

**ADVOCACY, DISRUPTION,
AND MOBILISATION FOR
THE RIGHTS TO
BODILY AUTONOMY
AND INTEGRITY**



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A word from the director



Dear friends and colleagues

With a strategic revisioning and a transition in leadership, 2019 was a year of transformation for ARASA. We embarked with excitement on implementing our new Strategic Plan (2019-2021), which is anchored in the principle of respect for and protection of the rights to bodily autonomy and integrity.

But, operationally, we were in maintenance mode for much of the year while finalising our Strategic Plan and re-negotiating funding support. As a result, the programmatic targets achieved were less than in 2018. We were also sad to conclude our work as part of the Global Fund Regional HIV Grant: Removing Legal Barriers as well as our provision of financial and technical support to national partners through the intensive national HIV, TB, SRHR and Human Rights Capacity Strengthening and Advocacy programmes during this period. This was despite several external evaluations having confirmed that both programmes were highly effective and yielded positive results.

Despite this, we are proud to have trained 144 civil society leaders from diverse constituencies on sexual and reproductive health and rights (SRHR), human rights and advocacy strategies through our Training and Leadership Programme and online short courses. We also distributed USD 140,894 in grants to strengthen civil society advocacy. Amongst others, this resulted in the Malawi TB prison policy, which had been delayed for nearly two years due to lack of funds, finally being launched. Our technical and financial support provided to a partner organisation in Kenya also contributed to the formulation of the Transgender Guidelines for HIV Programming; the roll out of the size estimation for transgender persons; and the inclusion of transgender persons in the Kenya AIDS Strategic Framework.

We developed 8 new advocacy resources including our flagship report Sexual and Reproductive Health, HIV, TB

and Human Rights in Southern and East Africa 2018/2019, and a report looking at the repressive policies that exacerbate the stigma and violence facing people who use drugs in Southern Africa. We will use this evidence to further our harm reduction and drug policy advocacy in 2020.

The momentum gained by ARASA's advocacy for the elimination of structural barriers to HIV prevention over the past few years grew even further in 2019. Not only did we, with support from global, regional and national partners, coordinate civil society advocacy to the South Africa Development Community (SADC) National AIDS Council (NAC) Directors in preparation for the SADC Ministers of Health meeting, we also presented on government accountability for HIV prevention and the removal of structural barriers to members of the Global HIV Prevention Coalition (GPC) ahead of the Nairobi Summit of the International Conference on Population and Development (ICPD) and moderated a session for the GPC during the International Conference on AIDS and STIs in Africa.

Other advocacy priorities included removing legal barriers supported by the Global Fund for AIDS, TB and Malaria; intellectual property laws; differentiated models of service delivery for ART; and criminalisation of HIV transmission, exposure and/or non-disclosure.

In particular, we were excited to embark on scaling up our support to civil society advocacy and engagement in national discussions on Universal Health Coverage by co-hosting a civil society workshop on ensuring the inclusion of vulnerable populations within UHC, out of which came a call to action endorsed by 34 organisations from 10 countries, articulating the non-negotiable principles and values that must define UHC in Africa.

Building on the success of work in previous years, we continued to participate in and influence regional and international human rights and policy platforms through our engagement with SADC, SADC Parliamentary Forum, the UNAIDS Human Rights Reference Group, and using our Observer Status at the African Commission on Human and People's Rights. In line with ARASA's strategic pivot, we participated in the Guideline Development Group to review the World Health Organisation's global guidance on contraceptive eligibility for women at high risk of HIV.

We also continued to strengthen our advocacy efforts targeting national and regional duty bearers and other key influencers. At our 4th Regional Capacity Strengthening for National Human Rights Institutions (NHRIs), we were encouraged to hear reports of the impact the previous convenings have had on the work of the NHRIs and their commitment to further their work on SRHR issues.

We could not have achieved all that we did without the dedication, commitment, hard work and contribution of the ARASA team and partners; our Board of Trustees; strategic national, regional and international civil society partners; institutions working with duty bearers; United Nations agencies and funding partners amongst others. We thank you sincerely for your continued support and solidarity.

Sadly we bid farewell to ARASA's founding Director, Michaela Clayton at the end of 2019. We are grateful for her leadership and contribution to the mainstreaming of human rights in HIV and TB responses in the region and globally. We wish her all the best in her new adventure. We also bid farewell to Lois Chingandu and Toni Hancox, founding members of Board of Trustees. The staff and Trustees would like to thank them for their years of service and support to ARASA during their tenure.



We are excited to continue the implementation of our new Strategic Plan (2019 – 2021) and trust that we can continue to count on your support.

Thank you.

A handwritten signature in black ink, which appears to read "Felicita Hikuam".

Felicita Hikuam
Director

A stylized line drawing of a hand holding a blue rectangular sign. The sign contains white text.

WE COULD NOT HAVE ACHIEVED ALL THAT WE DID WITHOUT THE DEDICATION, COMMITMENT, HARD WORK AND CONTRIBUTION OF THE ARASA TEAM AND PARTNERS; OUR BOARD OF TRUSTEES; STRATEGIC NATIONAL, REGIONAL AND INTERNATIONAL CIVIL SOCIETY PARTNERS; INSTITUTIONS WORKING WITH DUTY BEARERS; UNITED NATIONS AGENCIES AND FUNDING PARTNERS AMONGST OTHERS.

A stylized line drawing of a hand holding a red rectangular sign. The sign contains white text.

WE THANK YOU SINGERELY FOR YOUR CONTINUED SUPPORT, COMMITMENT AND SOLIDARITY.

Who we are

The AIDS and Rights Alliance for Southern Africa (ARASA) was established in 2002 as a partnership of like-minded, progressive civil society organisations to galvanise a movement of civil society actors to advance a human rights-based response to HIV in southern Africa. Between 2019 and 2021, the partnership is working to promote respect for and the protection of the rights to bodily autonomy and integrity for all in order to reduce inequality, especially gender inequality and promote health, dignity and wellbeing in southern and east Africa.

Governance

An eight-member Board of Trustees, composed of the following, met twice in 2019 to ensure the proper administration of the trust:

- Christine Stegling (Frontline AIDS) (Chair)
- Toni Hancox (Legal Assistance Centre)
- Lois Chingandu (SAfAIDS)
- Michaela Clayton (Director ARASA) (ex officio)
- Wamala Twaibu (Uganda Harm Reduction Network (UHRN) (Partner representative)
- Prof Nana Poku (UKZN)
- Bramwell Kamudyariwa (I-TECH) (Treasurer)
- Rev. Anderson Mataka (Malawi Network of Religious Leaders Living with or Affected by HIV and AIDS (MANERELA) (Partner representative)



Human resources

The ARASA partnership was supported by a team of 12 staff members based in the head office in Windhoek, Namibia, and out of Cape Town in South Africa and Kampala in Uganda.

In May, Lynette Mabote resigned as Programmes Lead and was replaced in September by Nyasha Chingore. Nthabiseng Mokoena, Regional Advocacy Officer, resigned in September 2019, and their replacement started on 1 March 2020. Michaela Clayton stepped down as Director at the end of December 2019. She was replaced by Felicita Hikuam, former Deputy Director, on 1 January 2020.



As at 31 December 2019, the ARASA team comprised the following full-time staff:

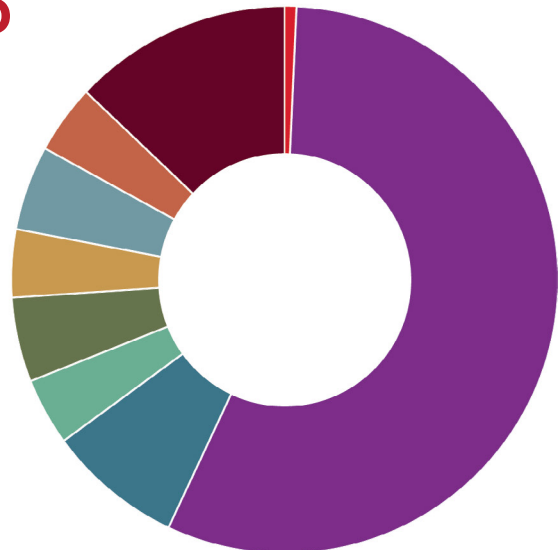
1. Michaela Clayton: Director
2. Felicita Hikuam: Deputy Director
3. Selma Kamati: Finance Manager
4. Hertha Nekwaya: Finance and Administrative Officer
5. Nyasha Chingore: Programmes Lead
6. HeJin Kim: Key Populations Programme Officer
7. Maggie Amweelo: Monitoring and Evaluation Officer
8. Lisias Mashuna: Office Assistant
9. Paleni Amulungu: Communications Officer
10. Bruce Tushabe: Training and Capacity Strengthening Officer
11. Soraya Mentoora: Regional Training and Grants Officer
12. Magdalena David: Finance and Administration Assistant

Financial sustainability

In 2019, ARASA received financial support to the total value of USD 2,448,897 from the Swedish International Development Cooperation Agency (Sida), Robert Carr Fund, Levis Strauss Foundation, Aidsfonds, International Treatment Preparedness Coalition (ITPC) Botswana, Frontline AIDS, HIV Justice Networks, Open Society Foundation and UNDP on behalf of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

2019 DONOR INCOME IN USD

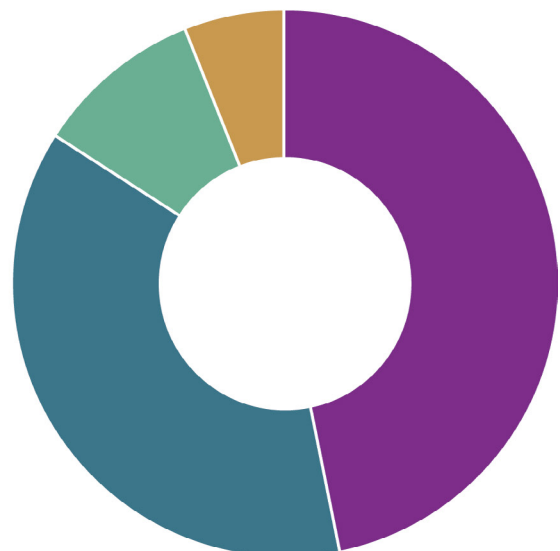
- Sida (56.8%)
- Frontline AIDS (8.1%)
- HIV Justice Networks (3.6%)
- Open Society Foundation (4.7%)
- Aids Fonds (3.9%)
- Global Fund through UNDP (5%)
- Levis Strauss Foundation (4.4%)
- Robert Carr Fund (13%)
- IAS through ITPC (0.5%)



ARASA's total expenditure in 2019 was USD 1, 496,323 (see chart below). Compared with the funding received from donors plus other income, this resulted in a surplus of USD 1, 010 025, which was due to the receipt of a significant disbursement of funds in the fourth quarter of 2019. These funds could not be spent before the end of the financial year and have been used for activities in the first part of 2020. Compared to previous years, there was significantly higher expenditure on human resources and administrative costs compared to activity costs as the organisation was in maintenance mode, implementing only the most essential activities for most of the year while a funding agreement was being negotiated with a major donor.

EXPENDITURE IN USD

- Human Resources (47%)
- Activities contributing to Outcome 1 and related travel (37%)
- Activities contributing to Outcome 2 and related travel (10%)
- Administration (6%)



ARASA's 2019 financial statements were audited by Grand Namibia in February 2020. An unqualified audit opinion was issued on the financial statements for the year ended 31 December 2019.

Our progress and achievements

Our year in numbers

VARIABLE	2019 TOTAL	2018 TOTAL
# of partners	100	100
# of countries covered	18	18
# of people trained directly by ARASA	144	193
# of grants disbursed	5	29
# Total amount disbursed through grants	USD 140, 894	USD 185, 375
# of advocacy issues addressed / campaigns spearheaded and supported	6	10
# of resources developed and disseminated	8	9
# of media articles / statements	13	16
# of key influencers reached	191	263
# of Facebook followers	9, 492	8, 723
# of Twitter followers	3, 919	3, 338
# of national, regional and international laws and policy instruments influenced	1	5
# of advocacy campaigns to support strategic litigation	1	2



2019 monthly highlights

JANUARY

ARASA starts implementing a new strategic plan focused on bodily autonomy and integrity.

FEBRUARY

ARASA co-hosts a meeting for partners implementing community treatment observatories on differentiated service delivery (DSD) in Malawi, Zambia and Zimbabwe.

MARCH

ARASA Director, Michaela Clayton, presents on the promotion of human rights in the HIV response at a UN Human Rights Council consultation in Geneva, Switzerland.

APRIL

ARASA hosts second Activist Meeting on advocacy for the elimination of structural barriers to HIV Prevention

MAY

ARASA hosts second workshop of regional annual Training and Leadership Programme for 37 participants from 18 countries.

JUNE

Deputy Director, Felicity Hikuam and HeJin Kim, Regional Key Populations Programme Officer, present during a plenary session as part of the 21st SA AIDS Conference plenary session held in Durban, South Africa.

JULY

Felicity Hikuam participates in WHO ECHO trial guideline development group on injectable contraceptives and HIV risk.

AUGUST

ARASA join civil society delegates and South African Deputy Ministers on a policy visit to Malta to learn about how other countries have dealt with law and policy around transgender and intersex issues.

SEPTEMBER

ARASA co-hosts 4th Regional Capacity Strengthening Convening for African National Human Rights Institutions.

OCTOBER

ARASA co-hosts a Namibia civil society caucus on the implementation of the SADC Strategy on SRHR

NOVEMBER

ARASA co-hosts and facilitates African CSO workshop on Universal Health Coverage.

DECEMBER

ARASA launches flagship report *Sexual and Reproductive Health, HIV, TB and Human Rights and Southern and East Africa 2018/2019*; participates in ICASA; and bids founding Director Michaela Clayton farewell

Our impact in relation to our outcomes

Last year marked the beginning of the implementation of ARASA's new 2019-2021 Strategic Plan, which is anchored in the core principle of respect for and protection of the rights to bodily autonomy and integrity.

OUTCOME 1: ARASA partners and other CSOs at the national level have increased coordination, understanding, capacity, agency and strategic alliances and use this to mobilise communities and advocate to national decision-makers for positive changes to laws, policies and financial allocations.

OUTCOME 2: Key influencers at national and regional levels have increased understanding of the need for human rights to be protected and respected to achieve health, dignity and wellbeing for all in southern and east Africa and use this to work towards positive changes to laws, policies and financial allocations.

Capacity strengthening and advocacy remain the two pillars in which all of our work towards these outcomes is grounded. What follows is a snapshot of the partnership's key impact in 2019 and how this has contributed to the Strategic Plan's two main outcomes.

Capacity strengthening

ARASA's work focuses on using the relative strengths of its partners to facilitate intra-regional sharing of expertise in order to strengthen capacity around HIV, TB, SRHR and human rights. Some of the ways in which we do this are as follows:

Development of resource materials

The generation of evidence and development of resource materials is core to ARASA's capacity strengthening efforts. In 2019, we developed and disseminated 8 resources to strengthen civil society advocacy and influence duty bearers and decision-makers including:

- 5 issue briefs, outlining structural barriers related to each of the 5 programme targets for HIV prevention ¹
- Report on "Drug Policy and the Lived Experiences of People Who Use Drugs in Southern Africa".
- A policy brief on Strengthening Sexual and Reproductive Rights for Adolescents in East and Southern Africa
- The Sexual and Reproductive Health, HIV, TB and Human Rights in Southern and East Africa 2018/2019 Report
- ARASA also partnered with the O'Neill Institute at Georgetown University in the production of a guide to TB and the law in prisons, entitled: 'Tuberculosis in Prisons: A People's Introduction to the Law'².

¹ Issue brief 1 - <https://www.arasa.info/media/arasa/Resources/Policy%20briefs/brief1-final-1.pdf>

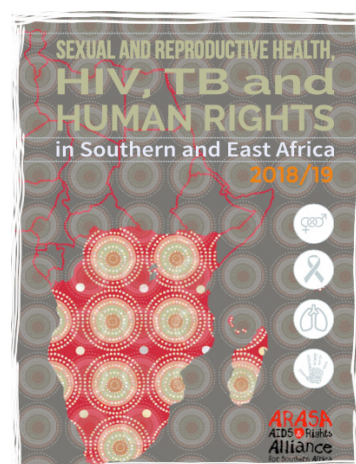
Issue brief 2 - <https://www.arasa.info/media/arasa/Resources/Policy%20briefs/brief2-final-1.pdf>

Issue brief 3 - <https://www.arasa.info/media/arasa/Resources/Policy%20briefs/brief3-final-1.pdf>

Issue brief 4 - <https://www.arasa.info/media/arasa/Resources/Policy%20briefs/brief4-final-1.pdf>

Issue brief 5 - <https://www.arasa.info/media/arasa/Resources/Policy%20briefs/brief5-final-1.pdf>

² <http://oneill.law.georgetown.edu/media/TB-in-Prisons-Web.pdf>

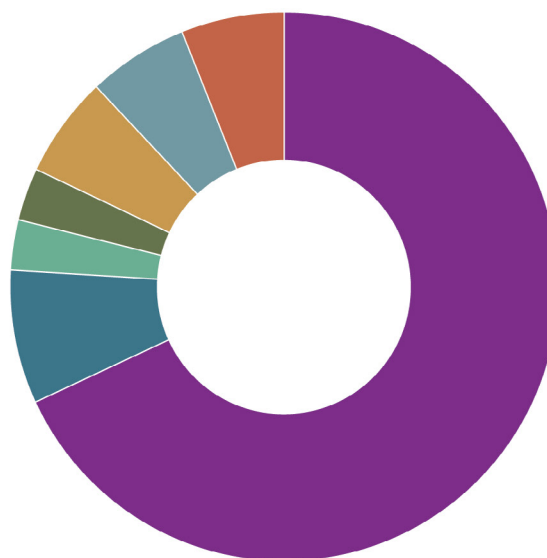


Training and leadership programme (TALP)

There continued to be a great demand for ARASA’s annual TaLP Programme, with more than 250 applications received for the 2019 intake from all over Africa for 38 available places. As in previous years, ARASA ensured that there was a diverse representation of participants, with priority given to representatives of key population groups such as sex workers, people who use drugs and LGBTI persons.

PEOPLE LIVING WITH HIV AND KEY POPULATION REPRESENTATION

- Non-KP (68%)
- Gay Men (8%)
- Transman (3%)
- Non-conforming (6%)
- Lesbian (6%)
- People who use drugs (6%)
- PLHIV (6%)



In line with the organisation’s strategic pivot towards the promotion of the rights to bodily autonomy and integrity, the existing course was supplemented with specific content on sexual and reproductive health and rights (SRHR) such as Sexual Orientation and Gender Identity and Expression (SOGIE), access to safe abortion, financing for SRHR, and Universal Health Coverage (UHC).

During the first module, the participants developed advocacy plans in country groups to identify and address key issues. Several have since reported having implemented their strategies. For example, Jacklin Njiru from Kenya identified “challenges regarding violence against young girls such as rape, defilement, early marriages and teenage pregnancies” as a priority in her community. She has since established an NGO that is responding to these challenges in Eldoret and has secured some funding to implement advocacy activities.

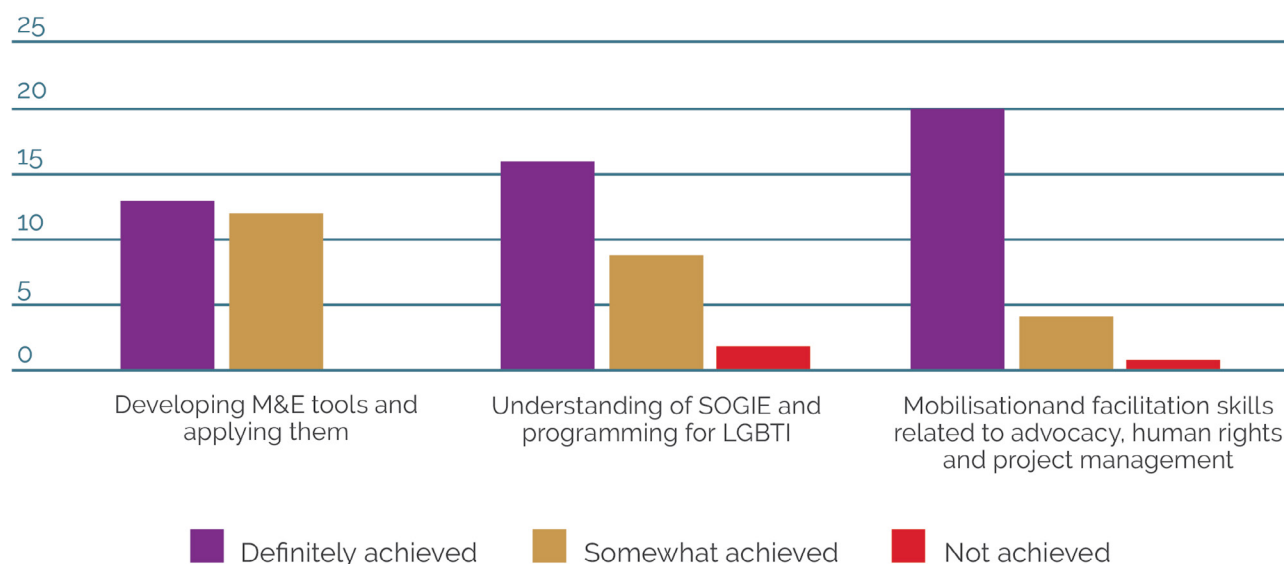
Participants from Zambia, Mauritius and Zimbabwe identified challenges to key populations accessing antiretroviral treatment

and information on tailored programming to respond to their needs. They have since conducted sensitisation meetings with health care workers and key populations, looking at ways of increasing user-friendly services.



Pre-and post-module assessments of the level of skills and knowledge on the topics covered have recorded a marked increase in participants' understanding of HIV, TB and SRHR advocacy.

SKILLS AND KNOWLEDGE GAINED DURING MODULE 2



In a newspaper article in Mauritius, participant Yugesh Bundhoo is quoted as saying:

"As leaders of positive change in our society, participating in this training has increased our knowledge. This will help us better defend the rights of our community in order to promote approaches to HIV/AIDS, tuberculosis and reproductive health, all with a view to respecting human rights."

"The knowledge and skills learned from the previous modules has enabled me [to] educate my community especially on human rights and service delivery. I have trained 21 paralegals on human rights and advocacy and we are currently in the process of developing an advocacy plan for our organisation. Recently at the drop in centre, I took the clinical team and ART champions through Differentiated Service Delivery models and I am hoping that it is something that can be strengthened so that all the sex workers that we have put on care can access quality treatment and care."

Josephine Achieng, a trainer from Kenya.



Graduation took place in November, and other awards including trainer of the year and resident facilitator of the year were also presented.

Massive open online courses (MOOC) / online short courses

The ARASA team continued to use online short courses as a platform to increase the reach of its capacity strengthening efforts. In 2019, three online short courses were administered for 107 participants covering the criminalisation of HIV transmission, exposure or non-disclosure; SOGIE; and Differentiated Service Delivery (DSD).



Small grants

ARASA's financial and technical support to in-country partners through the provision of small grants reduced drastically in 2019 due to a decrease in funding for the grants, including the conclusion of the Global Fund Regional Grant on HIV: Removing Legal Barriers.

Nevertheless, ARASA provided support to five grantees from Kenya, Botswana and Seychelles to conclude activities related to the removal of legal barriers under no-cost extensions for grant agreements signed previously. In addition, technical and financial support was provided to four grantees for activities linked to ARASA's advocacy campaigns (see outcome 2).

As reported in a previous external evaluation, despite the modest size of the grants - usually \$10,000 - they are valued by recipients who use them to create important platforms to implement human rights-related training and advocacy campaigns.

For example, in 2019 the Centre for Human Rights, Education, Advice and Assistance (CHREAA) in Malawi facilitated creative spaces to share 'know your rights' information and a toll-free number that sex workers can use to report rights violations. They worked with representatives of law enforcement agencies, the media, the judiciary and health workers to raise awareness of such violations by officials and health service providers.



KONDWANI KAMIYALA
STAFF WRITER

Lawyer Ruth Kaima has urged sex workers to plead 'not guilty' when they are brought before the courts on idle and disorderly charges. She further urged them to avoid crime in the course of their duty.

Speaking during a recent training for Blantyre-based sex workers, organised by the Centre for Human Rights Education, Advice and Assistance (Chreaa) with funding from the Aids and Rights Alliance of Southern Africa (Arasa), Kaima said admission of guilt often results in the case falling into liability of the charges to the disadvantage of the sex workers.

She referred to Section 180 (a) of the Penal Code, which stipulates that one shall be guilty of the idle and disorderly offence if they are "a common prostitute behaving in a disorderly or indecent manner in any public place". "It is common that police tells you to plead guilty to avoid imprisonment. Most of the times, the police do not have enough elements to prove a case. Being found in a bar or on the road at night is in itself not an element of being idle and disorderly," said Kaima.

Kaima: Elements are crucial to prove guilt

Don't plead guilty —lawyer

Also in Malawi, the Facilitators of Community Transformation (FACT) petitioned the Ministry of Health, the Prison Authorities and the National Assembly to develop and implement effective prison health policies, and to come up with a robust legislative process to review the 1964 Prison Act. An inter-party Parliamentary Committee meeting was hosted with 25 members of the Budget, HIV and Health Committees where the Prison Authorities presented on access to health services for prisoners. As a result, the TB prison policy that had been delayed for nearly two years due to lack of funds was finally launched.

“Thanks to the generous contribution we received through ARASA, our organisation was able to hold spaces for conversation, deliberation and actions, which directly [contributed] to some interventions with the Ministry of Health, KELIN and other stakeholders that led to the formulation of the Transgender Guidelines for HIV Programming, the roll out of the size estimation for transgender persons, and the inclusion of transgender persons in the Kenya AIDS Strategic Framework II. These engagements have also seen the inclusion and participation of Jinsiangu in PEPFAR and Global Fund in-country planning processes.”

Alesandra Ogeta
Research and Advocacy Officer, Jinsiangu



Country programmes

The ARASA-supported HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programmes came to an end in 2019 when the two remaining country programmes in Uganda and Kenya completed activities under no-cost extensions on 31 May 2019.

In Uganda, key achievements of the one-year programme included the publication of a legal, policy and social environment assessment report on the barriers to access to services for people living with HIV and/or TB in five districts.

The report featured a series of recommendations for key national actors – such as the Law Reform Commission, the Ministry of Health and implementing partners, and the police and judiciary – to follow in order to ensure that the human rights of vulnerable and marginalised populations are respected.

A series of training workshops with service providers, policy makers and key populations was subsequently carried out to address the knowledge gaps among these stakeholders and to raise awareness about the barriers affecting access to health services and justice.

In Kenya, the two-year programme focused on five counties which have the worst HIV and TB prevalence rates alongside a high level of human rights violations against key populations. Primarily implemented at community level by 30 community health advocates (CHAs), the programme reached nearly 30,000 people with crucial rights literacy and information on HIV, TB and SRHR. By linking up the CHAs with a pool of pro-bono lawyers, the programme was able to address a range of human rights violations including disclosure of HIV status without consent, breach of confidentiality, dismissal from work due to HIV status, and stigma and discrimination due to HIV status.



Between November 2013 and 30 September 2019, ARASA supported Country Programmes in Malawi, Mauritius, Mozambique, Kenya, Tanzania, Uganda, Zambia and Zimbabwe. An external evaluation in 2017 found that these programmes were a good vehicle to channel learning on key advocacy topics to new pools of community health advocates (CHAs). It was also found that developments in case law, law reform, and policy came about as a direct result of community advocacy on SOGIE, prisons, sex work, HIV criminalisation and treatment access.

During each two-year implementation period in the country programmes, measurable results were achieved in the following areas:



- Increased health and human rights literacy – particularly on issues relating to HIV, TB, and hepatitis C – through the creation of a cadre of human rights advocates in the form of CHAs.
- Increased and improved monitoring of national human rights violations which, in turn, led to effective advocacy activities such as supporting meetings between patient groups and government health officials.
- Increased access to services - for example in Mauritius where the Country Programme campaigned for the reintroduction of methadone substitution therapy for injecting drug users.
- Increased access to justice, such as through the provision of legal assistance to people whose rights have been violated, as was achieved in Kenya between 2017 and 2018.
- Improved sustainability prospects by helping to secure funding from alternative sources to continue activities after ARASA’s support ended.

The country programme model has proved highly effective and easy to implement. It can be replicated in other similar and comparable settings to yield positive results because:

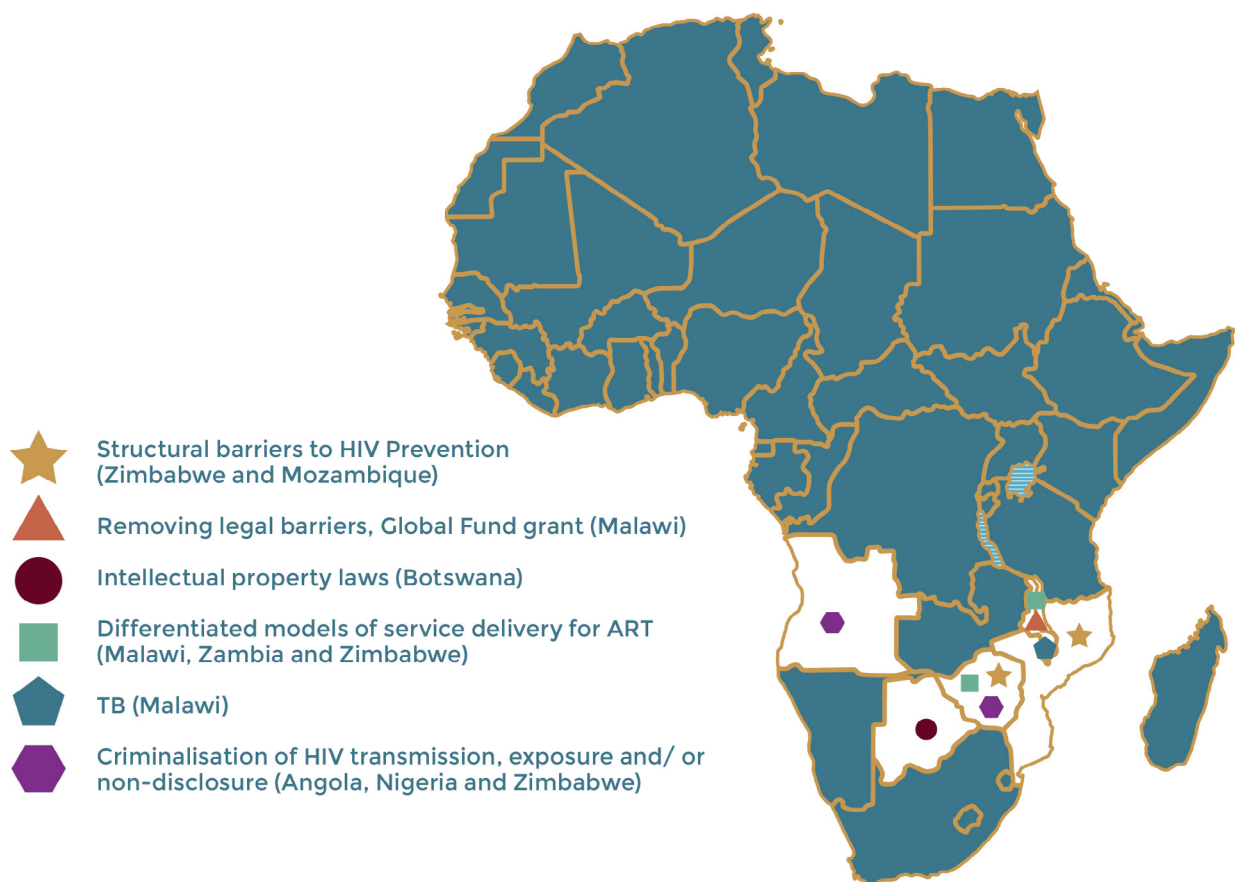
- **Relevance** – the programme addresses the real needs of communities. This is mostly because the CHAs themselves come from these communities, have experienced similar challenges, and are able to facilitate change.
- **Effectiveness** – the CHAs bring expertise and analysis from an informed perspective on various HIV, TB and SRHR issues, as well as an understanding of community context.
- **Efficiency** – results are achieved at a low cost, indicating that the CHA model offers value for money. The ripple effect of one trained CHA reaching out to, on average, 60 others within their community over a year is significant.
- **Impact** – objectives have been exceeded in all of the countries in which ARASA implemented the programme. In Tanzania, for example, the work of the country programme led to an increase in funding commitments from donors, enabling the work to carry on.

Advocacy

ARASA's capacity strengthening and advocacy interventions are intrinsically linked. We believe that the provision of technical assistance - along with the creation of spaces for inclusive and meaningful learning, dialogue, networking, consensus building, solidarity and collaborative advocacy action - will result in increased coordination, understanding, capacity, agency and strategic alliances among civil society. This in turn will lead to communities mobilising at the local level and lobbying national decision-makers for positive changes to laws, policies and financial allocations.



Although the advocacy issues we focused on in 2019 reduced by half due to funding limitations, we advocated or supported our partners in various countries to advocate on a wide range of topics including the elimination of structural barriers to HIV prevention; removing legal barriers; intellectual property laws; differentiated models of service delivery for ART; TB and human rights; and criminalisation of HIV transmission, exposure and/or non-disclosure (see map below).



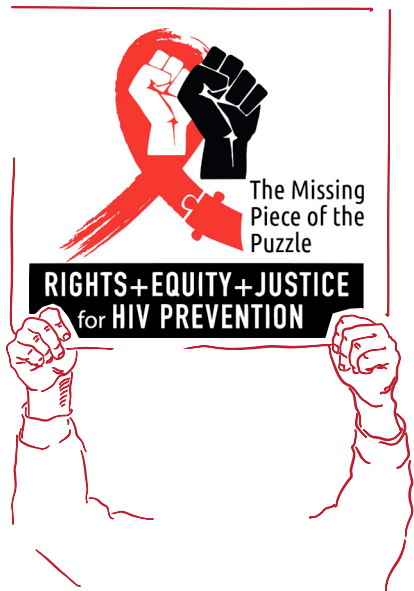
Domestication / implementation of SADC SRHR strategy

In 2019, ARASA strengthened its collaboration with other regional and national CSOs to advocate for the national implementation of the Southern African Development Community (SADC) SRHR strategy (2019-2030). As part of the Regional Community of Policy and Practise and together with SRHR Africa Trust, Positive Vibes and AfriYan, we hosted a youth dialogue, followed by a country dialogue for Namibian civil society to discuss the role of civil society in the implementation of the strategy. The country dialogue was part of a broader regional community of policy and practice that is emerging. A shared understanding

of the strategy, based on the Lancet-Guttmacher definitions of SRHR, and a review of key bottlenecks in achieving universal SRHR in country were two key outcomes.



Advocacy for the elimination of structural barriers to HIV prevention strategy



ARASA's advocacy for the elimination of structural barriers to HIV prevention continued to gain momentum and influence regional policy platforms in 2019. We were supported by the Partnership to Inspire Transform and Connect the HIV Response (PITCH), a partnership between Frontline AIDS, Aidsfonds and the Dutch Ministry of Foreign Affairs.

In April in Johannesburg, the second Activist Meeting on Structural Barriers to HIV Prevention brought together activists from 10 SADC countries to review progress made to date in this area. Discussions also focused on progress made in implementing the SADC HIV Prevention Scorecard; the Regional Strategy for HIV and AIDS Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations; and the SADC Guide to Setting HIV Prevention Targets for Adolescent Girls and Young Women and their Sexual Partners.



Participants reviewed the involvement of civil society in national and regional HIV prevention processes and identified existing gaps and challenges. They also explored opportunities to accelerate advocacy efforts and capacity strengthening to address structural barriers, and shared best practice in this field. A call to action highlighting the lack of progress on the 2020 targets in the SADC region was formulated from the outcomes.

ARASA also used the occasion to host an Action Planning meeting for partners from the PITCH focus countries Zimbabwe and Mozambique to develop national advocacy plans for regional activities aiming to remove such structural barriers. Practical implementation, including work in-country and regionally by ARASA partners, will take place in 2020.

In September, with technical support from PITCH and UNAIDS, ARASA convened a follow-up CSO-pre-meeting to prepare for participation in the SADC stocktaking meeting. Participants discussed progress on HIV prevention in the region and recommended the strengthening of monitoring on structural barriers. ARASA's Deputy Director delivered a CSO statement based on the outcomes at the SADC National AIDS Council Directors stocktaking meeting.

Ahead of the Nairobi Summit on ICPD25 in November, ARASA's Deputy Director also addressed a high-level meeting of the Global HIV Prevention Coalition (GPC). She provided a civil society perspective on actions for HIV prevention by 2020 and beyond, reflecting on how ARASA and its partners are using the SADC HIV Prevention Scorecard to advocate for government accountability. The event was attended by more than 200 delegates, including ministers of health, the heads of UNAIDS, UNFPA and IPPF, and representatives from government, civil society and communities, and development partners.



At the International Conference on AIDS and STIs in Africa (ICASA) in December, ARASA's Deputy Director moderated a GPC satellite session called What is holding us back? Untapping community-driven responses to bridging the HIV prevention gap in Africa. The panel was made up of young women, representatives from key populations and AIDS service organisations, as well as senior figures from UNFPA, the Global Fund, the Global HIV Prevention Coalition and the Dutch Ambassador to Rwanda.



SRHR in universal health coverage

At a two-day workshop on Universal Health Coverage (UHC) in November, more than 50 CSO representatives - including key populations and young people - from 10 countries across sub-Saharan Africa reflected on the challenges and opportunities that UHC poses for HIV and for marginalised groups. The workshop was hosted by ARASA in conjunction with the PITCH programme, UNAIDS and Health Gap. It ended with a Call to Action articulating the basic non-negotiable principles and values that must define UHC in Africa if no one is to be left behind.



Differentiated service delivery

In February, ARASA and the International Treatment Preparedness Coalition (ITPC) organised a pre-implementation workshop in Johannesburg for partners from Zimbabwe, Malawi, and Zambia that are implementing community treatment observatories (CTOs). Part of a one-year project supported by the International AIDS Society (IAS), the CTOs build on earlier work in these countries to create demand for DSD and routine viral load testing (RVLT). The partners identified indicators and will be routinely collecting data on availability, continuity and quality of HIV care and treatment.



ARASA and ITPC have been providing technical assistance including supporting three partners to develop and submit abstracts presented during the 2019 IAS Conference in Mexico. Partners in Zimbabwe, Malawi and Zambia have received approval from the research bureaus to collect data; data from the Zimbabwe project was presented at ICASA in December.

Working with key influencers and duty bearers

In September, the 4th Regional Capacity Strengthening Convening for National Human Rights Institutions (NHRIs) brought together senior NHRI representatives and experts in SRHR from 15 African countries. Hosted by ARASA, the Network of African National Human Rights Institutions (NANHRI) and the Center for Reproductive Rights (CRR), the meeting focused on multiple SRHR issues including access to safe abortion, maternal healthcare, adolescent SRHR, HIV and SOGIE.

The meeting provided a space for reflection on the work and advocacy priorities that were undertaken by NHRIs since 2016 while providing a platform for prioritisation and action planning between NHRIs, ARASA, CRR and NANHRI for the next three years with a focus on various SRHR issues. Adolescent SRHR and access to safe abortion were identified as important areas for intervention and further capacity building. Subsequently, a policy brief on adolescent SRHR with information and recommendations to NHRIs has been developed and disseminated to the NHRIs.



Influencing key regional, continental and international policy platforms and human rights mechanisms

UNITED NATIONS HUMAN RIGHTS COUNCIL

At the UN Human Rights Council Consultation on HIV and Human Rights in February, ARASA's Director, Michaela Clayton participated in a panel on *Setting the scene: ending AIDS by 2030 – human rights in the HIV response, challenges and opportunities*. The consultation examined barriers and best practices in promoting human rights in the HIV response in regional and sub-regional strategies.

AFRICAN COMMISSION FOR HUMAN AND PEOPLE'S RIGHTS

ARASA retained its Observer Status at the African Commission for Human and People's Rights (ACHPR) and participated in the Public Session of the 65th Ordinary Session of the Commission in October. We called on states to address the structural barriers which are stalling the progress towards their commitment to end AIDS as a public health threat by 2030. We also called on them to create an enabling legal and policy environment where civil society organisations are able to work freely, including those working on key population issues.

ARASA contributed to a joint submission to the draft rules of procedure and was part of the technical group on state reporting which made recommendations aimed at ensuring that civil society has access to their state reports in advance. This would allow civil society more time to develop shadow reports and meaningfully engage in the state review process.

9TH SA AIDS CONFERENCE, DURBAN



ARASA presented at a plenary session on the need to ground HIV responses in human rights, highlighting laws and policies that fuel stigma. As part of the conference organising committee, we ensured that key populations were meaningfully included in the various sessions.

NAIROBI SUMMIT ON INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT +25

This Summit was ARASA's first time at ICPD and was an important opportunity to establish partnerships and explore opportunities to promote the rights to bodily autonomy and integrity with a focus on SRHR. Following the summit, Regional Grants Officer Soraya Mentoor shared her reflections on the outcomes in the South African Department of Social Development's newsletter.



20TH INTERNATIONAL CONFERENCE ON AIDS AND STIS IN AFRICA AIDS (ICASA), RWANDA

Deputy Director Felicity Hikuam and Capacity Strengthening Officer Bruce Tushabe participated in a number of sessions including:

- a poster presentation on *Faith and human rights; changing perspective on faith healing and access to HIV and sexual reproductive health and rights.*
- moderating a panel discussion at a WHO session on *Kick-starting integration of HIV testing within family planning services for East and Southern Africa for 2020.*
- presenting at the Aidsfonds satellite session *Put the last mile first - Making Universal Health Coverage work for key and vulnerable populations.*
- presenting at a satellite session on *Parliamentarians protecting the sexual and reproductive health rights for key populations.*



Representation on regional and international policy platforms

ARASA was also represented at:

- Changing Faces Changing Spaces LGBTI conference in Naivasha, Kenya, where Advocacy Officer, Nthabiseng Mokoena co-facilitated the Intersex pre-conference.
- Defending Rights in Hostile Contexts Meeting in Johannesburg
- Paediatric-Adolescent Treatment Africa Summit, where Deputy Director Felicity Hikuam delivered a plenary presentation on policy and legal barriers to SRHR for adolescents.

ARASA continued to be represented by Director Michaela Clayton on the UNAIDS Reference Group on HIV and Human Rights, which she co-chairs, as well as on the UNAIDS Scientific and Technical Advisory Committee and the UNAIDS Steering Committee on Target Setting. The Director was a guest speaker at the UNAIDS Programme Co-ordinating Board Meeting Thematic Session on Universal Health Coverage in Geneva in June. In July, Deputy Director Felicity Hikuam participated in the review of the WHO guidelines on contraceptive eligibility for women at high risk of HIV.



COMMUNICATION AND NETWORKING

ARASA was able to significantly increase the reach of its statements and other communications materials in 2019 due to investment in Meltwater News Services' Media Influencer Tool. This has allowed us to carry out keyword searches globally on topics that the partnership works on, as well as to research media practitioners in-country. As a result, we have built up a comprehensive database of media practitioners working on human rights and health.

Over the course of the year, our social media following increased on Facebook, Twitter and Instagram and ARASA's revamped new-look website, which went live in March 2019.

The first of our four newsletters in 2019 contained an in-depth interview with Deputy Director Felicita Hikuam on ARASA's new strategic plan. The final newsletter of the year paid tribute to founding Director Michaela Clayton as she retired after 16 years of service with ARASA and many more in the health and human rights sector in Southern Africa.

We issued more than ten public statements in 2019 which were widely disseminated through social media to mark international days of action and draw attention to ARASA's advocacy priorities such as the protection of human rights defenders and the status of HIV prevention in Southern Africa.



International Women's Day March 8, 2019

On 8th March the AIDS and Rights Alliance for Southern Africa (ARASA) would like you to celebrate International Women's Rights Day with us!

This year's theme is Balance for better: in the pursuit for gender equality and we would like you take part in a photo campaign to raise awareness to push for gender equality for a better quality of life for all!

TAKE A PICTURE!

JOIN THE DISCUSSION
Feel free to answer our question and let's get this conversation started!
Enter the hashtags:
#BalanceforBetter
#MyBodyMyRights
#ARASA4Health

TAG YOUR FRIENDS
Nominate two of your friends to Speak Up! Strike A Pose! by tagging them on social media.

TAG US TOO!
Tag us on whichever social media platform you choose to post on:
Facebook:
@AIDSandRightsAllianceforSouthernAfrica
Twitter: @ARASAcmmms
Instagram: @arasa_network

SPEAK UP! STRIKE A POSE!

Think about the following question:
"How does your gender impact on your ability to enjoy your right to an optimal quality of life?"

Quality of life is pertains to so many factors, including: physical health, family, education, employment, wealth, safety, security to freedom, religious beliefs, and the environment.

ARASA AIDS Rights Alliance FOR Southern Africa

ARASA also joined the other implementing partners of the Global Fund Africa Regional Grant in issuing a statement welcoming the Botswana High Court ruling decriminalising same-sex sexual conduct and a joint opinion piece entitled Sentenced to prison, sentenced to TB? Media coverage of ARASA and partners included articles in Kenyan media about stopping the spread of TB among prisoners, and safe abortion in Namibia's Die Republikein.



Team highlights of 2019



“The ‘Treat Us Right’ Drug Policy report clearly showed the importance of working both at policy and community level, and of ensuring that the voices of those who are most affected by laws and policies are put at the centre of the work we do. This report is one of the first to explore Drug Policy in the Southern African region.”

HeJin Kim, Regional Key Populations Programme Officer

“What stood out for me in the year 2019 was the staff meeting towards the end of the year. It was a reflection of how far ARASA has come and a picture of what venturing into the future will look like.”

Magdalena David, Finance and Administration Assistant



“My highlight of 2019 is the smooth transition of leadership with a clear roadmap on the strategic direction going forward.”

Selma Kamati, Finance and Administration Manager



“The Training and Leadership Programme incorporated content on the rights to bodily autonomy and integrity in the fourth module. This highlighted and challenged our traditional line of thinking related to HIV, TB and human rights issues. This has also strengthened our strategic partnership with organisations such as Amnesty International who facilitated part of module 4.”

Bruce Tushabe, Regional Training and Capacity Strengthening Officer

“My first few months at ARASA have been an amazing journey. From interacting with the Training and Leadership Programme participants in their last module; working with Namibian CSOs to fill out the base line tools of the SADC Strategy on Sexual Reproductive Health and Rights and come up with a joint civil society statement for the ICPD+25 Nairobi Summit, I was able to see the importance of the work that ARASA does and its impact in building the capacity of CSOs across southern and east Africa to advocate for health rights.”

Nyasha Chingore, Programmes Lead



“We have seen reduced funding streams by external funders for HIV and human rights work and the small grant from ARASA is, in some cases, the only funding awarded to some human rights organisations. Despite this, it is evident that ARASA’s grantees have a deep understanding of the impact of harmful policies and practices imposed by policy makers on those most marginalised and a deep commitment to create fundamental change.”

Soraya Mentoor, Regional Capacity and Small Grants Officer

“One of the highlights that stood out for me was our involvement and work done during the UHC regional convening in November. It was profound to witness activists identify the gaps and needs of their communities and to learn about how they advocate for much needed effective and comprehensive health coverage in the region.”

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