

# ANNUAL REPORT

1 January – 31 December 2020



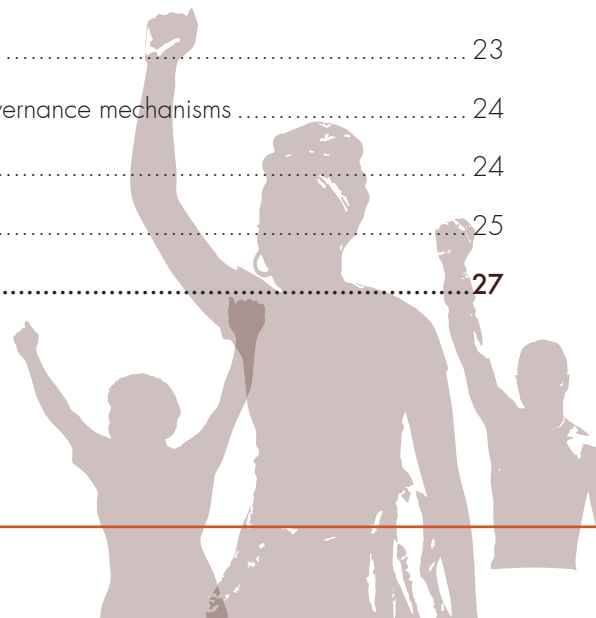
**EVERY**  
**BODY COUNTS**

**ARASA**  
AIDS & Rights  
Alliance  
for Southern Africa



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# A word from the Director

As for much of the world, 2020 was a year filled with change and uncertainty for ARASA. We began the year with a leadership transition as I took over from ARASA's founding Director, Michaela Clayton, on 1 January. This was followed closely by a severe disruption in operations and programme implementation as the COVID-19 pandemic wreaked havoc on the health, livelihoods and wellbeing of communities in southern and east Africa.

On an operational level, all ARASA staff began working from home in March 2020 and continued to do so for the rest of the year. We developed a COVID-19 staff wellness plan and established a staff wellness committee to monitor the implementation of this plan and adapt it according to the wellness needs of the team.

In April, we conducted a survey to assess COVID-19's impact on our partner organisations across southern and east Africa and how we could support them to respond to COVID-19 and continue to fulfil their mandates. The 48 responses were integrated into the re-programming of our activities. Subsequently, some activities were cancelled, others adjusted to online formats, or implemented at country-level due to restrictions on regional travel and gatherings of large groups of people. ARASA had already begun using online platforms to deliver capacity strengthening interventions before COVID-19, but we initially struggled with implementing our advocacy activities in the new context. Fortunately, from April onwards we were able to move major components of ARASA's advocacy and influencing of policy platforms into the virtual space by participating in virtual meetings with regional bodies such as the Southern African Development Community (SADC) Secretariat, the SADC Parliamentary Forum (SADC PF), and the African Commission on Human and Peoples' Rights. While shifting to online ways of working has had its challenges, we look forward to including this in hybrid methods of programme delivery going forward, as this has proven to be a cost-effective way of engaging working.

One of our major achievements in 2020 was the launch of a regional campaign on the rights to bodily autonomy and integrity, called: "Every Body Counts!", which is a key component of operationalising our current Strategic Plan. The launch of the campaign was a great success, primarily due to the contribution of our partners, particularly those implementing the "My body in not a democracy" sexual and reproductive health and rights (SRHR) Programme in Botswana, Lesotho, Malawi, Namibia and Uganda who participated in a dance-off to the popular "Jerusalem" song. We also recognise the contribution of individuals who responded to the prompt: "My body is my own when..." for the launch video. Further, we witnessed in awe how ARASA's partners and other civil society partners, particularly those in the 5 focus countries where the "My body is not a democracy" Programme is being implemented, embraced the call to scale up advocacy for the promotion and protection of the rights to bodily integrity.



Another achievement we are proud of is the launch of our report on an assessment of funding trends for social enablers in southern and east Africa towards the end of 2020. This report, titled: "Expanding Needs. Diminishing Needs" has been shared widely and presented on various donor platforms, including a webinar hosted by Funders Concerned About AIDS in December. We are also proud of our efforts to strengthen our strategic partnership with regional and international partners, which contributed significantly to our achievements and impact in 2021. Amongst others, we entered into a fiscal hosting arrangement to support the ATHENA Network and signed a Memorandum of Understanding with the University of KwaZulu Natal's Health Economics and HIV and AIDS Research Division (HEARD), which resulted in a collaboration to conduct a rapid assessment on the impact of COVID-19 on community-led HIV responses in the SADC region.

Apart from all this, we thoroughly enjoyed hosting a series of webinars to highlight lessons learned by civil society in promoting rights-based responses to HIV and COVID-19.

While we keenly await progress in access to effective vaccines against COVID-19 for everyone in southern and east Africa, we are building on our efforts to remove barriers related to intellectual property laws and joined civil society efforts to push for equitable vaccine access.

We look forward to continuing to innovate as we adjust to the disruption and uncertainty caused by COVID-19 in 2021. We will continue to promote the rights to bodily autonomy and integrity for the realisation of gender equality and sexual and reproductive health and rights. We remain grateful for the solidarity and the financial and technical support of allies, friends and strategic partners. We trust that we can continue to count on your support.

Thank you.

**Felicita Hikum**  
Director



## Background

The AIDS and Rights Alliance for Southern Africa (ARASA) was established in 2002 as a partnership of like-minded, progressive civil society organisations (CSOs) to advance a human rights-based response to HIV in southern Africa.

Our partnership is based on mutual accountability and solidarity for advancing social justice. In 2019, ARASA began implementing a new Strategic Plan (2019-2021), which is anchored in the principle of respect for, and protection of, the rights to bodily autonomy and integrity. We believe that the violation of the rights to bodily autonomy and integrity is the one thing that underpins the multiple sexual and reproductive health and rights (SRHR)-related violations and injustices faced by people in southern and east Africa. We also believe the principle of respecting and protecting the rights to bodily autonomy and integrity can mobilise and unite diverse movements to address the social and structural determinants of health, serving as a radical touchstone through which to create a more active solidarity.

## Our goal

ARASA's goal under the current strategic plan is to promote respect for, and protection of, the rights to bodily autonomy and integrity for all to reduce inequality, especially gender inequality, and to promote health, dignity and wellbeing in southern and east Africa.

## Governance

ARASA's Board of Trustees ensures the proper administration of the trust. This includes setting the overall strategy and policy objectives, monitoring whether the organisation is making sufficient progress towards its goals, approving the annual budget and audited financial statements, and protecting the long-term welfare of the organisation and its stakeholders. The trustees also ensure that any funds raised support the activities for which they were intended, in accordance with the approved annual budget. To ensure strong governance and management of the alliance, ARASA regularly facilitates meetings of its trustees and partners, all of whom are members of the ARASA Trust.

As at 31 December 2020 the Board of Trustees was composed as follows:

1. Christine Stegling (Chair)
2. Felicita Hikuam (Director ARASA) (ex officio)
3. Bramwell Kamudyariwa (Treasurer)
4. Rev. Anderson Mataka (Partner representative for Malawi Network of Religious Leaders Living with or Affected by HIV and AIDS)
5. Wamala Twaibu (Partner representative for Uganda Harm Reduction Network)
6. Prof Nana Poku

Two of the trustees occupy their positions in their capacity as representatives of their respective organisations, and therefore represent the partnership. Two of the trustees sit on the board on the basis of their particular experience and expertise.

Toni Hancox resigned from the Board of Trustees in April 2020. She served on the board for a decade from March 2010, representing the Legal Assistance Centre from Namibia, a founding partner of ARASA. The ARASA Board of Trustees and staff would like to acknowledge the tremendous contribution made by Toni to ARASA during her tenure. We thank her for her years of service.



## Human resources

In 2020, the ARASA partnership was supported by a team of 11 full-time staff members, based in the head office in Windhoek, Namibia as well as Cape Town in South Africa, Kampala in Uganda and Harare in Zimbabwe.

On 1 January 2020, Felicita Hikuam, former ARASA Deputy Director replaced, Michaela Clayton as Director. Upon the completion of his law studies, Lisias Mashuna, Office Assistant, left ARASA to complete his articles. Anthea Taderera joined the team in March 2020 as the Regional Advocacy Officer, based in Harare, Zimbabwe.

As at 31 December 2020, the ARASA team comprised the following full-time staff:



1. Felicity Hikuam, Director
2. Nyasha Chingore, Programmes Lead
3. Selma Kamati, Finance Manager
4. Hertha Nekwaya, Finance and Administrative Officer
5. Hejin Kim, Key Populations Programme Officer
6. Maggie Amweelo, Monitoring and Evaluation Officer
7. Paleni Amulungu, Communications Officer
8. Bruce Tushabe, Training and Capacity Strengthening Coordinator
9. Soraya Mentoor, Regional Capacity Strengthening and Grants Officer
10. Magdalena David, Finance and Administration Assistant
11. Anthea Taderera, Regional Advocacy Officer

## Financial sustainability

During this period, ARASA received financial support to the total amount of US\$2,267,220 from the Swedish International Development Cooperation Agency (Sida), Robert Carr Fund, Levis Strauss Foundation, Open Society Foundation, HIV Justice Network and the Partnership to Transform, Inspire and Connect the HIV response (PITCH) through Frontline AIDS and Aidsfonds.

## Our progress and programmatic achievements

### 2020 in numbers

Variable	2020	2019
Partners	100	100
Countries covered	18	18
People trained directly by ARASA	290	144
Grants disbursed	29	5
Total amount disbursed through grants	US\$ 611 608.21	US\$ 140,894
Advocacy issues addressed / campaigns spearheaded and supported	7	6
Resources developed and disseminated	15	8
Media articles / statements	12	13
Facebook followers	9,900	9,492
Twitter followers	4,356	3,919



## 2020 monthly highlights

### January 2020

ARASA welcomed incoming director Felicita Hikuam and began to develop a regional campaign on bodily autonomy and integrity

### February 2020

ARASA hosted the first module of the 2020 Training and Leadership Programme face-to-face; and an online short course on intellectual property

### March 2020

ARASA co-hosts International Women's Day commemorations in Namibia, and an Action Planning and Reflection meeting for country coalitions of CSOs in Zimbabwe and Mozambique. Borders close due to COVID-19

### April 2020

ARASA conducted an assessment survey on the impact of COVID-19 on its partners to support re-programming of activities

### May 2020

ARASA marked the 2021 International Day Against Homophobia, Transphobia and Biphobia with a webinar to address homophobia and transphobia during the COVID-19 pandemic and hosted an online course on advocacy related to sexual orientation, gender identity and expression. Also supports Namibian activists to respond to an attack on a transwoman.

### June 2020

ARASA co-hosted an access to safe abortion online short course together with HEARD; hosted a focus group discussion to inform the bodily autonomy and integrity campaign and its accompanying toolkit

### July 2020

ARASA hosted the second module of the Training and Leadership Programme online, participates in AIDS 2020, and joined SADC PF's working group on the development of a gender-based violence model

### August 2020

ARASA conducted a webinar on the lessons from the HIV pandemic in addressing COVID-19 stigma; co-hosted an HIV 2020 Conference session titled: "A Roadmap for meeting the HIV Targets: Defending Bodily Autonomy and Integrity", and convened a virtual CSO group discussion on HIV, human rights and the law in southern and east Africa

### September 2020

ARASA conducted a webinar on realising the right to health and advocating for uninterrupted SRHR services during a public health crisis; conducted an online short course on advocacy and monitoring for universal health coverage; and held a virtual civil society consultation on the status of HIV prevention in the region, which resulted in the development of a consensus statement delivered to SADC Member States

### October 2020

ARASA virtually launched the Every BODY Counts! campaign and conducted an online short course on the criminalisation of HIV transmission, exposure or non-disclosure

### November 2020

ARASA hosted the combined third and fourth module of the Training and Leadership

### December 2020

ARASA held the first bodily integrity and autonomy/SRHR Learning and Reflection Lab for national implementing partners; convened a virtual annual partnership forum; and launched two publications: one on the state of funding for social enablers and human rights programming and the second a rapid assessment of COVID-19's impact on community-led HIV

## Our impact in relation to our outcomes

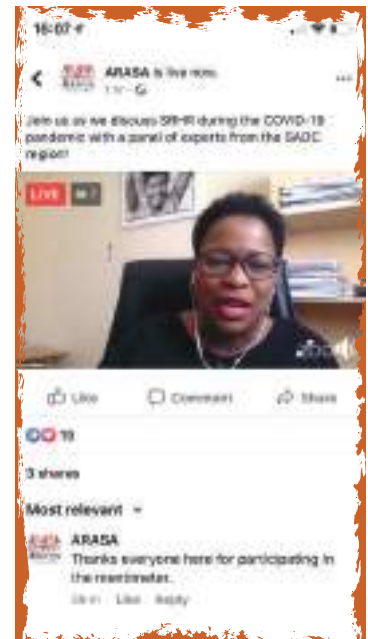
In 2020, ARASA continued to focus on operationalising its 2019 - 2021 Strategic Plan, which is anchored in the core principle of respect for and protection of the rights to bodily autonomy and integrity.

Our work contributed to the following outcomes:

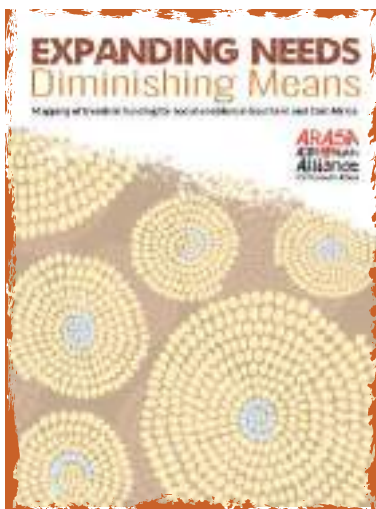
**OUTCOME 1:** ARASA partners and other CSOs at the national level have increased coordination, understanding, capacity, agency and strategic alliances and use this to mobilise communities and advocate to national decision-makers for positive changes to laws, policies and financial allocations.

**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 remained the two pillars in which our work towards these outcomes was grounded. The following sections provide a snapshot of ARASA's key achievements in contributing towards these outcomes.



## Capacity strengthening



ARASA's capacity strengthening interventions form the bedrock for our advocacy at the regional level and related activities supported at the national levels. In 2020, our capacity strengthening interventions included the development and updating of resource materials; providing ad-hoc technical assistance to partners; providing financial and technical support to partners through grant-making; and increasing the cohort of future activists and civil society leaders through our Training and Leadership Programme (TaLP) as well as the delivery of online short courses. We engaged highly skilled subject experts, some of whom were trained by ARASA, as external moderators and collaborated with strategic partners such as the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal to deliver our capacity strengthening interventions.

### DEVELOPING RESOURCE MATERIALS

In 2020, we developed and disseminated several resources to strengthen the capacity of ARASA partners to effectively advocate for positive changes to laws, policies and financial allocations. These included:

- [Rapid assessment on the impact of the COVID-19 on community-led HIV responses in the SADC region](#) (summary brief)
- [Challenging HIV Criminalisation in the East African Community](#) (brief for parliamentarians)
- [Discussion Document on HIV Criminalisation in Angola](#)
- Three advocacy briefs for HIV prevention advocates:
  - [Epidemiology for Activists](#)
  - [The how and why of Shadow Reporting for HIV activists](#)
  - [Advocacy guide to the 2030 targets](#)

To support our advocacy for the increase in investment for civil society and community-led interventions on social enablers, including human rights advocacy and programming, we published and disseminated a mapping report titled: ["Expanding Needs. Diminishing Means"](#), plus a summary brief of the same report. The report was launched on International Human Rights Day and presented to donors during a webinar hosted by [Funders Concerned About AIDS](#) titled: ["Building Support for National-level Health Advocacy."](#)



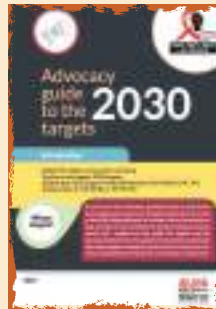
## RESOURCES TO SUPPORT COMMUNITY ADVOCACY DEVELOPED UNDER THE PITCH PROGRAMME IN 2020

ARASA was a regional partner in southern Africa for the Partnership to Inspire, Transform and Connect the HIV response (PITCH), a strategic partnership between Aidsfonds, Frontline AIDS and the Dutch Ministry of Foreign Affairs and the first large-scale HIV programme to invest solely in community advocacy, since 2017.

In 2020, ARASA contributed to the development of various resource materials to support community advocacy for the removal of structural barriers for HIV in southern Africa, Mozambique and Zimbabwe; domestic resource mobilisation for SRHR in Kenya, Nigeria and Zimbabwe; and universal health coverage in Kenya, Mozambique, Zimbabwe, Nigeria and Uganda.

These resource materials included the following:

- Three advocacy briefs:
  - [Epidemiology for Activists](#)
  - [The how and why of Shadow Reporting for HIV activists](#)
  - [Advocacy guide to the 2030 targets](#)
- Two animation videos for HIV prevention advocates:
  - [Budget advocacy](#)
  - [Advocacy guide to the 2030 targets](#)



Thematic webinars titled: [“Ending AIDS as public health threat by 2030: Moving beyond 2020 towards the 2030 targets”](#) and [“#ShowUsTheMoney! Advocating for comprehensive SRHR resources and accountability”](#) were hosted to disseminate and popularise the resource materials.

In Kenya, Zimbabwe and Nigeria, training curricula on HIV, health financing and budget advocacy were adapted from the World Health Organisation’s e-learning course: “Health Financing Policy for Universal Health Coverage”. This was followed by pilot trainings for more than 60 representatives from organisations led by key populations and adolescents, girls and young women.

In collaboration with PITCH partners, we also developed Health Financing and Budget Advocacy situational analysis [Country Briefs](#) for Kenya, Mozambique, Nigeria, Uganda and Zimbabwe. Policy briefs and case studies were also developed for [Kenya](#) and [Zimbabwe](#). These resources have been used to enhance civil society’s understanding of HIV and health financing and domestic resource mobilisation, and to support advocacy to influence government budgets, ensuring equitable access to quality health services and financial protection for all.





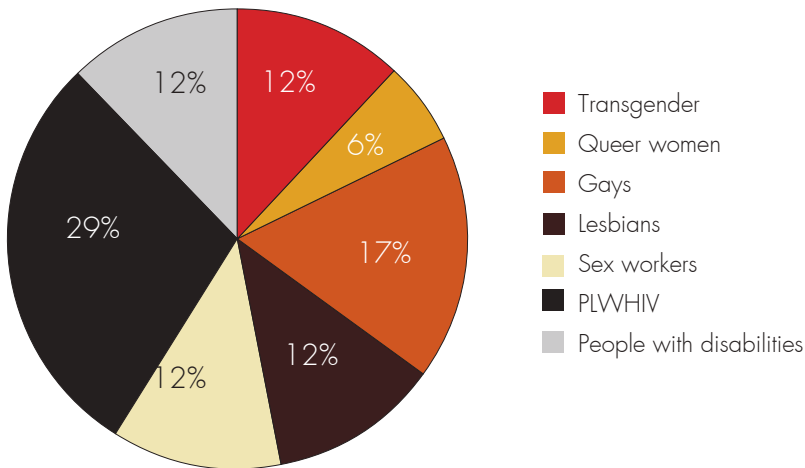
## CREATING FUTURE LEADERS: OUR TRAINING AND LEADERSHIP PROGRAMME

ARASA's regional **Training and Leadership Programme (TaLP)** remains at the core of our training and capacity-strengthening. The course aims to strengthen the capacity of ARASA partners and other CSOs to advocate for the rights to bodily autonomy and integrity to ensure the realisation of SRHR and gender equality in southern and east African region.

A total of 36 participants were selected from 18 focus countries in southern and east Africa, including the Indian Ocean islands, from 220 applications. Amongst the selected trainers for 2020 were health workers (including a doctor and community healthcare workers), lawyers, legal aid workers, a law enforcement official working with the UN, social workers, community health advocates, activists, journalists, and teachers. Around 60% of trainees were aged 17-30.

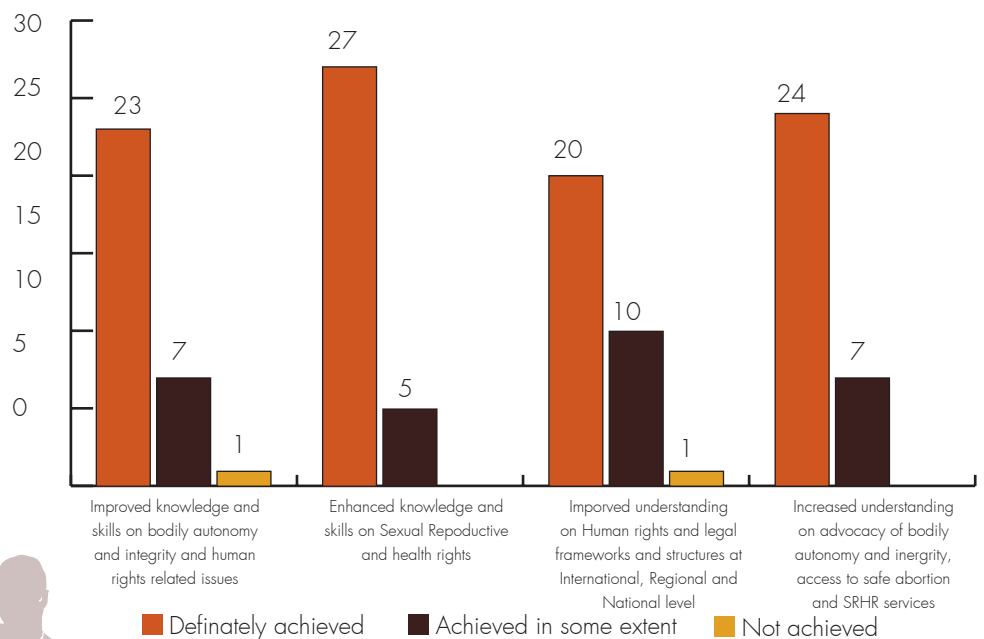


### Key populations representation: TaLP 2020



The TaLP's first module laid the foundation for the remainder of the year. The topics covered included, but were not limited to, bodily autonomy and integrity, SRHR, introduction to human rights, human rights instruments, human rights monitoring and enforcement, and access to safe abortion.

### Skills and knowledge acquired during the first module of TALP



In March 2020, when COVID-19 spread across southern and east Africa, and governments imposed lock down restrictions, the ARASA TaLP 2020 participants decided to use their leadership and advocacy skills to influence others and raise awareness regarding COVID through an awareness [video](#) which was circulated through social media in April 2020.

Participants shared the following on how they used the knowledge and skills acquired during the first module to respond to COVID-19:

“

*I have been able to train and share with healthcare workers and also community leaders on the issues discussed on the module 1 training, [including] the Treaties [and] rights for any human being for sexual reproductive health services, regardless of their age, religion and sexual orientation. I have managed to get slots during the COVID-19 trainings provided by Sisterhood, a CSO that builds capacity among urban and rural communities and special groups to train healthcare workers, community leaders, and adolescents. For healthcare workers and adolescents, we were doing Zoom chats and Facebook chats, and Whats-app groups for the youth leaders. For community leaders and traditional leaders, we used playgrounds [and] churches that are well ventilated, of course adhering to all the precautions of sanitising, washing of hands, masking up and social distancing.*

TaLP 2020 participant, Swaziland

”

“

*Module One allowed me to better understand that sexual and reproductive health is an integral part of human rights; to really apply it even in the context of the COVID-19 pandemic. We were able to launch... a self-injecting family planning method, in collaboration with the Ministry of Public Health, and to ensure the continuity of family planning services in Madagascar. This approach makes all the difference because these women will be able to have access to modern and safe contraception in the context of COVID-19, without having to leave their homes.*

TALP 2020 participant, Madagascar

”







Due to COVID-19 restrictions, module two and a consolidated module three and four of the TALP were conducted virtually in July and November 2020. While TALP 2020 was generally a success, virtual delivery of the course was not without its challenges. For the first time, fewer than half of the class completed the course (15 out of 36). Not all of the enrolled participants were able to participate in the online version of the course due to internet connectivity issues. Despite participants being provided with a small data stipend, the numbers engaging in the weekly online meeting varied due to unstable networks, power cuts and/or other work duties.

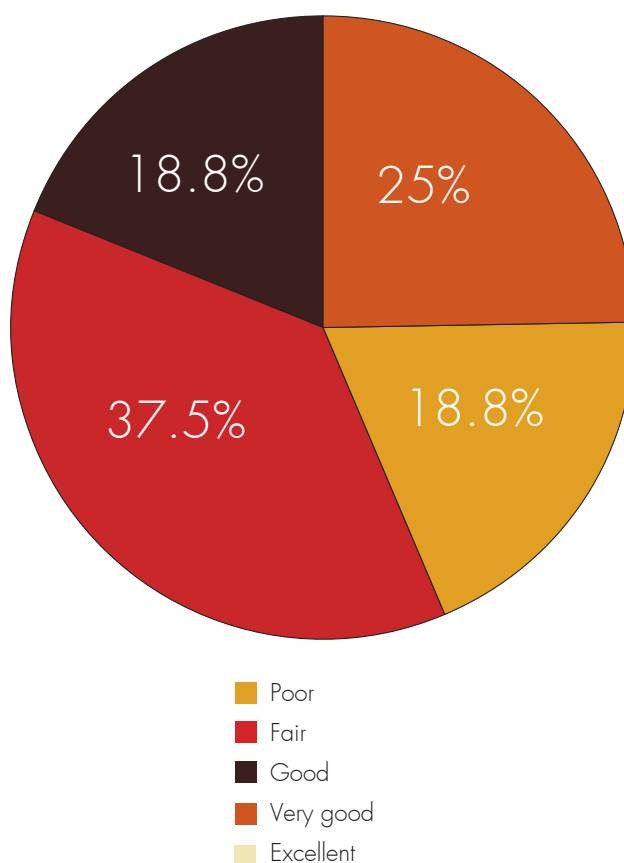
For module two, 27% of participants rated the course very good, with another 20% rating it good. But 40% rated it fair, while 13% rated it poor.

### 1. Overall, how would you rate the TALP module 2 online course?

#### 16 Responses

Despite these challenges, participants who were able to complete the course reported having enhanced skills and knowledge on the topics covered. They also reported that participating helped them to appreciate online training and understand how to adapt to a changing environment.

In an outcome assessment conducted with the 2020 cohorts, all respondents (22 in total) indicated that their advocacy, training, presentation and communications skills, and their knowledge of SRHR and bodily autonomy and integrity, had been particularly strengthened. They also reported that they had used the skills and knowledge gained from the TALP to implement training and advocacy activities, reaching over 1,200 healthcare workers, community leaders, community members, young leaders, law enforcers, young men and men who have sex with men, amongst others.



“

Through my organisation, I have been able to have critical conversation and dialogue on access to safe abortion, here in Malawi. I am a member of the coalition on prevention of unsafe abortion and through this initiative and the knowledge gained from ARASA, I have been able to engage with government leaders, religious leaders and traditional leaders on why Malawi needs the Termination of Pregnancy Bill to be passed.

Rugare Zimunya, TALP participant, Malawi

”

“

The budget line on family planning was erased in the 2021 Finance Law for Madagascar. I was able to advocate with the regional authorities during the regional budget conferences of two regions (conferences organised to collect ideas from civil society and the private sector for the preparation of the Finance Law 2022). The budget conferences were opportune moments to question the authorities about the commitments they signed onto regarding family planning, because they are accountable for them.

Iriana Andrianalimanana, TALP participant, Madagascar

”

“

We have engaged policymakers and influencers at the district levels in Greater Masaka region, and there is a partnership in the pipeline whereby our DICE [drop-in centre] is going to be registered as a clinic, and it will be one of the recognised KP [key population] service delivery centres recognised by the local government. We have [also] conducted police dialogues and have reached all the 9 DPCs, 12 OCs and 15 police officers, which created more visibility and better understanding of the KPs in the region.

Joseph Ssemenda, TALP participant, Uganda

”



A Learning and Reflection Lab was organised via Zoom with 20 ARASA TaLP alumni from 2019. The lab's aim was to share how TaLP graduates have utilised the knowledge and skills that they gained from the course in their work. It was also used to respond to the challenges posed by COVID-19 in their communities and countries. The following case study was reported during this process.

## ADDRESSING THE NEEDS OF SEX WORKERS IN THE DRC DURING COVID-19

### Challenges identified:

- COVID-19 created a challenging context for key populations, particularly sex workers, in the Democratic Republic of the Congo (DRC). During the COVID related lock-downs, sex workers found it particularly difficult to operate and survive
- Sex workers had increasingly inadequate information about COVID-19, its transmission, impact and prevention
- There were a lot of migrants in Bukavu, the capital of South Kivu province, who lacked food and essential supplies for survival

### The response:

- The ARASA TaLP alumni based in the DRC created a WhatsApp group with CSOs and sex workers where information was shared on a daily basis. The WhatsApp group was also used as a resource mobilisation platform, whereby individuals and CSOs that were able could help the vulnerable with their essential needs
- The alumni also developed information and education materials for sex workers about COVID-19, including posters in English, French and Swahili. These materials have been shared through online platforms, such as WhatsApp, Twitter and Facebook, and via email

## ONLINE SHORT COURSES

As the world moved online as a way of working due to COVID-19 restrictions, the value of ARASA's previous investment in online short courses bore fruit as our online platform became a significant vehicle for capacity strengthening. ARASA began a strategic partnership based on a memorandum of understanding with HEARD for two of our online courses (on access to safe abortion and advocacy for SRHR in UHC). One of the 3 other courses was tailored for specifically the Sexual Rights Centre in Zimbabwe. The topics of the online courses were as follows:

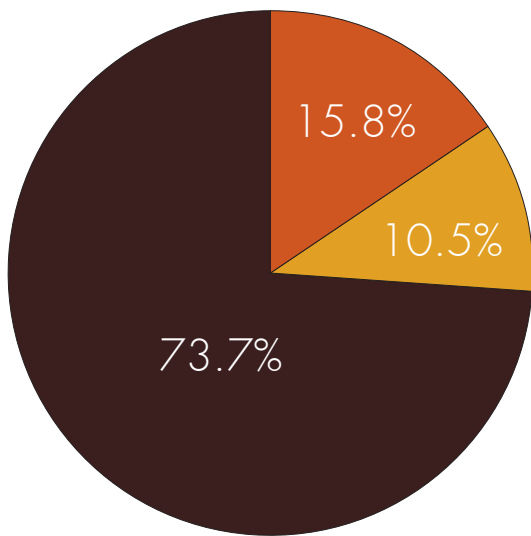
Course	Enrolled	Completed
Access to safe abortion	60	24
UHC	73	14
SOGIE	104	41
Intellectual Property	160	35
HIV criminalisation	45	9
Collaborated course on SOGIE for SRC-Zimbabwe	30	14
<b>Total</b>	<b>442</b>	<b>137</b>

There was a clear rights-based shift in perceptions on the subject of abortion amongst the participants following their participation in the access to safe abortion course. One example of this positive shift was noted in the responses to the question in the pre- and post-test, which asked participants which statement they agreed with most. The responses showed a shift as those who had previously believed that abortion should only be permitted in certain circumstances, such as rape, changed their post-course response to say that abortion should be permitted whenever a woman requires one.



Please indicate which statement you agree with most.

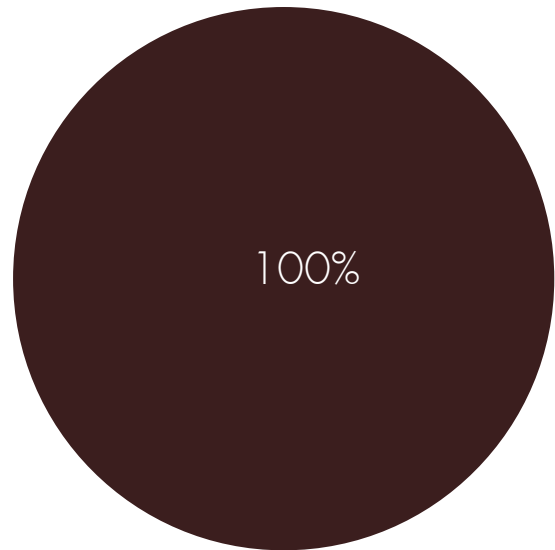
57 responses



- Abortion should be permitted whenever a woman decides that she wants one
- Abortion should be permitted in certain circumstances such as rape
- Abortion should NOT be permitted under any circumstances
- Abortion should NOT be permitted

Please indicate which statement you agree with most.

24 responses



- Abortion should be permitted whenever a woman decides that she wants one
- Abortion should be permitted in certain circumstances such as rape
- Abortion should NOT be permitted under any circumstances
- Abortion should NOT be permitted

Qualitative feedback from participants provides further evidence of a shift in thinking.

Participants were asked to complete the following sentence: 'My ideas about \_\_\_\_\_ have changed because\_\_\_\_\_'. Here are some of their responses:



*My ideas about how serious the issue of abortion is have changed because I [now] have a wider range of experiences and jurisdictions to learn from, and so my perspective is not as limited as it was.*

Lawyer



*My ideas about abortion have changed because I now understand that people do abortion for different reasons.*

Healthcare provider



*My ideas about how to advocate for safe abortions have changed because I now know how to plan for advocacy.*

Public health practitioner



In collaboration with CoAct, ARASA hosted a series of webinars on harm reduction and drug policy. This change in format was done in response to lessons learned from the 2019 course, when retention was a concern. The modular approach of the webinars meant participants could choose to sign up for some but not all, depending on their specific need. The webinars were well attended, and engagement during the sessions was also good. Evaluation polls were launched immediately after the content part of the webinar and before the audience engagement section to assess whether the content was useful and presented in an accessible manner. On average, 70% of participants completed the polls during each webinar and reported positive feedback in regard to knowledge gained.



## TECHNICAL ASSISTANCE AND AD-HOC TRAININGS

ARASA remained on the roster of the Community, Gender and Rights (CRG) Strategic Initiative of the Global Fund to Fight AIDS, TB and Malaria as a short-term Technical Assistance provider. In 2020 ARASA successfully provided short term technical assistance to CSOs in Uganda through the Uganda Network on Law Ethics and HIV/AIDS (UGANET); in Malawi through Facilitators of Community Transformation (FACT), and in Ghana through Hope for Future Generations to engage in Global Fund Platforms and processes.

In Uganda, the technical assistance built the capacity of organisations of key and vulnerable populations to meaningfully engage in Global Fund proposal development processes.

Representatives from various civil society organisations and platforms, including members of the Uganda Key Population Consortium, UGANET, the International Coalition of Women Living with HIV East Africa, the Human Rights Awareness and Promotion Fund, Uganda National Coalition of TB Survivors and Actors, Positive Women with Disabilities Uganda, and the National Forum for People living with HIV/AIDS Networks Uganda, were supported to participate in the development of the Global Fund proposal.

A key outcome of this technical assistance was the intervention of civil society representatives during the final meeting of the Uganda Country Coordinating Mechanism (UCCM) to approve and sign the funding request. As a result of the CSO engagement, the UCCM approved a request, which included US\$7 million for community systems strengthening; US\$1.7 million for key populations (reduced due the substantial increase in support from PEPFAR for the 2020/2021 period); and US\$8.5 million for human rights-related interventions (including US\$4.4 million in matching funds).



With regards to ad hoc training, the Uganda Harm Reduction Network (UHRN) was supported with a grant to build the capacity of advocates, peers and staff from the community of people who use drugs on human rights, SRHR, and bodily autonomy and integrity. UHRN also received support from ARASA's Regional Training and Capacity Strengthening Officer, who facilitated sessions on bodily autonomy and integrity, including a body mapping exercise to understand sexuality and sexual health. Results from the pre-session assessments showed a low level and mixed responses to the questions, which greatly improved after the sessions.



## LEARNING AND REFLECTION LABS

To enable horizontal learning between ARASA partners and others CSOs, ARASA hosted Learning and Reflection Labs for the members of the five civil society coalitions implementing the national SRHR programme in Botswana, Lesotho, Malawi, Namibia and Uganda. The labs served as an opportunity for partners to strategise and develop their action plans.

To mobilise CSOs to engage with key stakeholders and governments to address structural barriers to HIV prevention, in the first quarter of 2020 ARASA organised an Action Planning and Reflection meeting for coalitions of CSOs from Zimbabwe and Mozambique. The meeting reflected on learning gained from implementing grants to address the structural barriers to HIV prevention advocacy, which both countries had done in the previous year. Action plans for both countries were developed for 2020 so that the structural barriers to HIV prevention and treatment at national and regional levels could continue to be addressed.



In December, ARASA convened its first virtual Annual Partnership Forum. Seventeen partners attended the forum, which consisted of a panel discussion where partners shared their experiences of advocacy and capacity strengthening on SRHR, bodily autonomy and integrity, and the impacts of COVID-19.

## GRANTS

In collaboration with various partners, ARASA provides sub-grants to support capacity strengthening and advocacy interventions implemented by partners at the national level. In 2020, we awarded 34 grants worth a total of US\$ 611 608.21 to organisations in Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Uganda, Zambia and Zimbabwe. Grantees implemented projects on various focus areas, including bodily autonomy and integrity, UHC, HIV prevention, domestic resource mobilisation, decriminalisation of HIV, and drug policy / harm reduction.

Programme / thematic area	Countries	Total # of grants
Universal health coverage (in collaboration with Aids Fonds through PITCH)	Kenya, Mozambique, Nigeria, Uganda, Zimbabwe	5
Domestic resource mobilisation (in collaboration with Frontline AIDS through PITCH)	Kenya, Nigeria, Zimbabwe	3
Drug policy and harm reduction (with support from OSF)	Kenya, Uganda	2
Engaging in Global Fund processes (through the CRG Strategic Initiative)	Ghana, Malawi, Uganda	3
HIV criminalisation	Nigeria	1
HIV prevention	Mozambique, Zimbabwe	2
Bodily autonomy and integrity (including for campaign launch)	Botswana, Lesotho, Malawi, Namibia, Uganda	7
International day commemorations	Namibia, South Africa, Zambia, Zimbabwe	5
Intellectual property	Botswana	1
<b>Total grants</b>		<b>29</b>





Sub-grants were provided to PITCH partners in Uganda, Kenya, Mozambique, Nigeria and Zimbabwe to support UHC-related advocacy. The main objective of these projects was to strengthen the capacities of key and vulnerable populations to engage in UHC conversations in their countries. In Kenya, Zimbabwe and Nigeria, ARASA supported the capacity building of community organisations and key population networks to engage in domestic budgeting processes. This enabled them to influence all stages of the budget cycle and advocate for increased resources for HIV prevention services for key and marginalised populations.

In Nigeria, ARASA supported the CSO Lawyers Alert to implement a project that is working to decriminalise HIV infection in Akwa Ibom State. The project focused on empowering legislators with knowledge about HIV criminalization and its negative effects on human rights and the HIV response in Nigeria. A key aim was to get the legislators in the State of Assembly to improve the proposed HIV and AIDS Anti-Discrimination Bill 2018 by removing the clause that criminalises HIV infection and enhancing its human rights component, making it more inclusive in its content, words and terminologies.

“

*Our intervention was timely and critical as the Attorney General took time to reflect on the content and possible amends, following this intervention. Lawyers under the auspice of the Coalition of Lawyers for Human Rights visited the state Ministry of Justice consistently to ensure that inputs, which raise human rights concerns made by Lawyers Alert and other human rights groups, are embedded in the Bill. Owing to this intervention, the proposed Bill went through several amendments in the state Ministry of Justice.*

**Rommy Mom, Executive Director, Lawyers Alert**

”

In response to challenges posed to key populations by COVID-19, ARASA awarded an emergency grant to Reach Out Centre Trust in Kenya, which was used to support people who use drugs during the pandemic. As part of this project, around 40 community elders were sensitised on harm reduction and the impact of COVID-19 on people who use drugs. Participants came from the Christian community and the Muslim community, and also included village elders from Kibokoni, Makadara, Old Town and Kuze in Mombasa. This helped to advocate for the rights of key populations in the community, through the help of community leaders.





*“It is important that people who use drugs are included in coordination mechanisms and structures for prevention, preparedness and response related to the COVID-19 pandemic so that their specific needs are recognised, understood and addressed.”*

Taib Abdulrahman Basheeb, Director, Reach Out Centre Trust



In Botswana, ARASA and the Southern African Programme on Access to Medicines and Diagnostics (SAPAM) supported Botswana Network on Ethics, Law and HIV and AIDS (BONELA) with a grant on intellectual property and access to medicines. This resulted in a preliminary national intellectual property policy being developed alongside capacity building for CSOs on the TRIPS Agreement and trade Issues, plus media engagement.

BONELA also documented case studies on community access to cervical cancer medicines, with a focus on women living with HIV from Gaborone, Botswana’s capital city, which is accessible and highly resourced), Boteti and Tutume districts (rural areas where resources are fewer). Of the case studies collected, 43 were from Gaborone, 33 from Tutume, and 17 from Boteti. Despite the limited sample size, the case studies indicated that woman in Gaborone have better access to cervical cancer medicines than those in Tutume and Boteti, but access in the capital is not without its challenges. In Gaborone, the government has outsourced access to the Gaborone Private Hospital (a private healthcare provider), but it has failed to monitor the services provided to ensure there is continuity of care, and that medicines prescribed by the private healthcare provider are available in public health facilities where the prescriptions are filled. This is limiting access to medicines as the burden is being borne by the patient. Case studies from Tutume and Boteti, on the other hand, revealed that access to cervical cancer screening itself is a challenge as VIA (the preferred method, due to its fast turnaround time), which the government rolled out nationally, is not offered in all health facilities. This means women have to rely on Pap Smears where results take a long time to be issued, if at all, because specimens have to be sent to the national lab in Gaborone.



Coalitions in Zimbabwe and Mozambique finished implementing the action plans they had developed to address structural barriers to HIV prevention, which were created during the Action Planning and Reflection Meeting held in March. Zimbabwe partners (led and coordinated by the Zimbabwe Civil Liberties and Drug Network with support from other coalition partners, including Zimbabwe National Network of People Living with HIV, ACT, Zimbabwe Young Positives, Gays and Lesbians of Zimbabwe, and SAfAIDS) contributed to the development of the government’s National Treatment and Rehabilitation Guidelines for Alcohol and Drug Use. The guidelines form part of the necessary documents towards the development of a drug masterplan and demonstrated the Ministry of Health and Child Care’s increased commitment to reforming drug use policy.

In November, Trans Smart Trust, a CSO in Zimbabwe, was supported to commemorate the Trans Day of Remembrance. To mark the day, the organisation created the Purple Royale Podcast and held a panel discussion with representatives from different provinces to provide trans people and communities with a space to share their stories and experiences, and to strengthen trans society. The podcast centred on the 16 Days of Activism Against Gender-Based Violence and highlighted trans people’s experiences of human rights violations from the police, hate speech, and extreme stigma and discrimination.

To commemorate World Universal Health Coverage Day on 12 December, the Centre for Reproductive Health and Education (CRHE) in Zambia was supported to host a half-day meeting with 45 policymakers and officials from the Ministry of Health, the Ministry of Finance, the Ministry of National Development Planning, the National AIDS Council, the National Health Insurance Management Authority plus CSOs. The meeting aimed to address some of the current gaps in the health sector, which include access to sexual and reproductive health and rights services for key populations, the late disbursement of funds to the Ministry of Health from the Ministry of Finance, and the inadequate allocation of funds for family planning services. The meeting also raised awareness of the importance of protecting and upholding bodily autonomy and integrity to enhance access to sexual and reproductive health services and to attain the sustainable development goals. The participants also agreed on key themes for an accompanying position paper, which will be developed under the flagship of CRHE.

ARASA's capacity-strengthening and advocacy interventions are intrinsically linked. We believe that providing 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.

In 2020 we supported our partners in various countries to advocate on a wide range of topics, including the importance of protecting and promoting bodily autonomy and integrity, the elimination of structural barriers to HIV prevention, intellectual property laws, the criminalisation of HIV transmission, exposure and/or non-disclosure, universal health coverage, and domestic resource mobilisation (see map below). We also advocated at continental and international level, in line with standards that southern and east African countries have committed to.

## EVERY BODY COUNTS! REGIONAL CAMPAIGN ON BODILY AUTONOMY AND INTEGRITY



In 2020 ARASA launched a new regional campaign to advocate and promote bodily autonomy and integrity for all. The campaign Every BODY Counts! was launched virtually during a webinar in October.<sup>3</sup> Dr Tlaleng Mofokeng, the UN Human Rights Council's Special Rapporteur on the Right to Health, delivered a pre-recorded key-note address, which was followed by a panel discussion featuring diverse and eminent civil society representatives. The campaign will be rolled out regionally and in five countries (Botswana, Lesotho, Malawi, Namibia and Uganda) through coalition partners.

The objectives of Every BODY Counts! is to raise awareness and contribute to national and regional movement building across southern and east Africa to support issues relating to bodily autonomy and integrity and to contribute towards relevant policy change.

Every BODY Counts! will run until December 2022. It calls on individuals, communities and policymakers to take a stand to reduce inequality, especially gender inequality, and to promote health, dignity and wellbeing for sustainable development in southern and east Africa.

**'Every BODY Counts!'**  
... as bodily integrity and autonomy campaign kicks off

**W**INDHOEK, 1 October – A new and significant health rights campaign, 'Every BODY Counts!', is set to launch in southern and east Africa on 1 October 2020. The campaign is a joint effort by ARASA (AIDS & Health Alliance for Southern Africa) and its coalition partners, including the Botswana Human Rights Commission, the Lesotho Human Rights Commission, the Malawi Human Rights Commission, the Namibia Human Rights Commission, and the Uganda Human Rights Commission.

The campaign aims to raise awareness of the rights to bodily autonomy and integrity, and to contribute towards relevant policy change. The rights to bodily autonomy and integrity are the rights to have control over one's own body and to be free from violence and abuse. These rights are essential for the enjoyment of other human rights, such as the right to health, the right to life, and the right to dignity.

The campaign will be rolled out regionally and in five countries (Botswana, Lesotho, Malawi, Namibia and Uganda) through coalition partners.

**COVID-19 UPDATES**

Confirmed cases	11 000
Active cases	200
Recovery	10 800
Total COVID-19 recoveries	10 600
Total COVID-19 deaths	40
Total deaths	420
Total hospitalisation	100 000
Number of cases in quarantine	1 500

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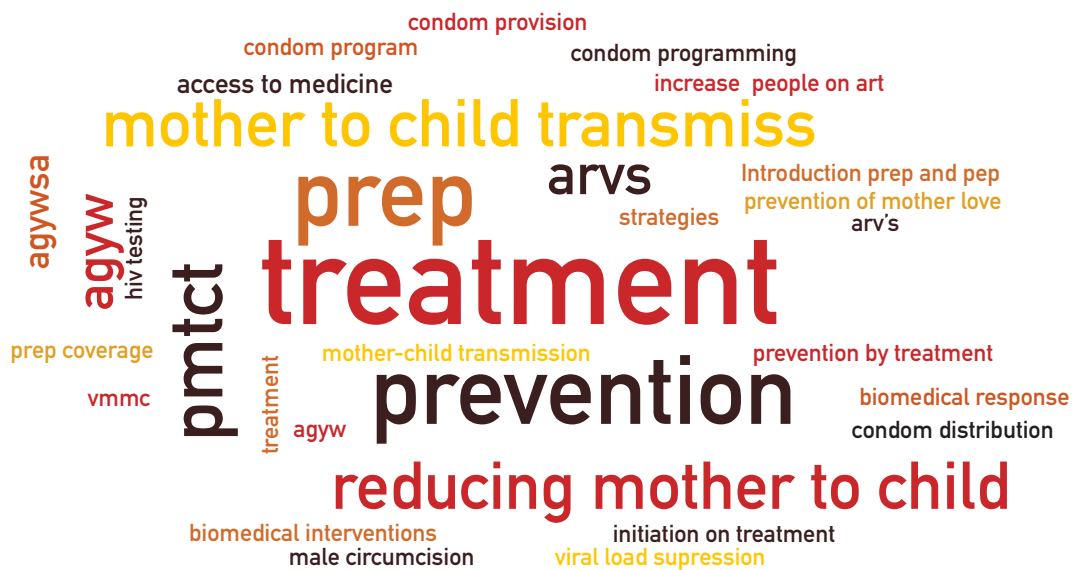


# Eliminating the structural barriers to HIV prevention

In 2020, ARASA continued with the campaign we started in 2017: Missing Piece of the Puzzle with support from PITCH. The campaign highlights the need to scale-up interventions to eliminate structural barriers to HIV prevention in SADC.

On 1 September, ARASA, with support from UNAIDS and PITCH, convened representatives from 40 CSOs working in 12 SADC countries virtually to discuss the status of HIV prevention in Southern Africa. The consultation aimed to facilitate a CSO consultation in preparation for the SADC National AIDS Council Director's meetings held in September 2020. During the consultation, participants reflected on the indicators in the SADC HIV Prevention Scorecard and specific programme targets for HIV prevention, supported by UNAIDS' five key pillars. They also, considered where progress has been made in the last five years, and where it has stalled or moved backwards, to develop recommendations for SADC Member States for the next decade on HIV prevention.

In which area related to HIV prevention has your country / the SADC region made the most progress over the past 5 years?



In which area related to HIV prevention has your country / the SADC region made the least progress over the past 5 years?





A [civil society consensus statement on progress in HIV prevention](#) was a key outcome of consultation and was presented to the Member States during the Virtual SADC NAC Directors Meeting on 14 September 2020 on behalf of the organisations that attended the consultation. The CSO intervention included a panel discussion with 3 CSO representatives representing key population communities (LGBT, sex workers and PWUD) during the NAC Directors meeting.



*Reflecting on the programme targets for HIV prevention (for adolescent girls and young women and their male partners, key populations, condoms, voluntary medical male circumcision and pre-exposure prophylaxis), we agreed that interventions for incarcerated people and other people in closed settings, as well as transgender people, should also be prioritised. We also agreed that, overall, the SADC region is generally not making ‘good’ progress in any HIV prevention area.*

**CSO Statement on progress in HIV prevention in SADC**



## COVID-19 ADVOCACY

In August, ARASA, with support from UNAIDS, collaborated with HEARD to conduct a CSO consultation on community perspectives on the impact of COVID-19 and community-led HIV responses. Over a 3-week period, 25 key informants from civil society organizations working in 15 countries in the SADC region were interviewed as key informants. The findings and recommendations of the rapid assessment were shared with SADC Members States during the Virtual Meeting SADC National AIDS Council (NAC) Directors on 15 September during a panel discussion themed: "Stock Taking of HIV Response in SADC Region and protecting the HIV gains in the COVID-19 era". The panel included Winnie Byanyima, Executive Director of UNAIDS, representatives from civil society as well as the National AIDS Councils of Mozambique and Zambia.



A *summary brief* of the assessment (attached as Annexure A) was developed and disseminated during a webinar on World AIDS day. The webinar was attended by 40 representatives of civil society and included a presentation of the findings by HEARD and a panel discussion consisting of civil society representatives and Alankar Malviya, UNAIDS Senior Regional Advisor for Eastern and Southern Africa.

The findings of the rapid assessment were covered in at least 5 newspapers in the region, including the following:

- The Observer, Namibia: <https://www.observer24.com.na/the-missing-link-including-civil-society-in-covid-19-responses/>
- The New Era, Namibia: <https://neweralive.na/posts/the-missing-link-in-covid-19-responses>
- The Herald, Zimbabwe: <https://www.herald.co.zw/the-missing-link-including-civil-society-in-covid-19-responses/>
- The Nation, Seychelles, <http://www.nation.sc/articles/7096/the-missing-link-including-civil-society-in-covid-19-responses>
- The Zambia daily Mail: <http://www.daily-mail.co.zm/fighting-hiv-aids-in-covid-era/>
- Botswana Guardian (see newspaper clipping on the right).





ARASA, in partnership with Frontline AIDS, Aids Fonds, MSF Southern Africa, and Pathfinder Mozambique, sent a joint [statement to the SADC Secretariat on the need to strengthen support to HIV programmes targeting the most marginalised during COVID-19 crisis](#). The statement, endorsed by 60 CSOs, provides recommendations to guide SADC Member States to urgently act to sustain and protect HIV services for sex workers and people who use drugs. The statement urges the SADC Secretariat to contribute more strongly to guide its Member States towards better coordination, information sharing, and more consistent approaches in their response to COVID-19, particularly for marginalised populations.

**HIV PROGRAMMES FOR MARGINALISED PEOPLE IN SOUTHERN AFRICA NEED URGENT PROTECTION**



The HIV Justice Worldwide Steering Committee, of which ARASA is a part, issued a firm statement warning law and policymakers against the temptation to use criminal law or other unjustified and disproportionately repressive measures in relation to COVID-19. The global coalition campaigns to abolish laws, policies and practices that regulate, control and punish people living with HIV and knows the harmful consequences of criminalising diseases, both for human rights and public health.

ARASA also hosted a series of webinars to draw links between the rights aspects of the HIV response and the COVID response. The webinars included:

- [Lessons from HIV: Addressing COVID-19 Stigma](#)
- [Realising Uninterrupted Sexual and Reproductive Health and Rights During the COVID-19 Pandemic](#)



## INFLUENCING KEY REGIONAL, CONTINENTAL AND INTERNATIONAL POLICY PLATFORMS

ARASA, in partnership with the Southern African Litigation Centre and Amnesty international, hosted an **HIV 2020** Conference session called [A Roadmap for Meeting the HIV Targets: Defending Bodily Autonomy and Integrity](#). This webinar provided ARASA with an opportunity to show the links between targets on HIV prevention and treatment and bodily autonomy. The session highlighted the need to not only focus on biomedical approaches and behavioural change, but also on structural barriers for a sustainable HIV response.

ARASA convened a virtual civil society focus group discussion on HIV, human rights and the law in southern and east Africa **to influence the development of new Strategic Plans for UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria**. The focus group discussion was attended by 22 CSO representatives working on HIV in southern and east Africa.

Although participants acknowledged that some progress has been made in promoting and protecting human rights in the context of HIV and removing legal barriers in southern and east Africa, it was noted that this progress is fragmented across countries and issues, and there is a persistent lack of alignment with global and regional human rights frameworks and instruments.

ARASA also participated in the global focus group discussion of the UNAIDS' Human Rights Reference Group on HIV and Human Rights to feed into the development of the new UNAIDS' Strategy.

ARASA continues to hold Observer Status with the African Commission on Human and Peoples' Rights (ACHPR) and attended the public part of the virtual 66 and 67th ACHPR sessions. Like many other organisations with Observer Status during that session, we delivered a statement on COVID-19 and the human rights situation in Africa. In particular, we called on African states to adopt regulations and approaches to the pandemic that are grounded in public health and human rights approaches, which are sufficiently responsive to local conditions to be fit for purpose. We further called on African States to recognise the centrality of sexual and reproductive health and rights in the attainment of the right to health. At the end of the 66th session, ACHPR adopted a resolution stating that human rights are central to successful COVID-19 responses and recovery.

## PROVIDING TECHNICAL ADVICE TO NATIONAL, REGIONAL AND GLOBAL HEALTH GOVERNANCE MECHANISMS

In 2020, ARASA's Director was invited to join the CRG Advisory Group, while the Programmes Lead was reappointed as a member of the Expert Committee on HIV/ Expert Working Group on Indigenous Population by the ACHPR.

In 2020, ARASA was invited to join the SADC PF's Gender-Based Violence Model Law technical working group, which is supporting the development of the SADC Model Law on Gender-Based Violence. The group exists to ensure the model law follows a scientific and evidence-based approach, supported by the required academic, technical, professional and community input. The aim is to deliver a high-level legal instrument, which responds to the demanding needs of the SADC region to address gender-based violence from a whole-society perspective, and for the law to comply with international and regional human rights standards.

ARASA is also part of Namibia's Parliamentary working group on SRHR. This group consists of representatives from various ministries in Namibia, including of health, gender and education, alongside UN agencies and CSOs working on SRHR in Namibia. The group's purpose is to support the implementation of Namibia's SRHR programme. This includes identifying policy gaps in relation to SRHR and supporting the legislative and policy review process.

## COMMUNICATION AND NETWORKING

In 2020, major components of ARASA's advocacy and capacity-strengthening activities shifted into the virtual space. Aside from the online courses and webinars mentioned earlier, social media platforms and ARASA's website were increasingly used to provide support, information and resources in the region. It has become evident that webinars are an effective tool for reaching a mass of people, which we would not be able to accommodate in physical meeting spaces. Webinars have also proved useful for complementing the capacity building efforts of online courses. During 2020, the following webinars were hosted.



## ARASA 2020 Webinars

- #ShowUsTheMoney! Advocating for comprehensive SRHR resources and accountability
- 2030 HIV prevention targets in the broader context of SDGs
- Expanding Needs. Diminishing Means report launch
- Impact of COVID-19 on community-led responses 'Building Back Together'
- 2019 TALP alumni reflection lab
- Lessons learned from the HIV pandemic in addressing COVID-19 stigma webinar
- Realising the right to health during a public health crisis: advocating for uninterrupted SRHR services
- Every BODY Counts! campaign launch
- Addressing COVID-19 stigma
- HIV criminalisation in Angola
- HIV prevention civil society consultation
- HIV and human rights in east and southern Africa: focus group discussion
- Consultation on bodily autonomy and integrity campaign
- International Day Against Homophobia, Transphobia and Biphobia webinar
- HIV 2020 Session

Below is an extract of a comment left on our Facebook page after the "Realising the right to health during a public health crisis: advocating for uninterrupted SRHR services" webinar:

“

*Thanks so much to the panellists and ARASA for this educational webinar, I was really not aware how bad [the] SRHR situation is in our society. I will definitely raise these issues within my own organisation so that together, as global citizens, we can fight SRHR issues...My heart is really heavy after hearing these issues, but there is hope. We are one, let us collaborate and bring change. Thank you ARASA*

”

Between January and December 2020, ARASA's following on Facebook increased from 9,492 to 9,900 followers, on Twitter from 3,919 to 4,356 followers, and Instagram from 229 to 248 followers. ARASA uses these channels to share announcements, updates and information from other partners and stakeholders.

## INTERNATIONAL DAYS OF COMMEMORATION

ARASA commemorated a number of International Days of Commemoration by highlighting the importance of the rights to bodily autonomy and integrity and how this links with a number of issues.

On **Zero Discrimination Day** (1 March 2020), ARASA called on global leaders to address the gender inequalities that negatively impact the wellbeing and health of women and adolescent girls. ARASA also called on stakeholders in health, law enforcement and members of the legislature and judiciary to implement sensitive programming, which will enable them to learn and adhere to non-discriminatory practices.

On **International Women's Day** (8 March 2020), ARASA, in partnership with the Namibia Diverse Women's Association and Sister Namibia, hosted festivities in Windhoek, Namibia. The events brought together members of civil society and activists to celebrate women in all their diversity and included a discussion on the importance of taking an inclusive approach to gender and health rights in the country.

“

*We must set aside our differences as women in order to move our agenda forward*

**Deyonce, a trans activist in Namibia**

”

On the **International Day Against Homophobia, Transphobia and Biphobia** (17 May 2020) ARASA held the “*Break the Silence*” webinar, which focused on COVID-19, bodily autonomy and integrity, and LGBTI organising in southern and east Africa. A range of issues affecting the LGBTI community during COVID-19 was discussed during the webinar. This included reports from Uganda that LGBTI people were being harassed and arrested on baseless accusations of contravening COVID-19 regulations. The webinar presented an opportunity to continue to mainstream bodily autonomy and integrity as the framework that ties together ARASA’s multi-pronged interventions linked to the right to health. The webinar was timely as the COVID-19 crisis and state responses continue to hinder our collective ability to not only access sexual and reproductive health services, but also our ability to enjoy sexual and reproductive health rights.<sup>8</sup>



**Statements, opinion pieces and other communications interventions include:**

**Statements and opinion pieces issued by ARASA in 2020 include:**

- In March, ARASA, together with other members of the HIV Justice Worldwide Steering Committee, issued a [statement reminding governments of the negative impact of criminalisation as a response to public health challenges such as HIV and COVID-19](#).
- In April 2020, Felicita Hikuam, ARASA’s Director, [wrote an opinion piece entitled Lessons on equity from a global health crises](#)
- Civil society joint statement: [Condemning Human Rights Violations and Transphobia in Namibia](#)
- Support Don’t Punish statement: [Protection of rights of people who use drugs: Now More Than Ever!](#)
- Civil Society joint statement: [SADC Must Strengthen Support To HIV Programmes Targeting The Most Marginalised During COVID-19 Crises](#)
- Statement: [AIDS and Rights Alliance for Southern Africa condemns police brutality and excessive force targeted at marginalized people and stand in solidarity with Black Lives Matter](#)

ARASA uses the Meltwater media monitoring news platform to monitor articles relating to ARASA and partners’ campaigns. In 2020, 213 articles were recorded including in the following media articles:

- [The University of Cape Town’s news article Transformation as a contradiction at UCT](#)
- [The Nation’s opinion piece: Let’s not fall behind on ending HIV, TB](#)
- [The Namibian: Assault on transgender woman condemned](#)

In addition to the above, in April, ARASA TalP 2020 participants worked together to create an awareness video for COVID-19, which was circulated widely by ARASA. Also in April, ARASA commemorated World Health Day by sharing a poster highlighting the need to support health workers during the COVID-19 pandemic. In June, we shared a series of social media posters to commemorate Day of the African Child.





## 2020 Team Highlights

“

*“In addition to the resilience demonstrated by the ARASA team in adapting to the disruption and uncertainty caused by COVID-19, my highlight of 2020 was the development and launch of our “Every Body Counts!” regional campaign on bodily autonomy and integrity. I am also proud of our work to shine a light on the changes in funding trends for social enablers, including human rights advocacy in southern and east Africa. Since the launch of the report we have shared the findings of this assessment with donors and other civil society organisations on various platforms as part of our advocacy. We have also developed a spin-off toolkit for our civil society partners to strengthen their resource mobilisation efforts despite the challenging context.”*



Felicita Hikuam, Director.

”

“

*Despite it being a challenging year, my highlight of 2020 was how the team showed resilience and adapted to the context in order to ensure that our capacity building and partner exchange interventions continued despite not being able to hold regional meetings. The successful virtual HIV2020 session, the webinar exchanges on COVID-19 and the webinars on HIV prevention and budget advocacy are a good example of how the team quickly adapted to utilise online tools such as Zoom and Mentimeter to enable meaningful online exchange between partners and capacity building. Health financing became an important issue to explore and understand during COVID-19 and ARASA in collaboration with partners developed a wealth of resources for advocacy on health financing and budget advocacy as well as UHC, including interesting animation videos.*



Nyasha Chingore, Programmes Lead.

”

“

*The launch of our regional Bodily Autonomy and Integrity campaign was the highlight for me during 2020. It is such an important initiative particularly for women in southern and east Africa. It is particularly important for adolescent girls and young women to know they have control over their own bodies and that their freedom is linked to making decisions about their own bodies and their reproductive health. This is such important work, particularly during this unprecedented time we are finding ourselves in.*



Soraya Mentoor,  
Regional Training and Grants Officer.

”

“

The co-creation of the “Every Body Counts” campaign and the launch stood out for me in 2020. The engaging process that was undertaken not only fit the campaign title but really showed value and affirmed the notion that as a collective we can move our initiatives further. Embracing technology through webinars and online regional consultations to build consensus and influence forums such as the SADC HIV prevention stock-taking processes is commendable.



Maggie Amweelo, Monitoring and Evaluation Officer.

”

“



We managed to respond to an unforeseen global crisis in our work. Even though it was challenging we effectively adjusted in how we work,”

Hejin Kim, Key Populations Programme Officer.

“

“My highlights of 2020 are as follows: 1) The launch of the BAI regional campaign, and national programmes. A lesson learnt from this work is that approaches to make the rights to BAI a reality are going to differ according to context, social movement, and underlying ideology, but in the end we’re all working together to achieve social justice; and 2) Making submissions to special procedures mandates. The piece of work I am most proud of in 2020 is our submission to the Special Rapporteur on Violence Against Women,”



Anthea Taderera, Regional Advocacy Officer.

“

2020 was one of the most challenging years, but the launch of the campaign on bodily autonomy and integrity was one of our greatest achievements for me.

Magdalena David, Finance and Administration Assistant.



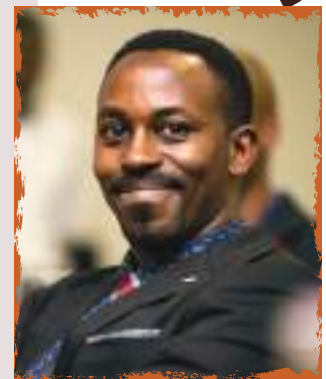
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”

“

What stood out for me in 2020 was seeing trainers of the ARASA Training and Leadership Programme being able to reach out to the communities sharing knowledge and skills attained from the ARASA training programme, despite the COVID-19 situation. Trainers were able to utilise social media platforms to reach out to their communities. One other personal achievement for me was learning to train others by using training tools and the Zoom platform to conduct training sessions.

Bruce Tushabe, Training and Capacity Strengthening Officer.



”

”





**EVERY  
BODY COUNTS**

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

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# A word from the director

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## 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 blue ink that reads "Felicita Hikuam".

Felicita Hikuam  
Director

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

**WE THANK YOU SINCERELY 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.



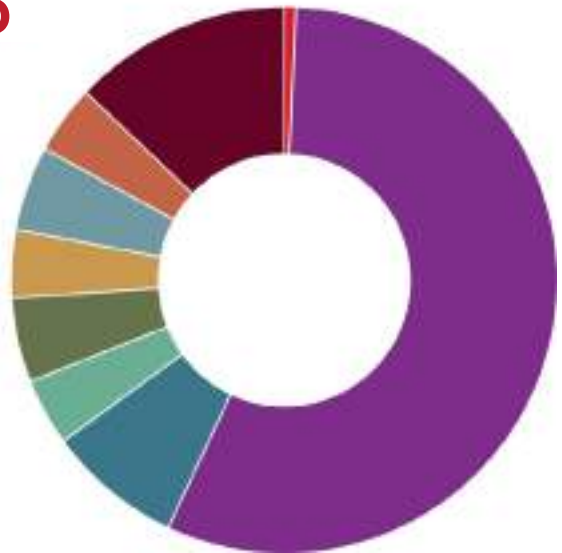
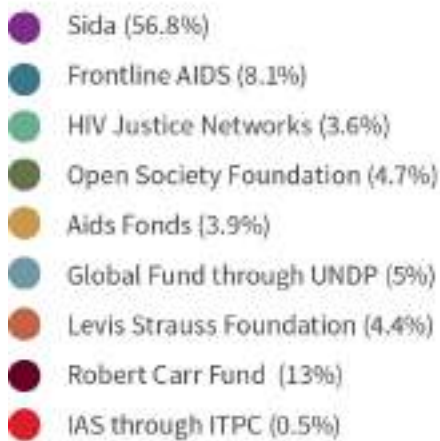
As at 31 December 2019, the ARASA team comprised the following full-time staff:

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

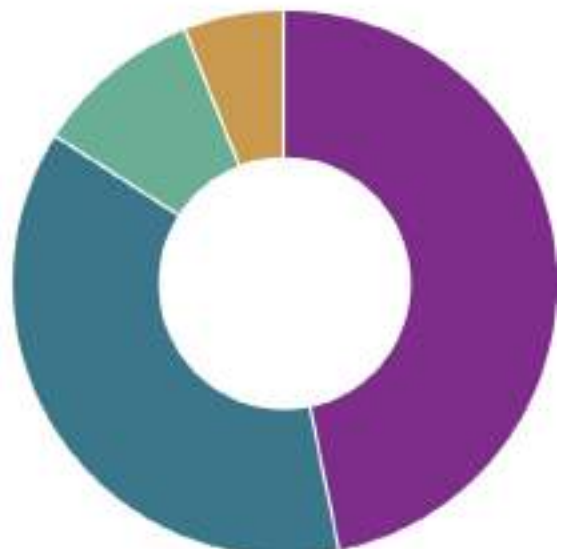
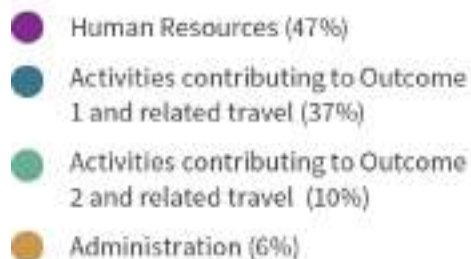
In 2019, ARASA received financial support to the total value of USD 2,448,897 from the Swedish International Development Cooperation Agency (Sida), Robert Carr Fund, Levis Strauss Foundation, Aidsfonds, International Treatment Preparedness Coalition (ITPC) Botswana, Frontline AIDS, HIV Justice Networks,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

## 2019 DONOR INCOME IN USD



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



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

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## 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<sup>1</sup>
- 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'<sup>2</sup>.



<sup>1</sup> 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>

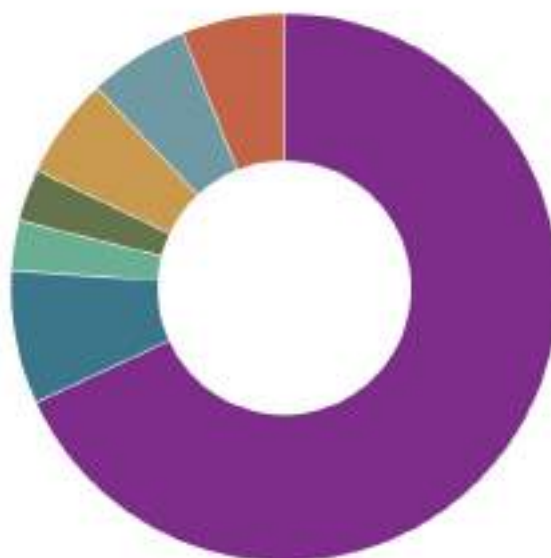
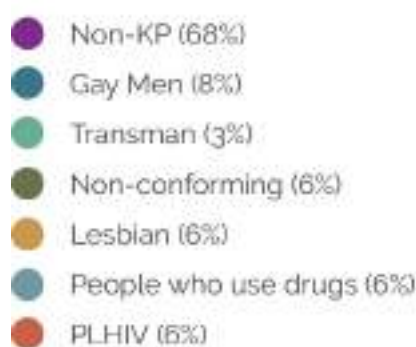
Issue brief 5 - <https://www.arasa.info/media/arasa/Resources/Policy%20briefs/brief5-final-1.pdf>

<sup>2</sup> <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



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.

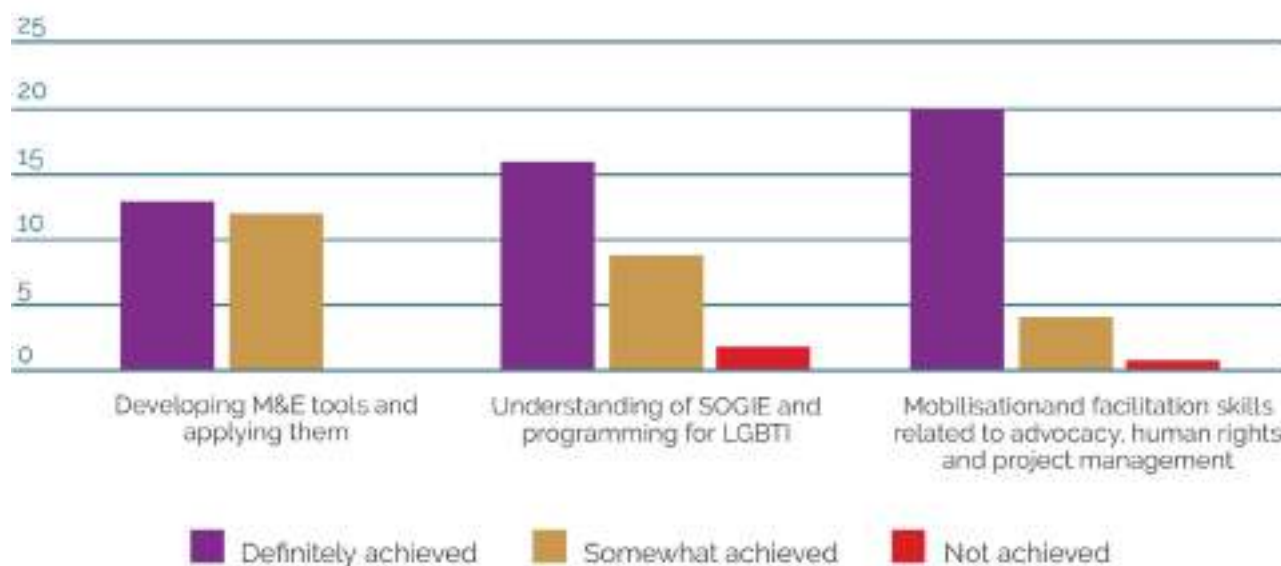
Participants from Zambia, Mauritius and Zimbabwe identified challenges to key populations accessing antiretroviral treatment

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.



**Kaima: Elements are crucial to prove guilt**

**Don't plead guilty —lawyer**

**RENDIMBAKAMENALA**  
State Minister

Lawyer Ruth Kaima has urged accused persons to plead not guilty "when they are brought before the courts on file and disclosure charges" and to seek advice from a lawyer before pleading guilty in the course of their trial.

Speaking during a recent training for lawyer-based women's groups, organised by the Centre for Human Rights Education, Advice and Assistance (CHREAA) with funding from the Arts and Higher Alliance of Southern Africa (AHOA), Kaima said admission of guilt often results in the loss of the right to the advantages of the law system.

"She referred to Section 180 (a) of the Penal Code, which stipulates that one shall be guilty of the offence if they are in certain positions, behaving in a disorderly or indecent manner in any public place".

"It is important that you do not plead guilty to avoid imprisonment. When at the time, the police do not have enough evidence to prove a case, being found in a bar or on the road at night is not considered an offence of being in a bar or on the road," said Kaima.



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.



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## 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

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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 Felicity 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.



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

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*“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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