levis



**ARASA TAKES PRIDE
IN HAVING BEEN
AWARDED THE ROLE
OF GRANT MAKER FOR
SOUTHERN AFRICA
UNDER LOVE ALLIANCE,
STEWARDING
23 GRANTS IN 3
COUNTRIES.**

Strauss Foundation, Robert Carr Fund (RCF), African Women's Development Fund, Aidsfonds (Love Alliance & Youth Care), Global Fund and the HIV Justice Network (HJN). ARASA currently has 9 programmes with 41 partners and 7 Consortium partners in 12 countries.

During the first quarter of the year, ARASA concluded the "My body is not a democracy" campaign which culminated in the "Every Body Counts: Building a resilient CSO movement in the Southern and East Africa (SEA) region" program aimed at advocating for Bodily Autonomy and Integrity, and addressing SRHR challenges in the sub-continent, with a focus on the role of civil society organizations. Various projects implemented aimed at addressing HIV prevention, Universal Health Coverage (UHC), Sexual Orientation Gender Identity and Expression (SOGIE) and sexual and reproductive health and rights violations against AGYW, women, LGBTQI+ communities, People living with HIV, people who use drugs (PWUD) and Sex Workers. Generally, there was advancement of advocacy at the regional and international levels

with a focus on AGYW budget advocacy, HIV prevention for key and vulnerable groups and promoting human rights-based responses to HIV and TB.

ARASA takes pride in having been awarded the role of Grant Maker for Southern Africa under Love Alliance, stewarding 23 grants in 3 countries. Also the greatest milestone was the contribution towards the 100% achievement towards the 95-95-95 targets in Botswana, Eswatini, Tanzania, and Zimbabwe, <https://www.bmj.com/content/383/bmj.p2843.full>, <https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2023/july/unaids-global-aids-update> and in the recognition of same sex marriages in Namibia for marriages done outside Namibia, despite some challenges of criminalisation in other countries such as Uganda <https://www.undp.org/sites/g/files/zskgke326/files/2023-11/undp-hiv-policy-lab-progress-and-the-peril-hiv-and-the-global-decriminalization-of-same-sex-sex.pdf>

2.0. INTRODUCTION

ARASA's #ICCA4EQUALITY Strategy (2023-2028), works to:

- Ensure states and governments incorporate the targets in the Global AIDS Strategy and the Political Declarations into regional and national HIV strategic plans and frameworks.
- Adopt and enforce policies and practices that prevent violence and other rights violations against people living with, at risk of and affected by HIV and protect their rights to the highest attainable standard;
- Increase domestic investment in and support for national frameworks, responses and programmes to address reproductive health gaps;
- Work with diverse networks of individuals and organisations to strengthen the collective voice for ensuring responsive governments regarding the SRHR of marginalised communities;
- Take a deliberate effort to ensure climate actions and partnership for development are at the core of the programme integration with the realisation of its impact on the marginalised subgroups especially women, girls and people on the move.

Therefore, 2023 lays the groundwork for defining countries' contexts, identifying countries' priorities and most importantly, establish a foundation for building a strong movement across countries and the ESA region.



2.1. CONTEXTUAL BACKGROUND

2.1.1 INTERNAL CONTEXT

ARASA commenced 2023 on a positive note with a regional SRHR symposium which attracted more than 150 delegates from multiple partner organizations and stakeholders from across East and Southern Africa. There was significant travel and a more flexible operating environment enabled by the absence of Covid-19 restrictions that had characterized the previous years. ARASA managed to increase the human resources complement from 10 to 19 staff members and to strengthen internal systems with a positive response to capacity assessments and audits conducted the previous year. The organization began to operate under the 2023-2028 strategy with a new approach to UHC, HIV/AIDS, TB prevention, SRHR, and the impact of developmental megatrends on health. The organization completed the no cost extension of the My Body Is Not a Democracy programme and commenced Every Body Counts programme with lessons learnt in the previous programme. The year 2023 ended with an annual review and reflections meeting held in Pretoria in November and an International Conference on AIDS and STIs in Africa (ICASA) conference held in Harare in December.

ARASA also commissioned a baseline study to assess the SRHR situation and context in ESA region. The baseline was conducted in five out of ten purposively sampled countries in ESA namely Botswana, Zimbabwe, Mozambique, Democratic Republic of Congo (DRC), and Uganda. The key objectives were; to provide benchmark

information for measuring project achievements, outcomes and intermediate results based on the project's results framework; verify the project result framework's adequacy with realities observed on the ground and; provide inputs that could assist in updating the actions to be undertaken through the project.

2.1.2 EXTERNAL CONTEXT

ARASA and partners are working in diverse fragile contexts where climate change, conflict and political instability are putting adolescent girls, young women, young people and various key and vulnerable groups at greater risk. Many countries are struggling to manage, absorb and mitigate these risks as they face unprecedented extreme weather events. In February and March 2023, Tropical Cyclone Freddy caused devastating effects in Southern Africa with major damage in Madagascar, Mozambique, and Malawi. The death toll exceeded 1000 people in Malawi and 695,000 people were displaced which grossly disrupted service provision, mainly health services, HIV treatment and care as well as SRHR services.

Universal Health Coverage remains a challenge for most countries in Africa due to inconsistent policy instruments, sometimes due to delays in constitutional alignment, weak political commitment, inadequate resources, and countries' reluctance to address sexuality issues openly and comprehensively. Generally, there has been shrinking space for civil society organisations, which has often been the target of attacks for key populations (KPs). This has manifested in regressive legislation targeting LGBTIQ+ people, civic activism

and CSOs. This in turn silences citizens' voices and threatens the very existence of civil society, while also challenging the collective power of citizens to determine their own future. In addition, the political environment has become unstable, for example in Zambia and South Africa. Some regulations have had a negative impact on internet access and affordability, and the uneven distribution of connectivity widened the digital divide.

A significant proportion of the population, particularly adolescent girls, young people, and other key populations do not have access to adequate SRH services. While progress has been made in recent years, these efforts continue to be threatened by the anti-rights movement and the region's high rates of new HIV infections among young women, highlighting the need for a more comprehensive response.

Technological divide despite the global shift to artificial intelligence and technological advances in all fields including tele medicine, digital advancement is still low in Sub-Saharan Africa. For the poorest 20 percent of Africans, the median cost of a basic, internet-enabled device is more than 120 percent of monthly income. <https://carnegieendowment.org/2022/04/26/to-close-africa-s-digital-divide-policy-must-address-usage-gap-pub-86959>

2.1.3 KEY ACHIEVEMENTS

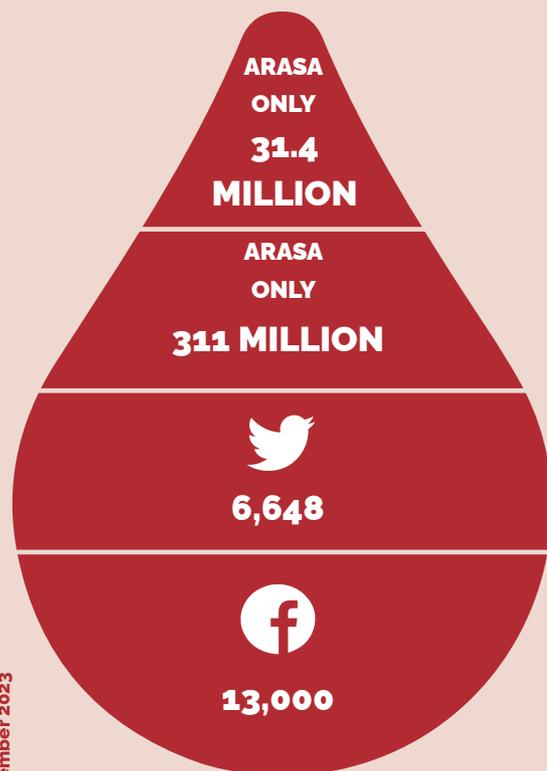
- ARASA commenced 2023 on a positive note with a regional SRHR symposium which brought together more than 150 delegates from multiple partner organizations and stakeholders from across East and Southern Africa.

- ARASA managed to increase its human resources to 19 staff members as well as strengthen its internal systems through effective implementation of the identified capacity gaps from various assessments and audits conducted.
- The organization began to operate under the 2023-2028 strategy which dovetailed Universal Health Coverage, HIV/AIDS, TB, SRHR, and the developmental megatrends.
- ARASA continued to maintain its funders - Aidsfonds (Love Alliance), Global Fund through IMPACT, Swedish International Development Agency (SIDA), Africa Women Development Fund (AWDF), Robert Carr Fund (RCF), Levis Strauss Foundation and HIV Justice Network (HJN).
- The organization completed the No-Cost-Extension of the My Body Is Not a Democracy programme and commenced Every Body Counts programme with lessons learnt from the previous programme.
- There was continued engagement on issues of SRHR with the Southern Africa Development Community (SADC) Parliamentary Portfolio.
- The children code bill in Zambia enacted in 2022 provided a foundation for implementation and progressive realisation of children's right to health and protection and a conducive environment that caters especially for young people born and living with HIV. <https://www.parliament.gov.zm/node/10244>.

3.0 ARASA IN NUMBERS

MEDIA REACH

JANUARY - DECEMBER 2023



MONTHLY HIGHLIGHTS

JANUARY

The first Love Alliance Southern Africa Regional Grant Committee meeting held and the selection of 23 New Love Alliance Southern Africa Subgrantee completed.

FEBRUARY

ARASA featured and interviewed for the SADC Eye programme on NBC as well as the radio and print by Desert Radio on the ARASA Regional SRHR initiatives including the Symposium.

MARCH

- The first ARASA Regional SRHR Symposium was held where the #ICCA4Equality, 2023 – 2028 Strategy was launched.
- ARASA featured on National TV Seychelles.

APRIL

Conclusion of SIDA's 4-year BAI 1.0 activities and a donor site visits to Namibia and Botswana.

MAY

Submission of a statement at the UN High Level Multi-Stakeholder Hearing on UHC and Pandemic Preparedness, Prevention and Response.

JUNE

- Participation at the Community Lead Monitoring ESA Workshop organised by UNAIDS.
- Donor visit by Aidsfonds to Namibia.

JULY

Representing ARASA at the AIDS Conference in Brisbane, Australia and at the Women Deliver Conference in Kigali, Rwanda.

AUGUST

- ARASA Programme Midterm review meeting.
- Convening of SADC PF and KP activists on the implementation of SADC KP commitments in Johannesburg.

SEPTEMBER

- Submission of a statement at the 73rd UNGASS on UHC and Pandemic Preparedness, Prevention and Response.
- Participation at the Fast Track Cities in Amsterdam.

OCTOBER

The African Commission on Human and Peoples' Rights 77th Ordinary Session in Arusha, Tanzania.

NOVEMBER

- Participation at the 19th Indian Ocean Colloquium on HIV/AIDS, Hepatitis and Addictology in Seychelles.
- End of the 19 Year TaLP season 1.

DECEMBER

- SADC PF - KP Round Table in Johannesburg.
- Launch of Human Rights report at ICASA 2023 in Zimbabwe.

4.0 PROGRAM DEVELOPMENT

4.1 PROGRAMME SCOPE

During 2023, ARASA managed various projects and realised many achievements under the organisation's key strategic objectives, viz,

- To build and strengthen civil society capacity, to effectively advocate for a human rights-based approach to UHC, HIV and TB, prevention, and access to SRH services.
- To support local, national, and regional processes for monitoring progress on targets towards SDGs 3, 5, 10, 13, and 17 through ARASA partnership in 18 countries.
- To facilitate regional space for collaboration on influencing public policy on health, gender equality and equity.
- To strengthen formulation, collation, utilisation of reliable data and information for advocacy.

The synopsis of nine ARASA programmes and projects implemented during the year are as follows:

4.1.1 SIDA PROGRAMME

**BAI 1.0 MY BODY IS NOT A DEMOCRACY NO COST EXTENSION /
BAI 2.0 EVERYBODY COUNTS PROGRAMME**

ARASA's biggest campaign has been the "My body is not a democracy", a three-year program aimed at advocating for the promotion, respect, and protection of bodily autonomy for all in 10 countries (Namibia, Mozambique, Malawi, DRC, Zimbabwe, Kenya, Zambia, Uganda, Seychelles, and Botswana) through 33 partners. The campaign was based on the premise that the rights to bodily autonomy and integrity are central to SRHR, which are in turn fundamental to people's health and survival, economic development, and the wellbeing of humanity. The year started with the roundup of the 'My body is not a democracy' programme, where the no-cost extension activities were implemented during the first quarter of the year. Key and significant activities took place during this period including the Regional SRHR Symposium, Media Reflection lab, Annual Training and Leadership Programme and technical visits to BAI countries.

Building on the "My body is not a democracy", the "Every Body Counts: Building a resilient CSO movement in the Southern and East Africa (SEA) region" Programme (BAI 2.0) is a multi-pronged, integrated,

human rights-centred approach to addressing the SRHR challenges on the sub-continent. The programme prioritises ARASA's traditional themes of SRHR in UHC, HIV prevention, SOGIE, and access to safe abortion. It places an emphasis on the role that should be played

by CSOs in addressing challenges faced by marginalised and key populations in attaining their rights. The programme's focus is on building a strong SRHR movement in the region of local, national and subregional human rights defenders through the following outcomes:

Outcome 1:

Civil society has increased co-ordination, understanding, capacity, agency, and strategic alliances, which contribute to stronger, more inclusive movements for SRHR and use these to ensure community-led transformation of social norms and to advocate national key influencers and decision-makers for positive changes to operational environment, laws, policies, and financial allocations.

Outcome 2:

Key influencers and decision makers have increased understanding through research-based advocacy of the need to realise the rights to bodily autonomy and integrity and fulfil SRHR and use this to catalyse positive changes to the operational environment, laws, policies, and financial allocations.

THE TWO OUTCOMES WERE ACHIEVED THROUGH THE FOLLOWING ACTIVITIES:

A. SRHR SYMPOSIUM/MUKUTANO

ARASA convened a three-day regional SRHR symposium at the end of March that brought together influential stakeholders including civil society organizations, academics, parliamentarians, national human rights institutions, the media, government, youth in their diversity, etc., from Southern and Eastern Africa and abroad. The

Mukutano was attended by over 150 delegates with the objectives to reflect, re-engage and re-integrate, watch video for more details <https://youtu.be/6w9WSng875k>. The Symposium was funded under various donors namely; SIDA, ADWF and the Levi Strauss.

The objectives were achieved as the gathering offered an opportunity to reflect on the journey towards the advancement of SRHR, whilst reflecting on the mega trends and other factors that hinder progress towards achieving sustainable development goals 3, 5, 10, 13 and 17. The mega

trends include migration, climate change and the digital divide. The symposium received media coverage in the region including from the Namibia Broadcasting Corporation as well as the print media.



KEY OUTCOMES FROM THE SYMPOSIUM (ACCOUNTABILITY FRAMEWORK)

The delegates came up with a total of 9 discussion points regarding the way forward. The intention was to identify areas that the stakeholders can

collectively address to ensure progress on the SDGs as well as regional commitments. The following discussion points were agreed on:

.....

**ARASA SUPPORTED
TaLP ALUMNI
FROM NINE (9)
COUNTRIES WITH
GRANTS OF ZAR
75,000
EACH**

DIGITALIZATION

- Creation of national/regional Incubation Hubs to facilitate sharing of academic research and curation of ideas. ARASA should host the Incubation Hub.
- Creation of a digital space that brings together SRHR practitioners and other professionals like those in economic justice.
- Investing in technology innovations such as SRHR hackathon. ARASA should set up a hackathon.
- Invest in non-complicated digitalization, for example online methods like toll-free numbers or USSD codes that people can use from their phones to access telemedicine and health information.

MOBILIZATION

- Build grassroot SRHR social movements while reviving the old ones, learn from how labour movements or civil rights movements operate.
- Create country-level SRHR Steering Committees, also SADC level SRHR Steering Committee. There should be a policy framework on health service delivery in the communities.

MEDIA ENGAGEMENT

- ARASA should create a database of all the journalists it trained as well as establish coordination fora for them.
- The ARASA website should regularly share information so that groups like journalists can easily source information for dissemination.
- Create information that is relevant to youthful communities .

- ARASA should engage/train newsroom gatekeepers such as editors to influence the editorial opinion regarding health issues.

INTERSECTIONALITY

- ARASA should create an Empowerment Platform on intersectionality between SRHR and topical issues like climate change, migration and digital divide.
- Indulge in meaningful inclusive policies for those ageing with HIV. Inclusion should be at all levels, e.g., disease level, population level.
- Create Conference of Parties (COPs) for Africa.
- There is need to establish COPs for Africa, our participation at the international COPs is dwarfed by interests and voices of the bigger nations.
- ARASA should work with stakeholders to engage governments to facilitate the creation of the COP Africa as well as lobby African Union for Africa COP

SYNERGIES AND COLLABORATION

- Develop solid synergies and collaborations straight from this workshop. Together ARASA and its stakeholders can engage for example the SADC Parliamentary Forum, which comprises over 3000 Parliamentarians. This is a platform fertile for advocacy. Issues to advocate for can include lobbying members to domesticate model laws and international laws.
- Create ARASA satellite groups in our respective countries so that we can bring the ARASA agenda in our countries.
- Track SADC Lawyers” Association on what they are doing, for example considering the recent laws proposed in Uganda. Conduct research on interpretation of international law on SRHR. Monitor works of the human rights defenders.

FUNDING

- Consider creating SRHR Emergency Fund in the face of increased climate related disasters such as Cyclone Freddy that has battered Malawi and other countries recently. Such funds should be accessed quickly in emergencies for SRHR support like family planning or sanitary wear.
- Advocate for increased SRHR funding.
- Track the SRHR budgets at country-level, and regional level. Go beyond just being consulted during budget consultations to influencing decision making.

MEANINGFUL YOUTH ENGAGEMENT

- Engage and involve youth in meaningful and ethical ways on issues that affect them.
- Train the youth in basic journalism so that they can tell their own stories. The conclusion was that, young people have more and powerful stories, yet their stories are being told by others. ARASA should train young people in storytelling by including the youth in senior journalists' training.

STRENGTHEN M&E

- ARASA should develop robust regional M&E frameworks to monitor the stakeholders that have received its training to help track the number of those trained, the kind of training they got, such documentation will help show progress. Think of Impact indicators as they will tell us where we have been, where we are and where we are going.
- Formulate a M&E plan that reflects the coming four-year ARASA Strategy implementation plan.

- Conduct Outcome Harvesting in M&E to bring out evidence of what has changed, what has been the impact of ARASA to the society that we are serving and what do we need to sustain, and what are the gaps to improve on.

During the Symposium, ARASA launched the 2023 to 2028 Strategy entitled “Increased Capacity, Coordination and Accountability for Equality (ICCA 4 Equality)”. The strategy is guided by the PANEL - Principle for Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality.

Below are some of the article coverage links:

- Focus on SRHR and climate change from the SRHR Symposium (good to strategically position us on the new megatrends in the strategy): <https://www.herald.co.zw/sexual-reproductive-health-and-rights-still-matter-during-climate-disasters/>
- SRHR Symposium coverage: Governments urged to strengthen SRHR systems (regional advocacy story): <https://www.newsday.co.zw/health/article/200009744/strengthen-srh-rights-govts-urged>
- Other ARASA Coverage: Vulnerable group's access to HIV drugs: <https://www.standardmedia.co.ke/health/health-science/article/2001470521/dilemma-over-low-drugs-uptake-in-the-fight-to-curb-hiv-infections>:
- Other ARASA coverage-call for collaborations on BAI: <https://www.nation.sc/articles/17098/visiting-arasa-director-calls-for-further-collaborations>

B. TRAINING AND CAPACITY STRENGTHENING

ARASA capacity strengthening is the springboard for advocacy interventions, movement building and growing a network of activists. Our capacity strengthening interventions included the annual Training and Leadership Programme, regional convenings, online short courses, development and updating of resource materials; providing ad hoc technical assistance to partners; strengthened institutional development through providing financial and technical support to partners through grant-making; and increasing the cohort of future activists and civil society leaders. ARASA did this collaboratively with strategic partners who are experts, some of whom were trained by ARASA, as external moderators. Some of our collaborative partners such as the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal helped deliver the training interventions.

ANNUAL TRAINING AND LEADERSHIP PROGRAMME (TaLP)

The TaLP 2023 was the final group for a 19-year TaLP Season 1. The programme received 255 applications and 36 participants were accepted for training. The 4-module annual training attracted applications from different professions and constituencies including health workers, judiciary, academia, program implementers, community health advocates, People Who Use Drugs, People Living with HIV, LGBTIQ+, people with disabilities, sex workers, young women and girls and youths from 18 ARASA countries in Eastern and Southern Africa. The programme graduated 35 trainers from the 18 countries and awarded 6 trainers with trophies of competence and merit <https://fb.watch/pwSX3dm1N1/>



Delegates who attended the TALP meeting in December 2023. These were TALP alumni from previous years, 2023 TaLP group and ARASA staff

There were most significant change stories from the TaLP alumni which included establishment of organisations, organisational development, proposal development and acquisition of organizational funds because of the skills learnt from the TaLP programme <https://youtu.be/DhEALQ9MkAI>. Organisations were strengthened in resource mobilisation and were able to strengthen Key Population Civil Society Organisations in Malawi on fundraising for health and governance systems and from Back Up Healthcare Limited funds from Malawi the Global Fund and PEPFAR <https://fb.watch/pwTTYdrro9/>.

A TaLP Alumni was able to support communities on ending child marriages and HIV prevention applying the knowledge and skills acquired from the TaLP program. This included best practices and experience shared by other trainers from Southern and East Africa https://youtu.be/_B1d8HuJkgw. There has also been improved engagement of service providers on the health rights of KPs. Another change has been positive attitudes of health workers towards KPs, thus increasing access to health services by KPs <https://youtu.be/LE6eRYQ9jHk>.

“My organisation grew from being an HIV support group to a fully-fledged organisation. Thanks to the ARASA TaLP TOT”. ARASA opened doors for her organisation to access funds from the Global Fund and facilitated other KPs organisations to access HIV funds” <https://www.youtube.com/watch?v=FaH1Cx6Rtg0>

Another TaLP 2023 Alumni, pledged to stand up for the health rights of LGBTQI+ people who are discriminated in her community because of their sexual orientation <https://youtu.be/X9zykpGil6g>. TaLP 2023

marked the end of season 1. During the strategic year 2023-2028, ARASA will work to collaborate with its constituencies in building a very strong regional SRHR cohorts. All TaLP Alumni will be part of the national, subregional, and regional cohorts.

TaLP REFLECTION LABS

ARASA supported TaLP alumni from nine (9) countries with grants of ZAR 75,000 each to convene reflection labs to replicate the TaLP and utilize the knowledge and skills gained. The trainings equipped various communities with knowledge and skills to advocate for an enabling environment, amplify voices on issues of adherence and the need for services such as the harm reduction and HIV prevention as well as help communities to push for the respect of human rights.

Below is a quote from one of the participants in Botswana:

“Our culture and social norms have historically been discouraging girls and our mothers from reporting forms of violence especially against men. This has negatively impacted the lives of many girls and women. I have realized that the culture of silence is causing women to live miserable lives. Through this training I have been informed and encouraged to name and voice out the violence. The training has helped me know that I have the power and there are people and support structures within my community where I can report and work with, to end violence. I will take part in reporting child marriages that are common in my community”. AGYW (18yrs old) from Kenya shared her commitment pledge at the end of the three days training.

Media Lab: In March, a convening with the media personnel was held to assess the effects of the collaborations between the media and civil society organisations that started in 2020. The lab was attended by 19 journalists and editors from media houses in the region. The media lab improved media coverage on SRHR issues in the region and enhanced the coordination between the media institutions and the policy makers. Various published reflect a keen interest in progressive reporting on health issues.

Links of some of the articles published in Zimbabwe:

- <https://www.herald.co.zw/traditional-leaders-champion-breastfeeding-in-chipinge/> <https://www.herald.co.zw/wash-programme-restores-dignity-of-bikita-school-girls/amp/> <https://www.herald.co.zw/east-and-southern-africa-pull-together-for-sexual-and-reproductive-health-and-rights/>
- <https://www.herald.co.zw/integrated-services-improve-access-to-healthcare-in-bulilima-district/>

Links published in Malawi:

- <https://www.investigativeplatform-mw.org/2022/09/03/sex-for-jobs/> <https://www.investigativeplatform-mw.org/2022/10/19/tobacco-firm-alliance-one-in-sexual-harassment-storm/>

C. TECHNICAL ASSISTANCE VISITS

ARASA conducted technical support visits in March to partners in Botswana, Namibia, Seychelles, and Zambia. The visits targeted BAI, AZIMA, and You(th) Care implementing partners, members of parliament as well as right holders. The ad-hoc technical support visits obtained first-hand accounts of the progress made and guided the partners on M&E and financial related issues, challenges experienced as well as the importance of reporting on results and on timely submissions of reports. These visits included the following:



BOTSWANA

The BAI Partners have been working successfully with government structures i.e., Mayor of Francis Town championing the rights of the LGBTIQ+ and sex workers. From the visit, ARASA learnt that BONELA has been a recipient of government funding and used the funding to take the government to court on HIV discrimination matters <https://bonela.org/bonela-sues-government-for-provision-of-antiretroviral-treatment-for-foreign-inmates/>. Through strengthened collaborations of BAI partners and key stakeholders, the coalitions shared how they successfully worked with traditional leaders to eradicate child marriages in 7 out of 10 villages.

NAMIBIA

YFEM, a BAI partner continued to use creativity to engage the churches in Namibia through use of gospel songs on BAI and queerness. The BAI partners have been working in hard-to-reach areas in Namibia to challenge harmful cultural practices that threaten BAI. BAI partners have successfully engaged women from the San community, raising awareness on BAI and human rights. Through one of the BAI partners, Women Leadership Centre (WLC), there has been challenging of harmful cultural practices that threaten BAI among the most marginalised communities. In the San communities, there is high exposure to human rights violation, HIV, early marriage, and teenage pregnancies. WLC also commissioned a slot for late night radio shows on human rights related to BAI. This targeted audiences such as taxi drivers and security guards who work late at night, who are husbands or partners of women that WLC works with. The WLC produced publications highlighting the change stories of the women in the rural areas where they work, which were translated into 11 languages and were aired during the 16 Days of Activism against gender-based violence.

SEYCHELLES

During a visit to Seychelles ARASA, represented by Dr. Ntombi Muchuchuti (centre below), together with John Ondiek (below right), a partner representative, participated in a national television interview discussing BAI issues and ARASA partnership. The intension of the visit was to bring together all ARASA constituencies in Seychelles, viz, the BAI partners, the NHRI, the TaLP Alumni, the parliamentarians, and the media, to improve collaboration in addressing SRHR gaps, HIV prevalence as well as stigma and discrimination of people who use drugs, sex workers, people living and affected by HIV as well as the LGBTIQ+ communities. ARASA also used the opportunity to speak about the SRHR Regional Symposium, the pupose and the intended outcomes, <https://youtu.be/0Dl1z8su54g>.

Following the visit to Seychelles and the discussion regarding the Symposium, a delegate of 9 members from Seychelles, attended the symposium. This resulted in ARASA being invited to partner with Seychelles in organising the XIX Indian Ocean Colloquium on HIV/AIDS, Hepatitis and Addictology regional conference which took place from 13-15 November 2023. During the conference, ARASA participated in two sessions offering a regional perspective on the status of HIV and human rights and facilitating a learning and sharing platform on BAI and the key lessons learnt in the Indian ocean countries on addressing HIV. <https://www.youtube.com/watch?v=dBMSqq1N95s>.





ZAMBIA

Despite the siege from the government in Zambia on organisations that implement KP programming and the arrests during the women’s day activities, the partners’ have been able to start the much-needed conversations on BAI, problematic policies and laws as well as ensuring that key population communities are represented at forums where decisions are made. The partners’ work led to increased demand for SRHR services, enhanced collaboration with MPs and health care workers. During the visit, ARASA learnt that girls’ advocates had resulted in the enactment of the children’s bill/code the previous year and in addition, the marriage bill was being discussed and incorporating customary marriage issues. The bill brought harmony to the definition of a child, fully prohibited child marriages and eliminated inconsistencies and challenges in how children’s programmes were implemented before the bill became law. <https://www.commonwealthlawyers.com/africa/the-childrens-code-a-progressive-realisation-of-childrens-rights-in-zambia/>



KENYA

ARASA organised an exchange visit between AYARHEP in Kenya and CDF in Tanzania to facilitate peer to peer learning as well as provide technical assistance through training health providers and peer educators. The meeting with peer educators and community health workers (CHW) from CDF office opened an opportunity to share life experiences. These experiences informed the self-care toolkit which was highly welcomed by young people. In Kenya, the BAI coalition demonstrated movement building with sex workers, people who use drugs, adolescent young girls, women and people living with HIV. They produced resource materials and established a legal support network while Coalition for Grassroots Human Rights Defenders (CGHRD) published a photo book which tells stories, personal lives and experiences of the community members and activists https://www.rosalux.de/fileadmin/rls_uploads/pdfs/engl/VoR/VoR_Kenya_WHRD.pdf

TA visits resulted in effective reports from KELIN, as well as subsequent application for BAI 2.0 and other proposals. There was strengthened collaboration between BAI partners and TaLP participants. Through the recognition of the work done by CGHRD on the BAI project, they were able to secure 3 grants to scale up the work they had started including the feminist economic model. In addition, ARASA and African Population and Human Rights Centre in Kenya jointly wrote a proposal on research and innovation on gender inclusion and artificial intelligence. Furthermore, the exchange visits provided space for learning and an opportunity to replicate lessons learned in the country as well as train other country partners on identified best practices and models.

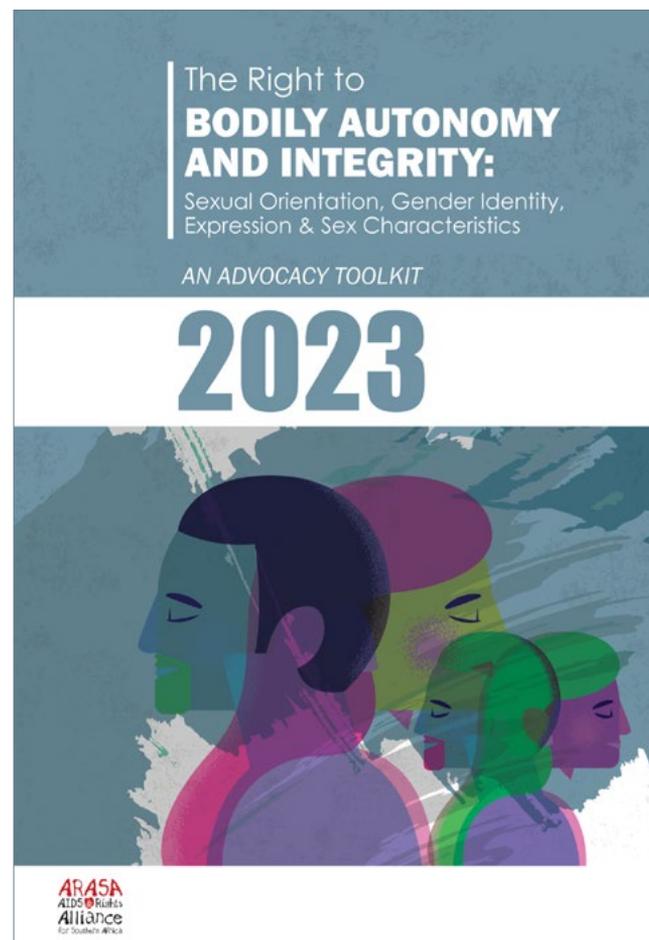
SOGIE TOOLKIT

ARASA finalised SOGIE toolkit which was developed from the backdrop of rise in the persecution of LGBTQI+ persons in Southern and East Africa. The toolkit provides user-friendly guidance, case studies and tools specifically directed at strengthening and promoting advocacy to protect and promote the rights of LGBTQI+ individuals to bodily autonomy and integrity. It supports effective advocacy around human rights, health, and well-being for LGBTQI+ people. The toolkit is primarily targeted to a range of civil society organisations (CSOs), especially human rights organisations, and organisations led by key and vulnerable populations. However, it may also be helpful to other stakeholders, such as policy and decision-makers who wish to increase awareness and understanding of issues of bodily autonomy and integrity and the rights of LGBTQI+ people, and to effect changes in laws and policies to safeguard these rights. Open following link for more details: <https://arasa.info/wp-content/uploads/2024/02/SOGI-TOOLKIT.pdf>

D. LINKING AND LEARNING

SADC PF 53RD PLENARY SESSION

The session was held in Arusha, Tanzania and ARASA attended as an observer together with other CSOs. ARASA's contribution to SRHR in the region was commended in the Executive Committee report on financial matters (treasurer's report) management accounts for the financial year ended 31st March 2023 <https://plenary.sadcpf.org/wp-content/uploads/2023/06/6.0-final-ENGLISH-TREASURERS-REPORT-TO-THE-53RD-PA-JULY-2023.pdf>. ARASA's contribution towards the support services required for meetings and the consultative process in the development of the SADC GBV Model Law was highly appreciated.



INTERNATIONAL AIDS CONFERENCE

ARASA was represented at the International AIDS Society Conference on HIV Science in Brisbane, Australia. The conference took place between 23-26 July 2023. The conference was attended by scientists, pharmaceutical companies, activists, and healthcare providers from across the globe. Central to the conference was the notion of putting people at the centre of research. The conference focused on new HIV science developments, particularly those related to HIV prevention and treatment. One of the highlights of the conference was the endorsement of U=U (undetectable = untransmittable) intervention for HIV prevention by the WHO. This method has proved successful in many cases and continues to be tested among other population groups including lactating infants by HIV positive and virally suppressed mothers. The conference offered an opportunity to network with scientists, researchers, academics, and other civil society partners and to inform the organisation's advocacy agenda. ARASA was featured in a television interview with the Eye on SADC offering insight into why the conference was important and how it fits within ARASA's work <https://youtu.be/XjN3kYqono8?si=7ChT9squiOTM7FSM>.

THE 77TH ORDINARY SESSION OF THE AFRICAN COMMISSION ON HUMAN AND PEOPLES' RIGHTS (ACHPR)

Using Observer Status, ARASA attended the 77th Ordinary Session of the African Commission on Human and Peoples' Rights (ACHPR) which took place in Arusha, Tanzania in October. ARASA presented a statement on the Criminalisation of LGBT people: <https://t.co/JcKucx4ZPx>, https://arasa.info/2103-2/?utm_source=rss&utm_medium=rss&utm_campaign=2103-2. ARASA called upon the Commission to support the rights of LGBT people and commit to the resolution made during the Ordinary Session held in Luanda, Angola, on Protection against Violence and other Human Rights Violations against Persons. [This enhanced ARASA's role in amplifying voices of the KPs in Uganda at a regional level.](#)

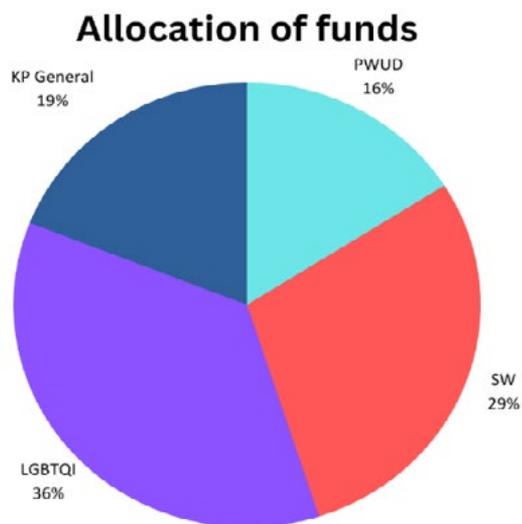
4.1.2 AIDSFONDS - LOVE ALLIANCE GRANT MAKING PROJECT

ARASA became the Southern Africa Grant Maker that supports the Love Alliance partnership in Southern Africa for the period 2023 – 2025, a portfolio that Aidsfonds held in 2021 - 2022. ARASA sub-granted 23 organisations (Zimbabwe (8), South Africa (9) and Mozambique (6)) for the year 2023 cycle, selected by the Regional Grants Committee.

The Love Alliance works to improve the health and rights of sex workers, people who use drugs, LGBTIQ+ people and people living with HIV in Africa. Together, the alliance works towards a significant reduction in HIV incidence by influencing policies, organising communities, and raising awareness on rights and health in ten countries. The alliance brings together organisations led by communities most affected by HIV and AIDS. From across

Africa thought leaders (GALZ, SANPUD, Sisonke), grant makers (UHAI EASHRI, AFE, ISDAO, Aidsfonds and ARASA) and the global network of people living with HIV (GNP+) have joined forces. ARASA is the Grantmaker for Zimbabwe, Mozambique, and South Africa.

Key to this grant is the participatory grant making approach with the Regional Grants Committee which was created to make granting decisions while ARASA plays the administrative role. All the target populations of People Who Use Drugs (PWUD); Sex Workers (SW); LGBTQI and Key Populations in general received funding. Disbursements of the first tranche of funds to the partners were done in June. The grantees are also supported to accelerate implementation and spending in line with their budgets and workplans. The allocations of funds are illustrated in Figure 1 below.



**Figure 1: Allocation of funds per target population group
Inception Meeting**

The grant inception meeting was conducted in April bringing together all the 23 grantees from the 3 countries, ARASA Love Alliance staff and organisational leadership along with representatives from Aidsfonds. The grantees' understanding of the programme theory of change; and reporting guidelines and timelines; The meeting birthed the first movement building activity which was hosted by GALZ (Zimbabwe National Advocacy Co-ordinator). The meeting further expanded from the key issues raised during the inception meeting with grantees which included the basic structure of the project and enhanced linking and learning amongst the partners.

CAPACITY BUILDING WORKSHOP/LEARNING HUB

ARASA held a Capacity Building Workshop in Johannesburg, South Africa, to enhance the capabilities and advocacy efforts of organizations involved in the Love Alliance program with reference to addressing challenges faced by key populations such as sex workers, people who use drugs, and the LGBTQI+ community. Key to this event was the collaborative atmosphere of the workshop and the importance of shared learning, mutual support, and strategic approaches to address challenges faced by key populations in different regions. It highlighted the need for open communication, collaboration among organizations, and the utilization of resources. The workshop concluded with a call for continued engagement and the application of the knowledge acquired during the event.



Delegates to the Capacity Building workshop comprising LA grantees and ARASA staff in October 2023, Johannesburg, SA

ACHIEVEMENTS BY GRANTEES

The ARASA Love Alliance grantees in Southern Africa were able to produce significant results in each of the three countries. In South Africa, grantees successfully worked on addressing the growing anti-rights movement by engaging faith-based organisations. Asijiki Coalition has been able to maintain pressure on policy makers for the Sex Work Decriminalisation Bill to be adopted <https://srjc.org.za/wp-content/uploads/2023/06/Decrim-report-WEB.pdf>

The support from ARASA enabled grantees to successfully advocate for a significant partnership with the World Health Organization (WHO) to develop Harm Reduction Guidelines tailored for South Africa. These guidelines will be uniquely informed by research into the values and preferences of the South African community engaging in ChemSex. This represents a landmark achievement in addressing

the nuanced needs of the ChemSex community and shaping harm reduction strategies in South Africa https://aidsfonds.org/assets/resource/file/0207-Handout_South%20Africa_version%201.pdf. Through advocacy in policy-making platforms, Uthingo Network has dismantled discriminatory barriers and attitudes and worked with community members and leaders to create LGBTIQ+ inclusive communities where LGBTIQ+ rights are respected and accessible.

In Zimbabwe, advocacy efforts of the partners have resulted in the inclusion of key populations in policy making spaces such as the 2024 national budget consultations. Advocacy work conducted by partners such as WoMandla, Springs of Life and TransSmart improved access to SRHR and HIV services for key populations in their respective communities. RAWO facilitated the creation of a rapid

response system for health service access issues faced by LBQ women in Zimbabwe. Health Fonds strengthened movement building for youth focused key population organisations. Advocacy by partners in Zimbabwe advocacy resulted in the Government of Zimbabwe adopting two SOGIE recommendations to protect intersex minors from non-consensual surgeries and violations of bodily integrity and wilful transmission of HIV under the Child Rights Bill. ZCLDN managed to engage the Parliamentary Committee on Health and Childcare of Zimbabwe and the HIV/AIDS Committee to begin work on a motion to reform the Dangerous Drug Act Ch 15:02 and the Criminal Code Ch 9:23 s 157 <https://www.facebook.com/photo/?fbid=864225890883501&set=a.129322317707199>.

In Mozambique, Associação Geração Saudável, Por Ela and Associação Kufunana's efforts to improve service delivery for young key populations resulted in increased numbers of young key populations attending target health facilities. National Pressure for Human Rights (PNDH) conducted movement building activities for sex workers in Sofala and Manica provinces which resulted in improved treatment of sex workers by the police and healthcare providers. Associação Ungagodoli mobilised sex workers to address issues of Gender Based Violence Especially Intimate Partner Violence in conjunction with the police.

4.1.3 LOVE ALLIANCE REGIONAL ADVOCACY GRANT

Implemented from 2022-2023, the goal of the Love Alliance Southern Africa Regional Advocacy Grant was to support PWUD, Sex Workers, and LGBTIQ+ - led organisations to advance advocacy at regional level in Southern Africa (particularly the SADC PF and the SADC secretariat), and at the continental mechanisms. The project was implemented through partners in 3 countries (Mozambique, South Africa, and Zimbabwe).



SADC Parliamentary Forum members with ARASA Director during a meeting to discuss SADC HIV response commitments to key populations in August 2023, Johannesburg, SA

RESEARCH ON IMPLEMENTATION OF KP-SPECIFIC COMMITMENTS

Throughout the implementation of the project, ARASA's regional advocacy was mostly informed by evidence that was generated from the Mapping exercise on the progress and barriers on the implementation of SADC KP specific commitments. The exercise aimed at taking stock of the results achieved against the objectives of the 2016 United Nations political Declaration on Ending AIDS by 2030 to keep the SADC Member States responsible for their high-level commitments, outline the progress and barriers to the implementation of the KP-Specific Commitments and transparently acknowledge where the gaps are and identify how to best focus our shared efforts going forward. The mapping exercise involved consultations with Key Population groups, policymakers, and stakeholders involved in HIV response in the three countries. The findings of the mapping exercise revealed that, there is limited knowledge about these commitments among Key Populations, policymakers, and stakeholders involved in HIV response in the three countries. Financial constraints were identified as a significant barrier to raising awareness about Key Populations Specific Commitments. Also, many Key Population groups and civil society organizations do not have sufficient resources to implement HIV prevention and treatment programs targeting Key Populations. ARASA conducted a mapping exercise on Progress, Challenges and Barriers on the implementation of Key Populations specific commitments at SADC level and the UN political declaration to end HIV by 2030 in Zimbabwe, Mozambique, and South Africa.

In addition, findings showed that there is stigma, and discrimination due to religious extremism, and a culture of intolerance against

Key Populations were identified as significant barriers to the implementation of Key Populations Specific Commitments. Key Populations often face discrimination from healthcare providers, law enforcement, and society in general, which makes it difficult for them to access HIV prevention and treatment services. Despite the challenges, there are opportunities for improving the implementation of Key Populations Specific Commitments in Zimbabwe, Mozambique, and South Africa. Strengthening partnerships and collaborations between government agencies, civil society organizations, and Key Populations groups can leverage resources and expertise to achieve common goals and objectives. Improving data collection and monitoring systems can help track progress on the implementation of Key Populations Specific Commitments and identify gaps that need to be addressed. The findings also formed the basis of the key asks that were forwarded to the NAC directors' meeting.

CAPACITY BUILDING TOOLKIT ON UNDERSTANDING AND ENGAGING SADC KEY POPULATIONS SPECIFIC COMMITMENTS AND ANIMATION VIDEOS

Informed by the afore mentioned research, on the limited knowledge on SADC key populations specific commitments in the region, ARASA went on a drive to increase knowledge and awareness among key populations activists in Mozambique, South Africa, and Zimbabwe. This has increased knowledge in understanding of commitments and strategies of monitoring progress. This was facilitated by the development of a tool kit and animation video to support KP led organisations and activists, and all individuals working with key populations in Southern Africa to effectively advocate for the implementation and domestication of the SADC Key Populations

Specific Commitments. The toolkit feeds ARASA's central operational strategy which focuses on building and strengthening the capacity of civil society, to effectively advocate for a human rights approach to HIV and TB. ARASA significantly contributes to scaling-up and sustaining civil society's capacity to advocate and to hold governments accountable for their commitment to protect human rights in the region. The toolkit on the SADC Key Populations Specific Commitments was translated to Portuguese and French and further developed into an animation video.

To popularize the toolkit, ARASA sub granted to National Pressure for human rights (Mozambique), TransSmart (Zimbabwe) and Sisonke (South Africa). In particular, there was more emphasis on the need to pay attention to the monitoring and evaluation framework to ensure effective tracking of countries' progress towards the implementation of these commitments at country level. The objective is to capacitate KP organisations' networks to enhance their advocacy capacities from an informed and evidence-based perspective. TransSmart held two engagements with Ministry of Health and Childcare, Law Development Commission, the registrar's office, health care facilities and PMD's to emphasise on their role with regards to ensure the comprehensive domestication of the SADC commitments by relevant duty bearers. Visibility material has been developed and they have since purchased Canva (graphic designing software) to enable development of electronic visibility materials around the toolkit. In addition, through their close relation with the National AIDS Council (NAC) they have been requested by NAC to share the toolkit with different district AIDS Action Committees. TransSmart has also commenced website development, Sustainable Health

Accountability Platform for Empowerment (SHAPE). This platform has created a huge demand for the toolkit evidenced by the overwhelming request to establish SHAPE WhatsApp groups where there is continued sharing of information on the toolkit.



Delegates to the SADC and Key Populations (KP) Round Table Meeting in December 2023, Johannesburg, SA



Delegates to the SADC and Key Populations (KP) Round Table Meeting in December 2023, Johannesburg, SA

SADC NAC DIRECTORS MEETING

ARASA, in close collaboration with UNAIDS and UNDP successfully facilitated KP activists to attend the SADC National AIDS Council (NACs) Director's meeting. This participation feeds to the strategic pillars of ARASA of strengthening civil society voices in regional policy dialogues and ensuring amplified voices of key populations to speak on issues that affect them. The major outcome from participation in this forum was the tabling of the civil society key ask at the Minister's health summit which was held in Luanda, Angola in November. The major highlight of the meeting was acknowledgement of the progress that has been in the region with regards to KP programming

including improved KP Support Technical for National Programming in Mozambique and Zimbabwe. However, despite noted progress, the other highlight was on existing gaps in the regional HIV/AIDS response which included criminalization, brain drain with regards to sensitised health care workers, religious and cultural narratives, exclusion of KP organisations from the broader social contracting funding, unavailability of harm reduction services for people who use and inject drugs in the region and data gaps on KPs to fully inform programming.

A position statement to the NAC directors with key asks was presented to the NAC Directors <https://arasa.info/civil-society-position-paper-at-the-sadc-technical-and-nac-directors-meeting-25-to-29-september-2023/>

SADC PF AND ARASA ENGAGEMENTS

During the period under review ARASA convened two regional convenings with KP representatives and parliamentarians, one in August and the second one in December. The main objectives of the meetings were to provide a platform for parliamentarians' and key populations to engage in a constructive dialogue on challenges, barriers, and progress in the implementation of specific SADC key commitments. More specifically the convening aimed at promoting greater understanding of the issues affecting key and vulnerable groups in the SADC region and discuss strategies to improve implementation of SRHR commitments in the region, explore ways in which parliamentarians can fully support the promotion and protection of the rights of marginalised and vulnerable groups and identify opportunities for parliamentarians and vulnerable groups to collaborate on initiatives aimed at promoting greater acceptance and inclusion of these groups in the region. The meeting was attended by participants from ARASA partners, parliamentarians, and officials, from SADC countries Madagascar, Seychelles, South Africa, Botswana, Namibia, Zimbabwe, Lesotho, Swaziland and Malawi. Through the engagements, ARASA was assigned to conduct a legal audit of SRHR related laws and produce an induction manual for parliamentarians.

4.1.4 ROBERT CARR FUND: SHOW US THE MONEY PROJECT

The objective for the Show Us the Money project is to expand and sustain HIV responses through strengthening the ARASA partnership to support national / sub-national women and girl's CSOs in ESA to build organisational fiscal health and resilience as well as HIV financing advocacy capacity (for sustainability). The project is implemented through partners in three countries viz, Malawi, DRC, and Botswana.

SHOW US THE MONEY TOOLKIT

The Show Us the Money toolkit and mapping report were piloted in 2022 and finalized in 2023. Both publications have been translated in French to accommodate the French speaking partners. The toolkit and mapping report were used to inform the health budget advocacy online course under the annual Training and Leadership Programme which was attended by multiple stakeholders. Moreover, the toolkit has been used by the young women leading the Show Us the Money project to conduct in-country trainings to capacitate young women and girls on health budget advocacy and to inform their advocacy strategies and plans.

INFLUENCING REGIONAL PLATFORMS

In partnership with young women partner representatives from Umande and Sentebale, ARASA conducted, an interactive session on health budget advocacy for adolescents sexual and reproductive health and rights (ASRHR) programming” as a side session at the Women Deliver Conference in July 2023. The session used

educational games and a learning and sharing platform on why it is important for young women to participate in National Health Budget discussions <https://fb.watch/lSkuho6Yo0/?mibextid=DcJ9fc>. Women Deliver presented a platform for the young women to put their work on the spotlight under the project and allow for the young women to network and engage with conference delegates.

ARASA convened regional engagements that allowed for the young women under the Show Us the Money project to engage with policy makers on health budget issues concerning adolescent girls and young women programming on HIV and SRHR.

Key to ARASA's work is partnership strengthening and cultivation. Through the Robert Carr Fund's Collective Impact Reflection Workshop which took place on 2-5 October 2023, ARASA had an opportunity to showcase the different projects currently being implemented. The workshop encouraged synergies and collaborations between RCF partners. As a result, new partnerships were formed, some of which were strengthened during the ICASA conference.

4.1.5 HIV JUSTICE NETWORK FOR THE HIV JUSTICE WORLDWIDE GLOBAL COALITION

Under HJN grant, ARASA is part of a coalition led by the HIV Justice Network that works individually, bilaterally and/or collectively towards the common goal of ending discriminatory and punitive laws, policies and practices that unjustly regulate, control, or criminalize people living with HIV based on their HIV-positive status. The consortium is made up of 7 organisations HIV Justice Network (HJN), AIDS and Right Alliance for Southern Africa (ARASA), Eurasian

Women's Network on AIDS (EWNA), Global Network of People Living with HIV (GNP+), HIV Legal Network (Legal Network), Sero Project (Sero), Southern Africa Litigation Centre (SALC)

CRIMINALISATION, HIV TRANSMISSION, EXPOSURE AND NON-DISCLOSURE

ARASA conducted a 4-week online course on Criminalisation, HIV transmission, exposure and non-disclosure supported by HIV Justice Network. Through the online course, various key population representatives were trained including people who use drugs, sex workers, people living with HIV, young people as well as legal practitioners, media, policy makers, law enforcers, academia, health workers and advocates.

SEXUAL VIOLENCE PAPER

ARASA developed a position paper on Sexual Violence, HIV and the Criminal Law in Africa. The paper provided factual and evidence-based information and the link between sexual violence and HIV criminalization in Africa and the extent to which arguments against HIV criminalisation could be applied or differentiated in the context of the application of the criminal law in cases of sexual violence involving HIV exposure, transmission, or non-disclosure and recommendations for dealing with cases of sexual violence involving HIV. The paper has been used as a resource material to evoke consensus on the science of HIV in the context of criminal law and to provide a better understanding on the issue specifically on the online course on Criminalisation of HIV transmission, exposure, or non-disclosure as well as the Training and Leadership Programme.

4.1.6 AWDF: SHE LEARNS PROJECT

This two-year project seeks to address systematic sexual and reproductive rights violations, especially against women and LGBTIQ+ communities, including non-binary people, fueled by barriers embedded in laws, policies, the economy, and in social

norms and values—especially gender inequality— persistent across southern and east Africa. The project is co-implemented with Athena in 5 countries (Kenya, Namibia, Tanzania, Zambia and Zimbabwe).



She Learns Zimbabwe Cohort during the Training of Trainers Meeting in September 2023

SRHR ADVOCACY TOOLKIT

The SRHR Advocacy toolkit among other publications was well received at the ICASA conference with many young women and representatives from women serving organisations requesting copies of the publication as a guide for their youth programmes. The

toolkit was developed with the aim of capacitating young feminists in their diversity on advocacy strategies and approaches. The toolkit focuses on the key sexual and reproductive health and rights issues that young women in the five countries face as well as equips them

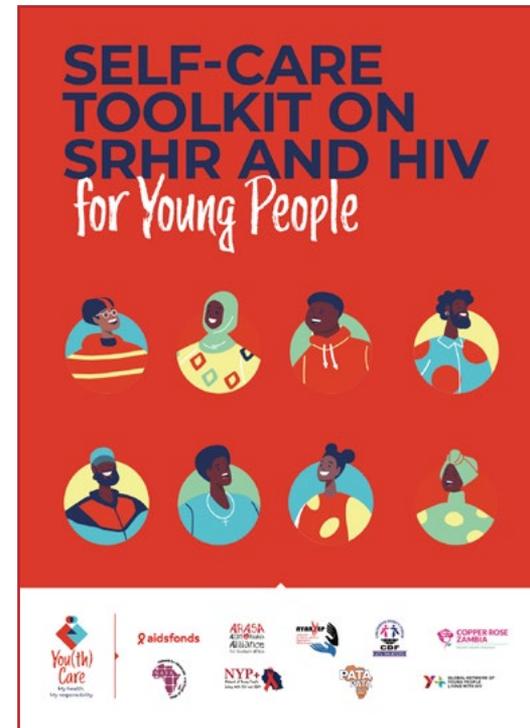
with advocacy skills to advocate for a change in the status quo. The toolkit <https://shorturl.at/erxOZ> was publicised and shared with delegates at the Women Deliver conference and ICASA and was also used to conduct training of trainers' workshops for 250 diverse young women in the 5 countries <https://arasa.info/videos/> on how to effectively advocate for access to quality sexual and reproductive health services and information in their respective countries. The outcome of the training includes the development of national advocacy plans to be led by the young women in their respective countries. The toolkit is a very powerful tool for advocacy on the rights of AGYW in their diversity and was shared with other partners from different projects who are using it as a guide for their work.

4.1.7 YOU(TH) CARE

The overall objective of the You(th) Care project was to ensure that vulnerable adolescents, especially girls, in Eastern and Southern Africa benefit from a more supportive policy and community environment and a strengthened health system enabling them to practice self-care to promote and maintain their sexual and reproductive health, access family planning and prevent HIV and AIDS. Implemented through partners in 3 countries viz, Kenya, Tanzania, and Zambia, the project came to an end in July 2023.

SELF-CARE TOOL KIT

ARASA engaged a consultant to develop a self-care tool kit under the You(th) Care project funded by Aidsfonds. ARASA facilitated the formation of a self-care tool kit taskforce comprised of 5 members from ARASA, Aidsfonds, PATA, Y+ Global and AYARHEP. The task force guided the process of developing a self-care toolkit and helped in



content creation and mobilising of contributors. The youth(s) care partners participated in drafting questionnaires with consultants as well as mobilising respondents to inform the development of the toolkit. The process involved adolescents and young people through focus group discussions and key informant interviews which helped them to reflect on self-care needs as well as map advocacy initiatives. The toolkit <https://aidsfonds.org/resource/self-care-toolkit-on-srhr-and-hiv-for-young-people> is a resource material for capacity strengthening and training, advocacy as well as a resource mobilisation. It is being used as evidence to support self-care activities and programs.

4.1.8 LEVIS STRAUSS FOUNDATION

The project aims to support advocacy and strengthen regional partnership to promote a human rights-based response to HIV and TB in Southern and East Africa. LSF supported the TaLP module 3, an online short course addressing barriers to HIV. LSF further supported institutional growth and organisational development such as staff review meetings.

4.1.9 GLOBAL FUND (MPACT): AZIMA PROJECT

Implemented from the 2021- 2023, the project aimed at ensuring meaningful engagement of key populations in country dialogue, resource mobilisation, and more specifically national HIV implementation with specific focus on Global Fund Country Coordination Mechanisms (CCMs). The major delivery strategies of the program were amplifying the voices of transgender identifying persons, strengthening influence, generation and use of data for advocacy in four countries that included Cameroon, Kenya, Zambia, and Zimbabwe.

SUB-GRANTING AND TECHNICAL ASSISTANCE: AMPLIFIED COMMUNITY VOICE

One of the noted results during the implementation of the AZIMA project was to witness all partners having positive influence in their respective country coordination mechanism. The project can attest to having contributed towards ensuring that all partners were recognised as formal observers in Kenya, Cameroon, Zambia, and Zimbabwe. The most notable success was the effective involvement of GALZ in the bi-annual Global Fund (GF) assessment meetings hosted by the National Aids Council (NAC). GALZ also played a major role in ensuring that Communities participated in the customization

of District Health Software (DHIS2) and their recommendations were not only heard but also factored in the process of tailor making the application for disaggregated data collection purposes.

In Zambia, Trans Bantu secured its position in contributing to discussions around Zambia's funding request from the Global Fund to ensure inclusion of transgender persons as priorities for access to prevention services, as well as incorporation of human rights-based activities for the broader key populations. Dignitate, Zambia was also able to facilitate participating of 2 MSM in the validation and prioritization in three districts despite the process not being inclusive enough. ARASA disbursed funds to all the implementing partners to effectively engage in Global Fund processes at country level ensuring amplifying of voices of key populations and the overall smooth implementation of the project in the past three years.

On the same breath, Transgender and MSM advocates in Kenya and Zambia improved their advocacy skills as well as their ability to gather data and analyse monitoring and evaluation tools. Dignitate specifically educated Gay and MSM 15 data collectors with the goal of examining acquired data to identify relevant indicators to monitor health outcomes in facilities and project progress. HIV, tuberculosis, and malaria testing, treatment, and linkage to care rates, as well as retention/review care rates, were among the indicators. This therefore has to some extent resulted in improved community led monitoring among the partners as they have demonstrated in-depth understanding of data collection and indicator tracking which will in turn be used for improved allocation of funds for key populations in their respective country specific Global Fund processes. Some partners attributed these results to the technical meeting which was conducted as a follow up to the one held in Kenya in December 2022 which further capacitated them with comprehensive information about the new GF funding cycle and use of data for advocacy.

Furthermore, it is important to note at strategic level, these results contribute to the organisational program management result area which is to amplify the voices of marginalised communities to directly speak on issues that affect them.

GENERATION AND USE OF DATA FOR ADVOCACY

One of the key implementation strategies of the AZIMA project was the generation and use of data for advocacy. Through this, Dignitate and Trans Bantu managed to influence the development of the Zambian National health strategic Plan with the evidence they generated from the assessment on the inclusivity of KPs in the MOH and NAC policy documents and guidelines and its operationalization thereafter. The rapid participatory assessment to define the needs of MSM and Gay men as well as existing strengths, weaknesses, opportunities and threats for scaling up appropriate and stigma free HIV/AIDS, TB and Malaria services in Zambia. This therefore assisted in ensuring evidence-based advocacy based on the data that was

generated by partners. To further support the use of data as an advocacy back born, ARASA developed a toolkit titled “using data for community led monitoring for Gay, Bisexual, Men who have Sex with Men and Transgender persons (GBMSM)”. The toolkit AZIMA TOOLKIT FINAL 2023.pdf was basically designed to support community organisations led by GBMSM and transgender people to gather, understand and use data to support their human rights advocacy. The toolkit will increase the capacity of GBMSM and transgender communities to use data to influence the design, planning, funding, and implementation of programmes which affect them. The toolkit basically highlights the importance of data in advocacy, specifically for community organisations led by GBMSM and transgender communities in Southern and East Africa and outlines diverse forms of data and the advantages and disadvantages depending on contexts for community-led organisations. The toolkit also guides the best strategies that community-led organisations can employ to strengthen advocacy using data and provide practical tools for data gathering in advocacy efforts by community-led organisations.

5.0 MEDIA

5.1 MEDIA COVERAGE

The ARASA reach in both mainstream and social media continues to increase leading to increased visibility. ARASA partners and the media continued to promote visibility of the ARASA work, amplifying the voices of the marginalized groups, facilitating engagements, and bringing issues to the fore on the focus areas. Topical social media posts during the period under review were for SRHR Symposium, the launch of the ICCA4 Equality Strategy, Women Deliver, SheLearns TOT, LA Linking and Learning Seminar and ICASA 2023.

[The Love Digest - June 2023♥\(mailchi.mp\);](#)

[The Love Digest - August 2023♥\(mailchi.mp\)](#)

[The Love Digest - December 2023♥\(mailchi.mp\)](#)

Elidah Maita of Kenya, one of the young women supported by ARASA and Athena Network to attend Women Deliver: <https://www.youtube.com/watch?v=m52jndNkzpM>

The following table shows ARASA’s performance in the media from January to December 2023:

ARASA MAINSTREAM MEDIA REACH JANUARY-DECEMBER 2023

ARASA ONLY

MEDIA

8 590

REACH

31.4 MILLION

PREVIOUS PERIOD % INCREASE/DECREASE

675% INCREASE FROM DECEMBER 2022

ARASA PARTNERS

MEDIA

4 480

REACH

311 MILLION

PREVIOUS PERIOD % INCREASE/DECREASE

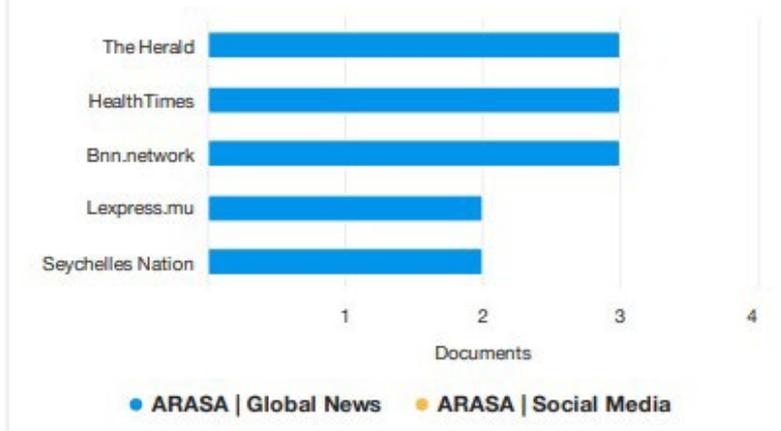
14% DECREASE FROM DECEMBER 2022

TOP PUBLICATION AND SHARE OF VOICE ARASA MEDIA COVERAGE JANUARY - DECEMBER 2023



Top Publications and Share of Voice

Jan 1, 2023 - Dec 28



TOP KEY WORDS ARASA MEDIA COVERAGE JANUARY - DECEMBER 2023



As a result of the increased activity on social media, one twitter post on new job roles in the organisation in July attracted over 13800 likes, which was a record reach and evidence of increased visibility of the organisation.

ARASA SOCIAL MEDIA REACH AS AT END OF DECEMBER 2023

TWITTER

NO. OF

FOLLOWERS 2023

6 648

NO. OF

FOLLOWERS 2022

5 000

FACEBOOK

NO. OF

FOLLOWERS 2023

13 000

NO. OF

FOLLOWERS 2022

11 845

In February, ARASA's Director, Dr. Ntombi Muchuchuti was featured and interviewed on the Eye on SADC programme on NBC as well as the radio and print by Desert radio of the Namibian Newspaper. In the interview, the director spoke about ARASA's new strategic priorities, regional SRHR priorities, challenges and actions that African governments and other stakeholders can undertake to advance BAI <https://fb.watch/iIBho4bVpZ/?mibextid=ykz3hl>

In June, ARASA issued a press statement in commemoration of the day of the African Child calling upon African Union (AU) Member States to address the digital divide which has been noted as one of the contributing factors causing inequalities in adolescents' access to sexual reproductive health (SRH) services and rights to bodily autonomy and integrity. Here is the link of the press statement: <https://www.linkedin.com/feed/update/urn:li:activity:7075375511182426112>

ARASA Regional Advocacy Lead was interviewed live from Australia on Eye on SADC where she explained what it meant for ARASA to participate in IAS 2023. <https://youtu.be/tafuZg7MG1w>. ARASA is also covered in the SADC Eye on where ARASA Director speaks at the sidelines of the Key Populations Round Table with SADC Parliamentary Forum which took place in Johannesburg, South Africa from 30 November to 1 December 2023: https://youtu.be/TCeCy4VWT2Y?si=3_8PBijPmmSeP_lm

6.0 INFLUENCING STRATEGIC COALITIONS

SINGIZI COMMUNITY OF POLICY AND PRACTICE

In May, Regional Advocacy Lead, attended the Singizi Community of Practice in which ARASA was involved from the inception of the community of practice. ARASA's work in the region with key population groups including the LGBTIQ+ community makes it an ideal partner for the Community of Practice. The Community of Practice identified the need to further strengthen relationships with the media as one of the key and influential stakeholders. ARASA was seen as a partner that could assist with facilitating that. Furthermore, being a regional organisation working in 18 countries, the Community of Practice could benefit from ARASA's partnerships.

UN HIGH LEVEL MULTI-STAKEHOLDER MEETING

In May, ARASA's Director, represented the organisation at the UN High Level Multi-Stakeholder Hearing on Universal Health Coverage which presented a chance to re-think what Political Declarations mean at policy level and what achievement means at human level. See the link and poster below on ARASA's submission at the HLM: <https://www.youtube.com/watch?v=9nnKu0lWldw>

HIGH LEVEL MEETINGS OF THE 78TH SESSION OF THE UN GENERAL ASSEMBLY (UNGA 78)

World leaders gathered in New York for the 78th session of the General Assembly (UNGA 78) under the theme, "Rebuilding trust and

reigniting global solidarity: Accelerating action on the 2030 Agenda and its Sustainable Development Goals towards peace, prosperity, progress and the sustainability for all." ARASA Director attended [#UNGA78](#) where she reiterated the importance of treating Pandemic Prevention, Preparedness & Response (PPPR) as a [human rights](#) issue in Universal Health Coverage (UHC). See the following LinkedIn post for more details: <https://www.linkedin.com/feed/update/urn:li:activity:7112311210691207169>

UNAIDS COMMUNITY LED MONITORING

In June, ARASA's Director participated in the UNAIDS Community Led Monitoring (CLM) of HIV services. CLM is an accountability mechanism for the improvement of service quality and access and is led and implemented by local community-led organizations of people living with HIV, networks of key populations and other affected groups.

UNFPA MEETING

In June, ARASA attended a stakeholder meeting organized by the UNFPA in Johannesburg. The meeting was between the UNFPA and civil society organisations both regional and local. The goal of the meeting was to discuss collaborative coordination and participation in country activities towards the review of ICPD@30 and the 10-year review of the implementation of the Addis Ababa Declaration on Population Development. The importance of mobilizing more

partners to participate in country consultations was emphasized as a measure of strengthening the civic voice against the growing anti-human rights movement. Following the meeting, ARASA mobilized its partners at the Women Deliver conference who attended a UNFPA led session aimed at discussing the next steps.

FAST TRACK SAFE CITIES CONFERENCE



ARASA Director (above) attended the Fast-Track Cities Conference in Amsterdam in September where she shed light on the alarming surge in homophobic attacks across many African countries, stressing their detrimental effects on access to sexual reproductive and HIV services. In her presentation, during the conference she called on everyone to work towards safer cities for

people living with HIV and asserted that security for key populations in Eastern and Southern Africa is not a privilege, but a fundamental right. The Fast-Track Cities conference organised by the International Association of Providers of AIDS Care (IAPAC), in collaboration with UNAIDS, Stop TB Partnership, World Hepatitis Alliance, and Fast-Track Cities Institute, brought together more than 500 cities worldwide committed to achieving Sustainable Development Goal (SDG) 3.3 of ending the HIV and tuberculosis (TB) epidemics, and the World Health Organization (WHO) goals of eliminating HBV and HCV, by 2030. It aimed to provide a space for interactive dialogue and facilitate the collaborative development of innovative approaches to ending HIV and TB and eliminating HBV and HCV. Open following links for more details: <https://www.linkedin.com/feed/update/urn:li:activity:7112755828624912384>

6.1.7 INDIAN OCEAN COLLOQUIUM ON HIV, HEPATITIS & ADDICTION

ARASA attended the Indian Ocean Colloquium on #HIV, Hepatitis & Addiction which took place in Seychelles from 13 to 15 November organised by the Ministry of Health for Seychelles. The Colloquium focuses on: Situation of HIV, hepatitis, and addictions in the Indian Ocean Region (IOC) islands, Epidemiology, and progress towards elimination of viral hepatitis B globally and in the IOC countries. ARASA has rooted presence in the Indian Ocean Countries such as Seychelles, Mauritius, Comoros and Madagascar where it works with various civil society actors on advancing human rights-based response to HIV. The following was the ARASA director's presentation at the Colloquium: <https://youtu.be/dBMSqq1N95s?si=buowc2hIT12qWPtn>.

6.1.8 ICASA 2023

ARASA attended the 22nd Edition of the International Conference on AIDS and STIs in Africa (ICASA) 2023, which was held in Harare, Zimbabwe from 4 to 9 December, with the theme AIDS is not yet over: Address Inequalities, Accelerate Inclusion, and Innovation. ARASA managed to convene three successful activities at ICASA 2023, namely an Exhibition Booth, a Community Booth used by partners and a Side Event. The Exhibition Booth's purpose was to highlight the impact of ARASA's work while the Community Booth was a space for ARASA partners to show case their work and connect. ARASA hosted a side event entitled "Expanding Needs, Diminishing Means: Shrinking Civic space and funding for HIV and SRH programming in Africa". The Side Event was successfully held, with an overflow attendance of over 200 people against a target of 70 people. During the same event, ARASA launched its 2022/2023 Health Rights Report.

- Side Event and ARASA ICASA RoadMap in the Health Times ICASA Bulletin of 5, 6 and 7 December 2023 issues. See following link with the coverage showed by one of the screenshots below of ARASA Director: <https://healthtimes.co.zw/2023/12/13/icasa-2023-daily-e-bulletins-compilation/>
- Side Event was covered on the Zim Now online Media: <https://www.zimbabwenow.co.zw/articles/7244/arasa-unveils-20222033-health-and-rights-report-in-africa>
- Our Side Session was covered in the Star FM Radio Morning News Bulletins from 6am up to 11 am on Wednesday 6 December 2023 as shown in following link: <https://youtu.be/14U4nZN40fE>
- Side Event covered in the Newsday Article of 7 December 2023: Here is the link: <https://www.newsday.co.zw/health/article/200020584/govt-urged-to-do-more-in-hiv-aids-fight>

- Side Event broadcasted on the Alpha Media Holdings Online Platforms which cover three titles, Newsday, Independent and Standard Newspapers. Here is the video footage we have uploaded on our You tube page: <https://youtu.be/XJZR-sRzYQM>
- Coverage of ARASA Board Member, Tendai Makoni at Side Event speaking as one of the panellists: <https://www.zimbabwenow.co.zw/articles/7260/stigma-discrimination-derailing-hiv-successes>
- Coverage of Side event in the Humanitarian Eye: <https://humanitarianeye.substack.com/p/hiv-aids-civic-players-urged-to-train>
- Side Event Covered on showbiz platform: <https://www.showbiz.co.zw/arasa-presents-health-and-rights-report-at-icasa/>

6.1.9 GLOBAL ADVOCACY IMPACTS

ARASA contributed to global advocacy through signing petitions, open letters, advocating for and organising meetings with pharmaceuticals to reduce the prices of gene expert machines and test kits for tuberculosis. In this advocacy, ARASA was part of a group of organisations including MSF, TAC, Stop TB partnerships and ITPTC which successfully worked to achieve price reductions on TB testing commodities: <https://www.ghdxonline.org/t/global-fund-stop-tb-partnership-and-usaid-announce-new-collaboration-with-danaher-to-reduce-price-and-increase-access-to-cepheid-s-tb-test/1970>. In December, ARASA convened a Key Populations Round Table 2-day meeting with the SADC Parliamentary Forum to promote dialogue among key stakeholders in the SADC region to expedite the progress in addressing KPs' special needs and rights. This meeting

was expected to help shape the future regional agenda, enhance inclusivity & strengthen regional collaboration beyond current times. It served as a platform for collectively envisioning and strategizing a region that protects the health, well-being and human rights of KPs.

The ARASA Director summarizes the outcomes of the Round Table during an interview with Eye on SADC as presented in the following link: <https://youtu.be/TCeCy4VWT2Y>



Showcasing at the ARASA and Partners ICASA 2023 Community booth

7.0 ORGANIZATIONAL DEVELOPMENT

7.1 GOVERNANCE

During the period under review, ARASA was guided by the Board of Trustees to work towards its vision and mission. Through the board's oversight role, funds raised were used in accordance with the

approved annual work plan, budget and according to set policies. To ensure strong governance and management of the alliance, ARASA regularly facilitates trustee meetings.

7.2 HUMAN RESOURCES



The alliance was supported by a team of 19 members based in Windhoek, Namibia; Johannesburg, South Africa; Harare and Bulawayo, Zimbabwe and Kampala, Uganda. Four members of staff left the organization during the period under review. These were the Finance Manager, Programmes Lead, Regional Key Populations Officer, and the Grants Officer. ARASA recruited the Head of Programme Quality and Funding, Internal Finance

ARASA staff during the team Building Exercise held in Johannesburg in December 2023

Controller, LA Manager, LA Grants Co-ordinator, Finance Assistant, Country Programme Coordinators for South Africa, Mozambique and Zimbabwe, Human Resources and Administration Officer and Planning, Monitoring & Learning Coordinator.

7.3 STAFF REFLECTION AND REVIEW

In May, the eight (8) Programmes team members held a reflection and review meeting in Bulawayo, Zimbabwe. During the meeting, the team evaluated the progress made in implementing the 2023 work plan and revisited the strategies to aid fast tracking of the process as well as adjust on the planned activities. The meeting was also used as a platform to collectively finalise the 2022 annual report.

In August, the Programmes team and two members of the Finance team held a half year review workshop in Harare, Zimbabwe. The team appraised the accomplishments as well as developed an acceleration plan that would assist in completing the work plan for 2023. The platform assisted the team to co-plan and create synergies between projects under the different programmes aimed at efficiency and effective programming.

ARASA conducted a Staff Annual Review and Reflection meeting in Pretoria, SA. During the meeting, ARASA took an honest introspection and looked at the following:

- Took stock of our 2023 journey programmatically,
- Organisational systems and
- Roadmap to achieve strategic objectives individually and as a team as we planned for 2024.

7.4 PARTNERS CAPACITY ASSESSMENT

ARASA conducted a Partner Capacity assessment with its partners from East and Southern Africa who helped with assessing our work using a Cap Assessment Tool which assessed the achievement of an organisation's work on any aspect of organizational development and provided a valuable reflection on performance, gaps, needs & strengths. Allowing partners to assess us presented an opportunity for growth for the organisation as we seek to understand how we are positioned internally & externally and measure our impact.

7.5 ORGANIZATIONAL ASSESSMENT

In June, Aidsfonds conducted a visit for a reflection on the Love Alliance Regional Grant making programme implementation, budget discussion and organisational priorities. The visit assisted ARASA in strengthening organisational systems and programming as a Grantmaker. Discussions were held in relation to organisational development priorities in line with opportunities within the region that advance the programme objectives.

7.6 FINANCIAL SUSTAINABILITY

During the period under review, ARASA is grateful for the financial support from the Swedish International Development Cooperation Agency (SIDA), Robert Carr Fund, Levis Strauss Foundation, HIV Justice Network, Aids Fonds (Youth Care and Love Alliance), African Women's Development Fund (AWDF and The Global Forum on MSM & HIV (MPACT/AZIMA). ARASA responded to multiple proposals for funding. The Finance Policy was reviewed.

ANNEX 1

CURRENT IMPLEMENTING PARTNERS

TABLE 3: ARASA PARTNERS

GRANTS	COUNTRY	PARTNERS
SIDA	Botswana	BONELA, Success Capital, Pilot Mathambo Centre for Mens' Health
	DRC	HODSAS
	Eswatini	Positive Women Together in Action
	Kenya	KELIN; Coalition for Grassroots Human Rights Defenders
	Lesotho	The People's Matrix
	Malawi	CHRR, SRHR Alliance, MANERELA+
	Mozambique	LAMBDA, Monerela, UNIDOS
	Namibia	Positive Vibes, YFEM, Women's Resource Centre
	Uganda	Uganda Harm Reduction (UHRN), UGANET, UKPC,
	Zambia	Mwaka Namwila Foundation (MNF), Generation Alive
	Zimbabwe	Sexual Rights Centre (SRC), Women Action Group, REPSSI, PAPWIC, Global Foundation for Public Speaking
LA Grantmaker, and Regional Grants	Mozambique	LAMBDA, Por Ela, Associacao Ungagodoli, Associao Kufunana, Associacao Garacao Saudavel, Pressao Nacio Dos Direitos Humanos
	South Africa	Uthingo, OUT, Trans Wellness Project, Sexual Reproductive Justice Coalition, SWEAT, Asijiki, IAM, Triangle
	Zimbabwe	Zimbabwe Civil Liberties Drug Network, CLDN, WHIZ, Student for Sensible Drug Policy, Health Fonds, RAWO, Pakasipiti, TranSMART, Women Health Issues Zimbabwe. Community Driven Health Interventions for KPs in Zimbabwe (CDHIKPZ), GALZ, Springs of Life, Womandhla Transmart, Sisonke, National Pressure for Human Rights
RCF	Botswana	SENTEBALE
	DRC	UMANDE
	Malawi	For Equality

AWDF	Kenya, Namibia, Tanzania, Zambia and Zimbabwe	ATHENA
HJN	ESA	All partners
You(th) Care	Tanzania	NYP+, CDF
	Zambia	Copper Rose Zambia
	Kenya	AYARHEP, NAYA
AZIMA	Cameroon	Affirmative Action
	Kenya	Jinsiangu
	Zambia	Transbantu and Dignitate
	Zimbabwe	GALZ

HEAD OFFICE ADDRESS

23 SAUER STREET WINDHOEK NORTH
NAMIBIA

TEL: +26461300381

EMAIL: ADMIN@ARASA.INFO

TWITTER: @_ARASACOMMS

FACEBOOK: ARASA

LINKEDLN: AIDS AND RIGHTS ALLIANCE FOR SOUTHERN AFRICA

INSTAGRAM: [HTTPS://WWW.INSTAGRAM.COM/ARASA_NETWORK/](https://www.instagram.com/ARASA_NETWORK/)