

# 2021 ANNUAL REPORT



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



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# Executive Summary

In 2021, through resilience and adaptative programming, ARASA increased momentum in overcoming the teething challenges involved in the transformation from a hybrid working model to virtual work. As pandemic restrictions continued into 2021 and management strategies differed in each country, ARASA and its partners had a slow start due to the various restrictions in various countries. However, ARASA managed to deliver the planned activities effectively and efficiently.

This report covers achievements in 2021 Programmes were implemented in line with the [Strategic Plan 2019-2021](#). As in 2020, COVID-19 continued to pose challenges to the implementation of programmes and mitigation strategies had to be deployed in 2021. This included refocusing both advocacy and capacity building programming at national level as regional travel remained a challenge. As a result, ARASA saw a huge increase in grants disbursed to country partners and allies.

## 2021 in numbers

Variable	2021	2020	2019
Partners	100	100	100
Countries	18	18	18
People directly trained by ARASA	549	290	144
People reached through Training and Leadership Programme alumni	650	1200	417
Grants disbursed	74	29	5
Total amount disbursed through grants	US \$ 901,918.73	US \$611 608.21	US \$ 140 894
Advocacy issues addressed / campaigns spearheaded and supported	7	7	6
Resources developed and disseminated	13	15	8
Media articles / statements	7	12	13
Facebook followers	11845	9900	9492
Twitter followers	4879	4356	3919

## Finance management

During this period, ARASA managed to get new funding from the Global Fund through MPact and continued funding from the Swedish International Development Cooperation Agency (Sida), Robert Carr Fund, Levi Strauss Foundation, HIV Justice Network, and Open Society Foundations through Matahari Global Solutions. ARASA's funding increased from the 2020 funding by 18%. In 2021, ARASA also put in 11 funding proposals and won 7 of those bids for funding in 2022. ARASA disbursed a total of 74 grants in 2021.

## Governance and human resources

ARASA recruited four new board members to ensure strong governance and management of the alliance. ARASA's Director tendered her resignation towards the end of the year and the board embarked on a management transitioning process.

# 1.0 Background

The AIDS and Rights Alliance for Southern Africa (ARASA) was established in 2002 by 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 (BAI). 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.



## Strategic 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 in order to reduce inequality, especially gender inequality, and to promote health, dignity and wellbeing in southern and east Africa.

2021 was the final year of the 2019-2021 Strategic Plan, 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.

We influence this through our two pillars, capacity strengthening and advocacy, in which our work towards these outcomes was grounded. A snapshot of ARASA's milestones towards these outcomes is presented in the programme management section below.



# 2021 monthly highlights

## JANUARY 2021

- Finalised the 2021 work plan and budget.
- Commenced the audit of the 2020 financials.
- Started and completed the recruitment for the Training and Leadership Programme (TaLP), with 324 applications for only 36 available slots.

## APRIL 2021

- Hosted an online short course on advocacy for and monitoring of HIV prevention with 34 multi-country participants.
- Hosted issued a statement to mark World Health Day under the global theme “Building a fairer, healthier world” for all.
- ARASA, SAPAM and SADC PF co-hosted a session on “The role of parliamentarians in advancing access to COVID vaccines, medicines and diagnostics” with 60 parliamentarians from the SADC region.

## FEBRUARY 2021

- Opened a call for applications for an online course on monitoring and advocating for HIV prevention in east and southern Africa.
- Convened a virtual roundtable on racial diversity in global health with 20 Black and Brown leaders including academics, international civil society organisations, global health agencies, and communities.
- ARASA and HEARD conducted a universal health coverage course for 12 HER Voice Ambassadors from the Global Network of Young People Living with HIV.

## MAY 2021

- Marked the International Day Against Homophobia, Transphobia and Biphobia through supporting activities by partners in Kenya, South Africa, Zimbabwe and Mauritius.
- ARASA hosted module 2 of the Regional Training and Leadership Programme with 36 participants from 18 countries.
- ARASA participated in the UN High Level Meeting addressing the status of HIV/AIDS in the region.

## MARCH 2021

- Hosted the first module of the Regional Training and Leadership Programme. The module was held online with 36 participants from 18 countries.
- Co-hosted a webinar, #ChooseToChallenge, to mark International Women’s Day as well as the International Day for Ending Discrimination for Vulnerable Populations under the theme “Zero Discrimination against Women and Girls”. 35 participants attended.
- Convened a virtual strategy meeting with 16 participants for the Southern Africa Drug Policy Reform and Harm Reduction.

## JUNE 2021

- ARASA collaborated with Zimbabwe Youth Positives to mark the Day of the African Child.
- Participated in a dialogue to celebrate the handover of the UN Special Rapporteur on the right to health mandate, focusing on the intersection between the right to health, sexuality and gender.
- ARASA team held a virtual staff retreat over two days to help the team to self-care, re-energize and share some relief following the pandemic difficulties.

# 2021 monthly highlights continued

## JULY 2021

- 38 Media practitioners were trained on BAI for integration in their reporting.
- ARASA and SADC-PF convened representatives from the SADC Parliamentary Forums' standing committees and the Regional Women's Parliamentary Caucus (RWPC).
- Issued an op-ed to respond to the UNAIDS Global AIDS Update on "ending inequality and inequity key to ending AIDS as a public health threat", to welcome the new Political Declaration on Ending AIDS by 2030, and to mark World Population Day.

## OCTOBER 2021

- Finalised and submitted the 'My Body is not a Democracy' Year 2 programme report.

## AUGUST 2021

- ARASA and the Network of African National Human Rights Institutions (NANHRI) hosted the regional learning and reflection lab for NHRIs attended by 42 representatives targeting all the 18 NHRIs from east and southern Africa.
- ARASA and SADC-PF convened a CSO engagement on the SADC Model Law on Gender-Based Violence.
- Hosted module 3 of the Regional Training and Leadership Programme.
- Supported partners in Zimbabwe, Kenya, Seychelles, DRC, Mozambique and Zambia to host national activist meetings.

## NOVEMBER 2021

- Conducted module 4 of the Regional Training and Leadership Programme.
- Provided small grants to 3 organisations within the region to commemorate the 16 Days of Activism.

## SEPTEMBER 2021

- 42 participants were trained on a short course on criminalisation of HIV transmission, exposure or non-disclosure.

## DECEMBER 2021

- The ARASA team held a hybrid reflection meeting.
- ARASA provided small grants to 8 organisations in the region to commemorate World AIDS Day, International Human Rights Day and International Universal Health Coverage Day.

# 2.1 Capacity strengthening

**A**RASA's capacity strengthening intervention sets the scene for advocacy at the regional level and contributes to movement building and national advocacy. 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) and online short courses on specific thematic issues. 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 2021, ARASA contributed to increased access to information on sexual and reproductive health and rights and strengthened the capacity of partners to meaningfully engage with service providers and policy makers on these issues.

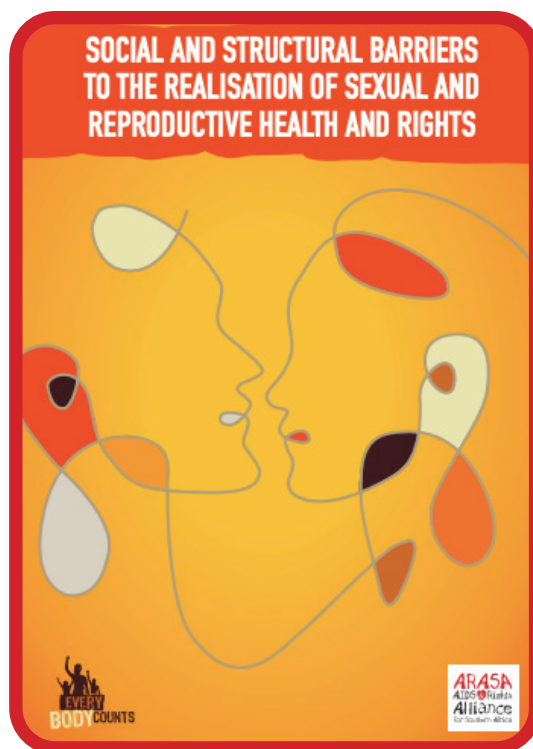
This was done through resource materials that were developed including an activist toolkit and guide on bodily autonomy and integrity and the updating of [four modules of the ARASA TaLP manual](#). The new modules were successfully piloted during the TaLP programme in 2021. To complement these modules in line with our endeavours to provide easily digestible resources, we also developed two animation videos on [bodily autonomy and integrity](#) and [access to safe abortion](#) that were translated to Portuguese and French.

ARASA also finalised its civil society toolkit on bodily autonomy and integrity, a resource for civil society organisations wishing to amplify their own advocacy efforts towards changing attitudes at the most basic community level, as well as law reform at the national level.

In response to the 2021 Political Declaration on HIV and AIDS, ARASA also developed an [animation video](#) advocating for the achievement of the Declaration's goals to end inequality and get the world on track to end AIDS as a public health threat by 2030.

To strengthen the capacity of our Lusophone partners, we developed an [Advocacy Toolkit for Civil Society on Intellectual Property & Access to Medicines in Mozambique](#) which was translated into [Portuguese](#).

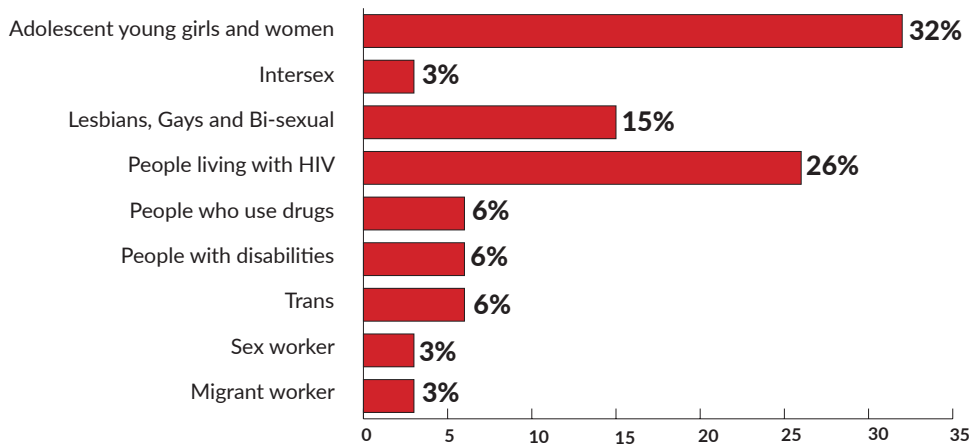
Under our work on drug policy reform and harm reduction, with support from Open Society Foundations, ARASA developed the ["Hidden Gems"](#) advocacy report on women who use drugs. It provides clear advocacy targets moving forward beyond this grant for CSOs working on drug policy reform and harm reduction in the east and southern Africa region. The report will also contribute beyond this grant period to the advocacy work that ARASA does on Bodily Autonomy and Integrity, as well as SRHR, considering the clear intersectionality's that the report has highlighted.



## Training and Leadership Programme

ARASA strengthened civil society capacity for effective SRHR and bodily autonomy and integrity advocacy in the region through the Training and Leadership Programme (TaLP), TaLP reflection labs, sub-granting and online training sessions. In 2021, 36 trainers underwent a four-phased training programme spread over the quarters. The training explored bodily autonomy and integrity; access to safe abortion; universal health coverage; social and structural barriers to the realisation of sexual and reproductive health and rights; and building blocks for programmes focusing on monitoring and evaluation, communication skills, facilitation, resource mobilisation, leadership and advocacy.

### Key Population Representation %



In a survey circulated to the 2021 cohort to share how they have used the skills and knowledge from the programme, respondents indicated that the skills they gained the most were the advocacy, leadership and facilitation skills. They reported that they reached over 650 people virtually and in-person with sessions on SRHR, BAI, HIV criminalisation, HIV prevention and teenage pregnancies amongst others.

#### Below are some insights from TaLP participants:

*"I conducted [a] series of focus group discussions (FGDs) with both health and non-health service providers with a focus on sustaining the HIV epidemic control by advocating for the promotion of enabling environments for service delivery to improve access and health outcomes of PLWHIV and key priority populations. The FGDs were also an opportunity to raise awareness on the importance of partnerships in advocacy work. An operational plan (2022-2023) was developed with specific strategies for implementation by the different partners. As the lead of the Seychelles Civil Society Activist Think Tank (SCSATT), with the support of all members we convened a working session to develop an advocacy plan to support and advance the national response to HIV/AIDS in Seychelles. This working session was the first of its kind to be convened by the SCSATT and its working theme was "End inequalities. End AIDS. End pandemics." which was adapted from the 2021 World AIDS Day campaign established by UNAIDS."*

**TaLP 2021 participant, Seychelles**

*"Working with MPs and MoH [Ministries of Health] in Africa strengthened the support of decision makers in the country to support the GF [Global Fund] Seventh Replenishment. This led to five African countries co-hosting a GF preparatory meeting as a lead up to the GF Seventh Replenishment."*

**TaLP 2021 participant, South Africa**

**On whether the participants were assigned a leadership role as a result of the TaLP programme:**

*“I managed to get a job as a communication and advocacy officer at a different organisation and for the organisation that I was working with, I now help with social media content.”*

**TaLP 2021 participant, Zimbabwe**

*“Yes, I have been assigned great leadership roles in our organisation. I am currently the Clinic Lead at Hoymas Kenya for all three Hoymas branches in Kenya.”*

**TaLP 2021 participant, Kenya**

**TaLP reflection labs**

As COVID-19 restrictions continued through 2021, the 2021 TaLP programme was hosted virtually. To adapt, ARASA provided technical and financial support for TaLP reflection labs for the 2021 participants and alumni to facilitate cross-learning, share experiences and use the knowledge and skills they gained from the programme to facilitate training sessions on human rights; SRHR; sexual orientation, gender identity and expression (SOGIE); and HIV prevention in the Democratic Republic of Congo, Angola, Eswatini, Uganda, Kenya, Seychelles, Lesotho and Mozambique. These reflection labs, which involved 12 alumni and 16 current participants, encouraged peer learning and enhanced experiential learning by trainers.



The labs provided an opportunity for 2021 TaLP participants to gain some practical skills and replicate ARASA’s capacity strengthening efforts and building advocacy initiatives within their communities. The labs also enhanced the communities’ understanding on varied issues including bodily autonomy and integrity.

Organisation	Country	Training reach
Bacha re Bacha Youth Forum	Lesotho	30 participants face to face and 10 virtually
Pleaders of children and Elderly People at risk (PEPA)	DR Congo	22 participants
IRIS	Angola	34 participants
Positive Women Together in Action (PWTIA)	Eswatini	16 participants from support groups of TB survivors and people living with HIV
Uganda Harm Reduction Network (UHRN)	Uganda	26 participants (people who use drugs community paralegals and PWUD peers)
Bar Hostess Empowerment and Support Programme (BHESP)	Kenya	22 participants from key populations and health care workers
HIV AIDS Support Organisation (HASO)	Seychelles	26 participants

*“ARASA has facilitated the solidarity between the alumni and current trainees by creating a platform for the exchange of mixed knowledge and skills...bringing [us] together for one common purpose, identifying the level of activism that still exist[s] amongst ARASA alumni, and establishing a dynamic national think tank.”*

**TaLP 2021 participant, Seychelles**

## Massive open online courses (SOGIE, HIV prevention, access to safe abortion and UHC)

ARASA's online courses remain a significant vehicle for capacity strengthening. To set the scene for each course, participants were introduced to critical concepts and terminologies through pre-recorded presentations, expert interviews, videos and quizzes as well as weekly Zoom discussions.

ARASA's online courses have resulted in increased knowledge and understanding of bodily autonomy and integrity, universal health coverage, HIV prevention, access to safe abortion and sexual orientation, gender identity and expression.

Course name	Number of participants certified	Total number reached
Advocacy for and monitoring of HIV prevention	22	34
Advocacy for and monitoring of access to safe abortion	27	60
Advocacy for and monitoring of universal health coverage	15	34
Advocacy for and monitoring of sexual orientation and gender identity	31	46
Criminalisation of HIV transmission, exposure or non-disclosure	27	48
Advocacy for UHC for HER Voice Fund Ambassadors	12	12
Advocacy for UHC for LGBTIQ+ activists (GNP+/Y+)	10	12

*"I have learnt the importance of structural barriers. There are factors that are often overlooked in advocacy work; a mere development of policies is not sufficient, there is a need to closely consider the unique contexts within the society."*

**Participant from online short course on advocacy for (and monitoring of) HIV prevention from 6-23 April 2021**

## Ad hoc training and technical support to partners to conduct training

ARASA supported partners in four countries to conduct training for people who use drugs, parliamentarians, sex workers and LGBTI persons amongst others on bodily autonomy and integrity and SRHR. The training increased the knowledge, skills and political will of decision makers.

Organisation	Country	Training reach
UHRN	Uganda	23 advocates, peers & PWUD community
Positive Women Together in Action	Eswatini	15 TB Caucus members, National TB Control Programme & WHO representative
ASCOBEF	Comoros	27 members of the sex worker community
Omaheke Hope for All	Namibia	52 members of the sex worker community

The training provided a platform for participants to network and link up which led to the creation of the #DroitsHumainsPourAll WhatsApp group in **Comoros**. In **Eswatini**, the TB Caucus members of parliament signed the Barcelona Declaration on TB, thus demonstrating support for the objective of ending the TB epidemic and developed a draft action plan that will assist them in conducting further activities on TB. In addition, the training in Uganda, assisted in raising awareness on bodily autonomy and integrity and how to demand SRHR services, while for parliamentarians the training highlighted the need to table motions that are rights-based.





## Global Fund Engagements

ARASA supported Men for Health and Gender Justice in **Botswana** to engage in the Global Fund COVID-19 Response Mechanism (C19RM) proposal and writing processes to ensure that key population (KP) priorities are clearly defined and articulated, and that suggested interventions are included in the proposal. Men for Health consulted with 45 men who have sex with men (MSM) in three areas, namely Gaborone, Maun and Palapye, to gather information on gaps and emerging needs of the MSM community in order to effectively inform their priorities and ensure a community-driven contribution. A recurring theme through the engagements in all three areas was lack of access to non-discriminatory health care services and negative attitudes/stereotypes of health care providers as barriers to accessing equitable and timely SRHR services.

*“It is really difficult to report stigma and discrimination experienced in a health care setting because we fear to be further stigmatised. Maybe an online platform to report stigma experiences would be better.”* **MSM, Maun**

With ARASA’s support, Men for Health ensured the successful inclusion of key population priorities and interventions in the final country request which was submitted to the Global Fund on 16 July 2021.

## Intellectual property

In **Mozambique**, ARASA supported Muleide in hosting a workshop on intellectual property and access to affordable medicines with 21 government representatives including health officials. This convening highlighted the need for the government to increase investment in the healthcare system as well as a need to adopt a flexible approach to trade-related aspects of intellectual property rights (TRIPS). A report with key asks was developed and will be used as an advocacy tool with the Assembly of the Republic and Institute of Intellectual Property and other key stakeholders and government entities.





# 2.2 Linking and learning

## Annual regional civil society BAI/SRHR learning and reflection labs for national implementing partners

Partners were supported to host national bodily autonomy and integrity think tanks in **Kenya, Seychelles, Democratic Republic of Congo, Zimbabwe, Zambia** and **Mozambique**. The think tanks increased participants' knowledge on BAI and facilitated consensus on key policy issues in regard to the rights to bodily autonomy and integrity, legal and policy frameworks and their intersectionality with a focus on elimination of stigma and discrimination on the basis of SOGIE, HIV prevention, access to safe abortions and the integration of comprehensive SRHR services and UHC programming. Partners developed advocacy plans and committed to integrate BAI work in their organisational programmes for sustainability, contributing to stronger movement building and networks on bodily autonomy and integrity at country level.

Organisation	Country	Activity reach
KELIN	Kenya	17 activists
Up Brigade	Seychelles	22 activists
Hodsas	DRC	24 CSO and UN agency representatives
LAMBDA	Mozambique	30 LGBT community members
SRC	Zimbabwe	65 activists and academics
Generation Alive	Zambia	28 CSO representatives

In **Seychelles**, a more permanent civil society activist think tank (SCSATT) was established which drafted a roadmap to enhance coordination and partnership in national and regional advocacy efforts. The establishment of such a movement was ambitious as SRHR advocacy nationally was previously only through the Ministry of Health.

The **Zimbabwe** meeting created its own I Own My Body When... bodily autonomy and integrity [campaign video](#) featuring Zimbabwean SRHR activists.

## Annual regional activist think tanks and strategy planning workshops

ARASA concluded the work on strengthening a Southern African Drug Policy Reform and Harm Reduction Network through supporting networks of people who use drugs (PWUD) in the Southern African Development Community (SADC) region. A virtual strategy session was convened in March with 16 participants from South Africa, Tanzania, Mauritius, Malawi, Uganda and Kenya who provided an update on the network, identified key priorities in the region as well as capacity building needs for PWUD and networks led by people who use drugs. ARASA awarded advocacy and capacity strengthening grants to support partners in these countries.

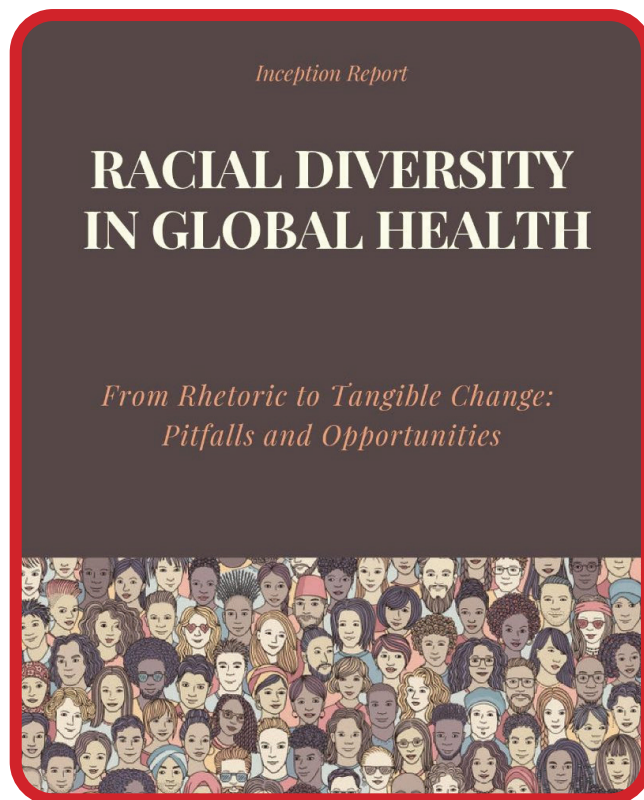
A follow up meeting in September broadly focused on the status of harm reduction advocacy in east and southern Africa and discussed the sustainability of the Southern African Drug Policy Network. The meeting reached consensus on the validity and importance of fostering and sustaining collaborative efforts in southern and east Africa; however, this cannot gain momentum unless national networks are sufficiently resourced, capacitated and well informed on how to move forward. The discussions reflected the importance of acknowledging the relevance of existing national networks and to not undermine their role in coordinating efforts and making information accessible.

In collaboration with Matahari Solutions, ARASA convened a virtual roundtable with 20 Black and Brown leaders including academics, international civil society organisations, global health agencies, and communities. During the roundtable,

participants took stock of their experiences of racism and white supremacy and engaged in further discourse for much needed up-to-date insights for policy recommendations in addressing diversity and discrimination in the global health sector. As a result, an inception report "[Racial Diversity in Global Health - From Rhetoric to Tangible Change: Pitfalls and Opportunities](#)" was launched.

## Facilitating activist communications platforms on bodily autonomy and integrity

- ARASA created a collaboration platform on Workplace for bodily autonomy and integrity coalition partners from Lesotho, Botswana, Namibia, Malawi and Uganda to share ideas, information, and resource materials to collaborate on BAI activities. In addition, ARASA created subject-specific communication hubs on SOGIE, access to safe abortion and UHC which were hosted on our e-learning platform. These platforms are intended to bring together activists and ARASA partners working in southern and east Africa to discuss the different issues.
- WhatsApp groups created for online courses have proved to be useful spaces for reflection, information sharing and networking. Seven online course groups were active this year, with several groups from last year's courses remaining fairly active.
- ARASA also used social media platforms to facilitate sharing and learning between partners. Since the beginning of the year, our followers on Facebook have increased from 9958 to 11,845; from 4156 followers on Twitter to 4879; and from 441 followers on Instagram to 786 by the end of December 2021. In addition, ARASA distributed emailers and three newsletters to partners with information on SRHR, bodily autonomy and integrity – [issue 36](#), [issue 37](#) and issue 38.



## Documentation of good practices on advocacy for and monitoring of advocacy for the right to bodily autonomy and integrity

Seven case studies were documented and published in the reporting period highlighting lessons learned and good practice on advocacy for and monitoring of advocacy for the right to bodily autonomy and integrity. The case studies were documented to facilitate horizontal learning between ARASA partners:

- [The growing influence of the Training and Leadership Programme network](#)
- [Fighting pushback against choices and rights in Namibia](#)
- [Creative activism in Namibia](#)
- Advocating for Malawi's Termination of Pregnancy bill
- ARASA adapting to COVID-19
- [Sex worker-led advocacy during COVID-19 in Malawi](#)
- Advocating for LGBTI rights during COVID-19 in Uganda
- [Sex worker-led advocacy during COVID-19 in Malawi](#)



# 2.3 Evidence generation

## Evidence generated for evidence-based advocacy on BAI

ARASA conducted a regional scan on the level of access to SRHR and HIV services for trans people in **Namibia, Botswana, Lesotho, Malawi, Uganda** and **Zimbabwe**. This research explored the socio-political contexts of trans men, women and non-binary persons, and the impact of law, policy, and practice on their access to SRHR including HIV services in the six southern and east African countries. It was informed by interviews with individuals working for LGBTI+ and trans-led organisations across the six countries. The published report entitled '**Trans Rights! Health Rights!**' centralised the voices and lived experiences of the respondents and shows how health interventions designed to meet trans needs as a 'key population' may heighten and amplify the marginalisation of transgender people.

Our report "**Racial Diversity in Global Health - From Rhetoric to Tangible Change: Pitfalls and Opportunities**", presenting the views of twenty Black and Brown leaders in global health, is the precursor to in-depth research on race in global health.

ARASA published a **Summary Brief** on the significance of and opportunities presented by the inequalities focus of the Global AIDS Strategy and Political Declaration on ending AIDS by 2030 for the HIV response in southern and east Africa. The brief was translated into **Portuguese** and French.

ARASA commissioned a mapping of the existing and upcoming evidence and research on the national implementation of regional and international sexual and reproductive health and rights commitments in east and southern Africa. This was with a view to identifying the gaps in evidence and making recommendations on the role that ARASA may potentially play in addressing these gaps and advancing national implementation of regional and international policy and political commitments on SRHR in the region.

It was evident from the desk review that there is a plethora of scorecards, barometers, reports and databases that report on various aspects of the state of sexual and reproductive health and rights in the region. It was, however, clear that knowledge management on the implementation of international and regional SRHR commitments at national level is poor, and whilst there has been a fair amount of work done on mapping this implementation, it is scattered and there is no one centralised data base.

The mapping found that whilst there may be gaps in information, consideration should be given to why an assessment of the gaps is necessary and that it may be more useful to understand issues at a more granular level and to focus attention on not only whether international and regional commitments have been domesticated but the extent to which there is actual operational implementation of these commitments. ARASA therefore decided to subgrant national coalitions with small grants to address evidence gaps to support their advocacy.

The image shows the cover of a report titled "SUMMARY BRIEF: Introduction". At the top left is the ARASA logo (ARASA AIDS Rights Alliance for Southern Africa) and the "EVERY BODY COUNTS" logo. To the right, it says "With support from the UNAIDS Regional Support Team for East and Southern Africa". The main title "SUMMARY BRIEF:" is in large white letters on a dark background. Below it, the subtitle reads "EAST AND SOUTHERN AFRICA CIVIL SOCIETY CONSULTATION ON THE SIGNIFICANCE OF AND OPPORTUNITIES PRESENTED BY THE INEQUALITIES FOCUS OF THE GLOBAL AIDS STRATEGY AND POLITICAL DECLARATION ON ENDING AIDS BY 2030 FOR THE HIV RESPONSE IN EAST AND SOUTHERN AFRICA". The "Introduction" section is highlighted in orange. Below the title, there is a small graphic of a globe and a text box with the following text: "It is no coincidence that east and southern Africa remains the region in the world most heavily affected by HIV, accounting for approximately 55% of all people—and two thirds of all children—living with HIV. Neither is it a coincidence that an estimated 58% of those infections were among women and girls or that key populations and their sexual partners accounted for 32% of new infections in 2020. The role of inequalities in the distribution and outcome of infectious diseases has long been recognised. As far back as 1848 Rudolf Virchow, a German pathologist, in his report on the 1848 typhus epidemic, emphasized the economic, social, and cultural factors involved in its etiology, and clearly identified the contradictory social forces that prevented any simple solution. Instead of recommending medical changes (i.e., more doctors or hospitals), he outlined a revolutionary program of social reconstruction, including full employment, higher wages, the establishment of agricultural cooperatives and universal education." Below this text is a small image of a document titled "POLITICAL DECLARATION ON HIV AND AIDS: ENDING INEQUALITIES AND GETTING ON TRACK TO END AIDS BY 2030". To the right of the text, there is a quote: "This being so, inequalities should have been at the centre of the global AIDS response from the outset. This has not been the case." Below the quote is another quote: "The adoption in June 2021 by United Nations Member States of a set of new and ambitious targets in a Political Declaration on Ending AIDS by 2030: Ending Inequalities and Getting on Track to End AIDS by 2030, whilst long overdue, is to be welcomed. The Political Declaration is aligned to the recently adopted bold new UNAIDS Global AIDS Strategy 2021-2026: End Inequalities. End AIDS, which recognises that our failure to adequately address inequalities across multiple forms and dimensions, including those based on HIV status, gender, race, ethnicity, disability, age, income level, education, occupation, geographic disparities, migratory status and incarceration, which often overlap to compound each other, have contributed to our failure to reach the 2020 global HIV targets, and acknowledge that only by reducing these inequalities can we close the gaps for HIV prevention, testing, treatment and support by 2025 and put our countries back on course to end AIDS by 2030." At the bottom right, there is a small image of a group of people celebrating, with the text "END INEQUALITIES. END AIDS. GLOBAL AIDS STRATEGY 2021-2026" overlaid.

# 2.4 Advocacy

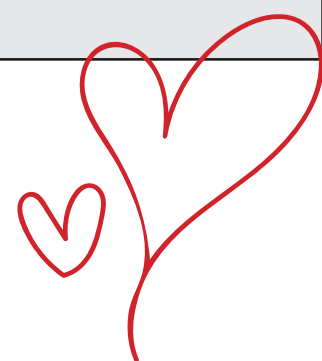
## Regional campaign on the rights to BAI

The Every BODY Counts! Campaign, launched in 2020 to advocate and promote bodily autonomy and integrity for all, continues to gain traction. In 2021, ARASA collaborated with in-country partners in Kenya, Zimbabwe, Namibia, Mauritius, Zambia, Uganda, Eswatini, Malawi and South Africa to create platforms for inclusive and honest conversation on SRHR and bodily autonomy and integrity, facilitating the sharing of experience of key populations, stakeholders and allies. The dialogues were organised to coincide with key International Mobilisation Days and were successful in igniting conversations while also highlighting a voice that is often missing at a table where decisions are made on sexual and reproductive health interventions. The engagements reached over 3000 people while more than 40,000 people were reached through radio and social media platforms.

Mobilisation days	Organisation	Achievements
<b>Transgender Day of Remembrance</b>	Trans Smart Trust, Zimbabwe	Created a podcast with trans communities' lived experiences. Held a panel discussion centred on 16 Days of Activism Against Gender-Based Violence.
<b>Universal Health Coverage Day</b>	Centre for Reproductive Health and Education, Zambia	Hosted a convening of 45 policy makers, CSOs and other government officials to address gaps identified in healthcare including access to sexual and reproductive health services and rights for key populations; late disbursement of funds to the MoH; and inadequate allocation of funds towards family planning services. Raised awareness on the importance of protecting and upholding bodily autonomy and integrity to enhance access to sexual and reproductive health services and the attainment of the Sustainable Development Goals.
	Treatment Action Campaign, South Africa	Facilitated a youth seminar with 34 adolescent girls and young women (AGYW) to build their capacity and advocacy skills on UHC. Hosted a convening of 52 health officials, regional and national partners, and provincial leaders as well as AGYW who shared evidence of systemic failures in the supply chain management of contraceptives with representatives from the National Department of Health. The session provided decision makers with evidence and improved the AGYW's capacity to hold public leaders accountable.
	Youth Wave, Malawi	Hosted a hybrid event that raised awareness on the sexual and reproductive rights of people with disabilities (PWD), particularly young people. 221 people (31 attended face-to-face, 91 through Zoom and 99 views were recorded on Facebook), including decision makers in the SRHR space and people with disabilities, were reached. The engagement sparked conversations and enhanced understanding on the importance of universal health coverage especially for people with disabilities in relation to access to SRHR services.



Mobilisation days	Organisation	Achievements
	Positive Women Together in Action, Eswatini	Conducted a stakeholder's capacity strengthening meeting on UHC with 35 participants with facilitation from WHO. Also organised a session on BAI for AGYW living with HIV who joined advocates around the world in calling on world leaders and the global health community to "leave no one behind: invest in health systems and ensure bodily autonomy and integrity" through the statement delivered on Universal Health Coverage Day 2021. The engagement increased awareness among stakeholders and AGYW on universal health coverage and bodily autonomy and integrity, and appraised everyone on the progress Eswatini has made so far, as well as reminding stakeholders of the roles they can play in ensuring that adolescent girls and young women are not left behind and are protected.
International Women's Day	Voices for Choices and Rights Coalition, Namibia	Hosted Instagram Live discussions coupled with Twitter engagements on women's health and the actualisation of bodily autonomy in Africa, abortion rights and the health consequences of unsafe abortions. The series generated over 374 views during and post-interviews. The session was valuable as the intersectional and cross-continental discussions offered great lessons on the issues facing women in the arena of health and bodily autonomy and brought to the fore the need to create more interactive content which encourages people to engage more and use the information learned to initiate conversations both online and offline.
	WoMandla, Zimbabwe	Held an online campaign to bridge the gaps brought by inequality in all its various forms and build informed, confident and capacitated adolescent girls and young women by initiating conversations around bodily integrity. Over 41,062 people were reached, of whom 22,500 through radio, 323 through community sessions and 18,239 people through social media.
	ATHENA, regional	Held a dialogue on SRHR with 50 AGYW from 10 focal countries in east and southern Africa that created a rare opportunity for an honest and rich conversation on the SRHR of African girls which has not been prioritised. The project succeeded in engaging young activists, allies and feminists from the African continent from varying age groups and diverse backgrounds to express their views and share experiences with other women and girls.
IDAHOBIT	CUT, Mauritius	Facilitated an online community consultation with stakeholders that allowed LGBT people to express themselves on the discrimination they face because of their gender identity or sexual orientation. They worked with artists and launched "Viv lamour dan so grander", an online artistic evening. The artists shared videos in support of people living with HIV, people who use drugs, the LGBT+ community and sex workers, reaching 36,298 people. The campaign received media coverage, see articles below: <a href="http://bit.ly/5plusmu">bit.ly/5plusmu</a>



Mobilisation days	Organisation	Achievements
	GALZ, Zimbabwe	Hosted online engagements to increase visibility of LGBTIQ voices, reaching 200 people. The engagement highlighted what IDAHOBIT means within the African context and the internalised homophobia and gender identity politics that exist within the LGBTI movement. It also focused on legislative reform including the Southern African Development Community's policies on comprehensive health for key populations; the difference between transformation and performance in issues to do with regional decriminalisation; the status and interpretation of what hate speech is; conflicts of recognition of freedom of expression; association and privacy within African governments and administrations; and the lack of full allyship and partnership of other human rights organisations when it comes to LGBTI issues and gender equality. During one of the face-to-face interactions, participants shared their challenges with the National AIDS Control representative, ranging from phobia, lack of support and oneness within the general community and between the LGTBTI community and sex workers.
	Jinsiangu, Kenya	Created space for a dialogue for 40 intersex, transgender and gender non-conforming (ITGNC) communities. The webinar provided a platform for ITGNC people to engage in a dialogue on BAI; highlight the social, political and legal frameworks that both hinder and support bodily autonomy and integrity of ITGNC people in Kenya; and share mental health best practices among participants. A video featuring 11 ITGNC people's lived realities was developed and circulated on various online platforms to encourage conversation and provide a source of information on their experiences.
Day of the Africa Child	Zimbabwe Young Positives (ZY+)	Held discussions with children, adolescents, young people and media on bodily autonomy and sexual abuse and exploitation of children. The participants shared experiences on sexual exploitation and exacerbating factors including policies on age of consent that breed a society where child sexual exploitation is seen as a norm. The discussions assisted the participants to comprehend the concept of bodily autonomy.  Below is an article in the Health Times that covered the initiative: <a href="https://healthtimes.co.zw/2021/06/23/sexual-exploitation-exposes-zims-young-sex-workers-living-with-hiv-to-hiv-reinfection/">https://healthtimes.co.zw/2021/06/23/sexual-exploitation-exposes-zims-young-sex-workers-living-with-hiv-to-hiv-reinfection/</a>
World AIDS Day	Rural Sport Foundation in Zambia	Trained 30 young peer leaders (15 female and 15 male) on bodily autonomy and HIV/AIDS. At the annual football tournament attended by over 700 adolescents, they hosted an awareness session on bodily autonomy and HIV prevention, attended by over 700 adolescents. On the third day of the tournament, 24 adolescents were surveyed to assess changes in perceptions and the organisation found that they now showed interest in living a healthy life and taking care of their bodies through continued participation in sport and practicing safe sex.
	Zimbabwe Civil Liberties and Drug Network (ZCLDN)	Conducted outreach with drug user support groups and engaged them on the asks of PWUD in the light of World AIDS Day as well as distributed a survey that assessed the needs of PWUD in the allocation of the Ministry of Health and Child Care's 2022 national budget. The platform provided an opportunity for support group members to raise challenges that they are facing including access to free testing and treatment of STIs and HIV for PWUID, lack of availability of pre- and post-exposure prophylaxis, counselling and access to other health services. ZCLDN distributed condoms as the most reliable HIV prevention method and COVID-19 personal protective equipment including face masks and hand sanitisers.



Mobilisation days	Organisation	Achievements
	Dignitate, Zambia	Raised awareness on the gender-based violence experienced by LGBTQ women and documented 10 stories of their lived experiences and how such acts of violence negatively influence both their physical and mental health and that of the women's children and families. The project provided a platform for survivors to interact and find comfort through their shared experiences. It also brought to the surface the lack of comprehensive information on the reporting mechanisms of human rights violations for LGBTQ women, as well as the need to create a support system for survivors. The project also identified a need to engage law enforcement officials and create a wider pool of allies among law enforcers that LGBTQ women can be referred to.
16 Days of Activism for no violence against women and children	Katswe Sistahood, Zimbabwe	Hosted sessions on gender-based violence in the context of sex workers who were encouraged to report incidents of violence perpetrated against them and not to take the law into their own hands as this would lead to their arrest. Information disseminated included the referral pathway for victims of violence. The sessions also gave sex workers the opportunity to provide feedback to service providers (8 nurses, 3 Victim Friendly Unit police officers and 1 district AIDS coordinator) on the quality of GBV services being provided. The sessions were open to the general public to avoid stigmatisation of sex workers and 322 people attended. During the sessions, the project collaborated with service providers who offered services such as contraception, STI screening and treatment, HIV testing and counselling to victims of gender-based violence and sex workers, reaching 221 people.
	Girl Potential Care, Uganda	Hosted a Girls Summit for over 300 girls who shared their experiences on SRH, HIV, menstrual health, gender-based violence and building skills development aimed at creating self-independence and sources of income. The project also celebrated the International Women Human Rights Defenders Day through a radio programme sharing causes of gender-based violence and pervasive gender inequalities and information on prevention and support services. Also partnered with other stakeholders including religious leaders for a World AIDS Day march with over 200 people participating in memory of those who lost their lives due to AIDS, and shared HIV prevention, protection and care messages as well as also offering HIV testing and counselling services, reaching more than 500 people. The event also used creative arts, dances, songs and poems to raise awareness about HIV/AIDS. A Human Rights Day walk was also held on 10 December with over 250 people.
	Children of the Sun Foundation Uganda (COSF)	Engaged law enforcers who have been violating the human rights of LGBTIQ communities and other vulnerable groups during the COVID-19 lockdowns. Held online sensitisation for 41 LGBTIQ victims about their rights and documented their lived experience which was packaged into a film. A sensitisation workshop on LGBTIQ rights was also conducted on Human Rights Day for 10 police officers and 4 local council committee members in order to change their attitudes, enhance their knowledge and cultivate tolerance towards the LGBTIQ community in Uganda. The film was crucial in providing evidence during engagement with the officials who committed to work with COSF to end the inhumane treatment of the LGBTIQ community.



Human Rights Day	Rock of Hope, Eswatini	Implemented a hybrid advocacy campaign “Our Identity is Valid ” with 24 face-to-face participants (stakeholders from the CSO community including non-LGBTI organisations), aimed at increasing the visibility of human rights violations on LGBTI people and the resulting impact on health outcomes. Infographics were shared that contained information that outlined various types of human rights violations and the measures to take when one has experienced any type of violation. A presentation was delivered on an LGBTI legal survey conducted in 3 countries (Zimbabwe, Eswatini and Malawi) in August by the Southern Africa Litigation Centre under the Out and Proud project. The engagement recommended the decriminalisation of same sex relations.
	Zimbabwe Civil Liberties and Drug Network (ZCLDN)	Took part in the Zimbabwe Women’s Bureau alongside 50 participants and issued a statement published in the local daily newspaper that encouraged government authorities, as well as communities in general, to consider the plight of people who use/inject drugs (PWUID) and to continue recognising their rights especially when it comes to accessing health services. They also engaged the Ministry of Information, Publicity and Broadcasting Services for possible collaborations to reach out to communities around the country sensitizing people on the current drug use overview, the dangers of drugs and the need to harness harm reduction interventions for PWUID. This initiative is a positive action aiming to reach a large part of the population through roadshows and also news about ZCLDN programming will be aired on radio and TV stations. It is our hope that disseminating evidence-based information on drug use will help to change community attitudes and pave the way for a society that is more tolerant and sensitive towards human rights.  A National Drug Master Plan and the Treatment and Rehabilitation Guidelines for Alcohol and Substance Use Disorders, which ZCLDN developed and launched in December 2020, was adopted by cabinet in September 2021.

ARASA also hosted a webinar, **#ChooseToChallenge** - Young African Women Fighting for Bodily Autonomy and Integrity, in partnership with the ATHENA Network, to commemorate International Women’s Day 2021. The webinar was attended by 35 participants and was streamed live on ARASA’s [Facebook page](#). The webinar drew attention to how bodily autonomy and integrity impacts on women, in their diversity, in southern and east Africa. Some of the challenges noted from the discussion are that women face harmful laws, policies and practices that perpetuate inequalities to health access including lack of access to contraception, comprehensive sexuality education (CSE) and safe abortion, with increased sexual and gender-based violence and child marriage that adversely impact the wellbeing of adolescent girls and young women. The discussions also explored opportunities to advocate for women’s leadership, gender parity and the rights to BAI.

ARASA staff participated in a few partner organisation events during these days. Together with Oxfam, ARASA co-organised a webinar in November to commemorate 16 Days of Activism Against Gender-Based Violence. ARASA’s Director was the main speaker and she highlighted the importance of the SADC Model Law on Gender-Based Violence. The Programmes Lead participated in a webinar event entitled ‘Beyond Blame’ on the eve of World AIDS Day. The session was organised and hosted by the HIV Justice Worldwide coalition.

ARASA also led a social media campaign on the theme of ‘16 ways gender-based violence affects us.’ Every day during the 16 days of activism, a video was released on social media. A competition was launched simultaneously. Members of the public were urged to create and post a video of themselves sharing how gender-based violence affects them.

## Public statements

ARASA issued six press statements to publicise and share information about the bodily autonomy and integrity campaign activities and priority themes.

In March, ARASA, in partnership with Matahari Global Solutions, issued a [statement](#) as an outcome of a convening of Brown and Black activists and civil society representatives to discuss the status of racial diversity in global health.

Also in March, ARASA issued a [statement](#) on International Zero Discrimination Day calling on civil society, governments and development partners to continue to intensify their efforts and commit to the protection and promotion of the rights to bodily autonomy and integrity for women and girls in an effort to address gender inequality and discrimination.

In April, ARASA issued a [statement](#) on World Health Day calling on national governments as well as regional and international stakeholders to redouble efforts to provide access to contraception; access to safe abortion; access to HIV, TB and HCV prevention, treatment and care; and end laws that decriminalise same-sex sex, sex work and drug use.

In May, ARASA issued a [statement](#) on the International Day Against Homophobia, Biphobia, Interphobia and Transphobia calling on duty bearers in the region to ensure the protection of the rights to bodily autonomy and integrity in order to address homophobia, biphobia, interphobia and transphobia at community and policy level.

In May, ARASA and Namibian civil society organisations issued a joint [statement](#) calling on the SWAPO Party Youth League to show leadership in ending discrimination which undermines full recognition and attainment of human rights, access to health services and justice.

In May, ARASA and African civil society organisations issued a joint [statement](#) calling for support from African Union Member States on key CSO asks for the 2021 Political Declaration. The statement was released ahead of the High-Level Meeting on AIDS to strengthen the global and national response to HIV.

In July, ARASA's Director, released an [op-ed](#) on "ending inequality and inequity key to ending AIDS as a public health threat", to respond to the UNAIDS Global AIDS Update. It highlighted the need to empower and strengthen communities and community-led responses, which should be at the centre of HIV responses, as well as to prioritise and increase investment in efforts to support and empower communities and people still being left behind and marginalised. The op-ed received coverage by media houses in Mauritius ([Le Mauricien](#)), Namibia ([New Era](#) and the [Windhoek Observer](#)), Zimbabwe ([The Herald](#) and [The World](#)) and Seychelles ([The Nation](#)).



In July, ARASA's Director released an op-ed to welcome the new Political Declaration on Ending AIDS by 2030, saying it includes clear targets that should prompt Member States to take pointed action to end AIDS as a public health threat by 2030. The op-ed was covered by media houses in Namibia ([Windhoek Observer](#) and [New Era](#)), Zimbabwe ([The Herald](#) and [Sunday Mail](#)) and Botswana ([The Guardian](#)).

In July, ARASA's Director, released an [op-ed](#) to mark World Population Day. The article was covered by the [News Day](#), Zimbabwe and [Allafrica.com](#) among others.

In August, ARASA and Bonela wrote an article entitled "Botswana loses out on TRIPS flexibilities" published in the Windhoek Observer.

In December, ARASA issued an op-ed to mark the 30th anniversary of 16 Days of Activism to end violence against women. "Ending the global war on our bodies" was published in the [Nations](#) (Seychelles), the [Confidante](#) and [New Era](#) (Namibia) and the [Herald](#) (Zimbabwe).

## National advocacy and community monitoring campaigns on bodily autonomy and integrity in five focus countries

ARASA supported the formation of BAI coalitions in Botswana, Namibia, Uganda and Malawi that implemented national advocacy and community monitoring campaigns on bodily autonomy and integrity. The partners reached over 6500 people including policy makers, health care workers, AGYW, media, traditional and religious leaders, CSOs, general public and other stakeholders.

### BOTSWANA

Improved access to SRHR services: In July 2021, the Botswana coalition – in partnership with the Ministry of Health and Wellness – trained 50 health care workers from 27 health districts to be trainers of trainers on human rights-based approaches to HIV, TB and STI programming, key population needs, SRHR and bodily autonomy and integrity. The training improved health care workers' attitudes towards KPs and empowered them to offer patient-centred, non-discriminatory care to all in need, thus improving uptake of SRHR services by KPs.



Increased influence on policy change: The coalition, through BONELA, influenced the Technical Working Group on National Human Rights to consider capturing data on key population issues from a bodily autonomy and integrity perspective. This resulted in bodily autonomy and integrity being integrated into the national agenda.

A rapid analysis of the legal and policy environment regarding SRHR was commissioned by the coalition. Key concerns include the criminalisation of abortion and lack of access to contraceptives for some minorities such as adolescents without parental consent.

The coalition has contributed to the conversation on abortion by framing the issue from a bodily autonomy and human rights perspective. The project also developed a policy brief on access to safe abortion services which was presented to the Women's Parliamentary Caucus in July 2021. Recently, the Minister of Health made a statement that there is a need to decriminalise abortion in Botswana. The coalition is also advocating for constitutional review and for the right to health to be constitutionalised.

The caucus was also engaged on the issue of decriminalisation of sex work and the right to health as a fundamental right for people to live dignified and healthy lifestyles.

The coalition developed a **documentary** on bodily autonomy and integrity with the lived experiences and perspectives

of eight young women and young LGBTI from Palapye, Kasane, Molepolole and Maun. The documentary allowed the participants to share their stories and experiences on intimate partner violence. Furthermore, it revealed that lack of gender equality and bodily autonomy and integrity for LBQ women, plays a significant role in continued experiences of violence.

The coalition hosted **media outreach** via radio, WhatsApp and Facebook around equitable access to SRHR services, the legal and policy barriers to BAI considerations as well as access to safe abortion. Following the historic judgment on the landmark case *Attorney General v Letsweletse Motshidiemang & Lesbian, Gays and Bisexuals of Botswana (LEGABIBO)*, the consortium placed two advertorials in two popular newspaper outlets to explain the significance of the judgement, noting that it is in the best interest of public health that same-sex relationships are protected by law and are supported by policy to ensure the protection, promotion and fulfilment of human rights for all. A link to one of the articles can be accessed [here](#).

The coalition conducted BAI dialogues with traditional leaders due to their influence on norms and values in society. The community leaders raised the need to support and educate community members who are intersex and parents who give birth to intersex children in order to achieve BAI and SRHR considerations. The engagements with traditional leaders, health care workers and other stakeholders culminated in the national launch of the #Hear Me Now, My Rights Matter campaign that aims to amplify the voices of human rights violations survivors. This took place to coincide with the International Day for the Elimination of Violence against Women, and the 16 Days of Activism against Gender Based Violence, under the theme “Orange the world: End violence against women now!” The campaign called upon government, civil society, the faith-based sector, traditional leaders, the private sector, media and development partners in the country to join forces and stand up in their various spheres and communities to act against gender-based violence.

The coalition hosted quarterly **outreaches for AGYW** on BAI and SRHR in four districts with 90 adolescent girls and young women present. Emerging issues included but were not limited to adolescent sexual reproductive health and rights. The coalition presented on BAI and SRHR considerations for AGYW at the NAHPA African Youth Panel (AYP) forum, where the national AYP forum committee’s first year plan was formulated.

## **MALAWI**

**Increased knowledge:** The coalition has helped to build the capacity and knowledge of key populations through training and sensitisation meetings on SRHR and HIV prevention services. Community leaders were also trained to understand the SRHR needs of KPs through dialogues and awareness sessions. A few are now allies of change, deconstructing negative stereotypes and discrimination towards KPs.

**Improved access to SRHR services:** in 2020, the coalition contributed towards influencing the adoption of pre-exposure prophylaxis (PrEP) guidelines. The guidelines prioritise those at substantial risk of HIV which includes female sex workers (FSW), men who have sex with men, adolescent girls and young women and discordant couples. In 2021, the bodily autonomy and integrity coalition (as part of the Malawi civil society advocacy forum) lobbied to facilitate speedy adoption of the guidelines. This was an important step for the rollout of PrEP which happened in February 2021.

The coalition also monitored availability and uptake of PrEP services, conducting engagement meetings with both recipients of care and service providers to address misconceptions around PrEP, issues of stigma and discrimination, and other fears. This resulted in a better client-service provider relationship, generating increased demand and uptake of services among KPs (MSM, AGYW and FSW).

**Increased influence on policy change:** The coalition engaged members of parliament on the Termination of Pregnancy bill – 90% were reached with bill messages in their constituencies and, of those reached, 67% demonstrated willingness to support the bill in parliament. However, the tabling of the bill was politically blocked in parliament and members of parliament did not have an opportunity to vote.

The coalition also organised advocacy meetings with gatekeepers, including religious and traditional leaders, as well as women activists to increase their understanding of the contents of the bill and how it is linked to safe motherhood. These meetings influenced a change in perception towards the bill with participants saying they had a full understanding of its contents and committing to engage their community and constituent representatives in parliament to support the bill once tabled.

The coalition mobilised 60 women activists to discuss the delays in abortion law reform in Malawi and to popularise the bill. A communique was developed and submitted to SADC heads of states and government to act on and implement regional and global commitments on women's rights to the provision of safe medical abortion.

The coalition and its partners developed an abridged version of the Termination of Pregnancy bill in Chichewa and English to make it accessible, short, and specific. The team also featured on a 30-minute programme on the bill that was aired on Timveni Radio in February and March 2021.

**Enhanced media capacity and reporting skills:** A media training on SOGIE was conducted to enhance the capacity and skills of media personnel to ensure that their reporting is rights-based, especially on issues relating to key and vulnerable populations. Several journalists including from The Nation, MBC, Zodiac and the Times News Group were able to cover different aspects on crimes against KPs such as beatings, arrests, sexual harassment, and other forms of violence targeted at KPs. Three [articles](#) have so far been published.

As a result of the coalition's advocacy efforts, the Ministry of Health's reproductive health unit committed to engaging MANERELA+ – a network of religious leaders living with or affected by HIV – in its consultations on the review and development of the 2020-2025 National Youth-Friendly Health Services Strategic Plan so that the needs of adolescent and young KPs are prioritised.

**Engagement with the Ministry of Health** and other stakeholders on increasing access points for condoms and lubricants and ensuring representation of KPs within national programming spaces, led to MANERELA+, COWLHA, CHREA and FSWA being nominated to represent KPs and the BAI consortium as part of the National Condom Programming committee. Through participation in this space, the project has informed the 2021-2022 national plan on condom programming to have condoms and lube integrated and made sure that the MoH has committed availability of such commodities in public facilities. There have also been commitments by partners under the Global Fund and PEPFAR-implementing partners to use differentiated models of distribution, such as scaling up hot spot distribution and supporting peer navigators, in order to create more accessibility and availability for the end users. The project also noted change in the attitude of service providers as they are now open to engaging key populations without questioning their sexual orientation.

The coalition assisted partners to engage the Ministry of Health and Ministry of Finance to consider increasing allocations to health. As a result, the Ministry of Health budget has been increased from 186 billion kwacha in 2019/2020 to 200 billion for the 2021/2022 national budget. Even though the increase is minimal, a positive movement culminated from this. The partners in the October budget allocation advocacy meeting developed an action plan to guide further engagement and lobbying with the Ministry of Finance on the health and family planning budget allocation increase in line with the Abuja declaration.

## NAMIBIA

**Strengthened cross-movement building:** The coalition is working with other CSOs including feminists, LGBT people, and sex workers to build a feminist movement on bodily autonomy and integrity within peri-urban and rural areas. The project has reached over 200 people in these smaller and marginalised communities. Through dance and creative workshops, the coalition is working with Indigenous groups of women such as the Zambezi and San women around harmful cultural practices and gender norms and using their stories for national and regional advocacy on bodily autonomy and integrity. Poems on human rights violations have been collected and synthesised into a language pack. The coalition launched a feminist Indigenous song, My Body My Pride, that talks about bodily autonomy and integrity. Through music and poetry, the message has become part of people's everyday lives.





Recognising that faith and religious leaders are strategic allies because they have enduring presence in local communities and far-reaching networks beyond those of development partners, the coalition also conducted faith feminist sessions. These reached 105 participants with information on faith in relation to bodily autonomy and integrity and reproductive justice so that religious and faith leaders feel able to advocate for BAI in their communities.

**Increased influence on policy change:** The coalition has contributed to and submitted a Universal Periodic Review report for Namibia and specific work is being done on the Sodomy Offence Law. Coalition and other CSO partners developed a letter recommending the abolition of the out-dated apartheid Abortion and Sterilization Act of 1975. CSOs also recommended the provision of targeted comprehensive SRHR care and information for all women, including LBQ, female-bodied trans-diverse, and rural women, as well as transmen.

As a result of the coalition’s advocacy efforts on reproductive justice and the abortion law reform, parliament will be hosting public hearings on abortion and sterilisation. The coalition will be working with 32 parliament committee members to facilitate the hearings.

## UGANDA

**Improved access to SRHR services:** The Uganda coalition engaged young social media influencers living with HIV to popularise the Every BODY Counts! campaign (which trended among the top five hashtags in Uganda with over 3000 likes). As a result of the social media campaign, at least five cases of bodily autonomy and integrity violations were reported by AGYW; follow ups and case management are underway. The campaign has opened conversations on bodily autonomy and integrity that were not there before. Young KPs can share experiences and the priority advocacy issues they want to see tabled with policy makers.

The coalition also documented bodily autonomy and integrity violations and profiled 21 young KP champions to challenge the beliefs, attitudes, norms, behaviours, and structures that limit the realisation of the rights to BAI and to advocate for recognition of the right to BAI. This work has amplified the



importance of BAI rights for KPs on Twitter and YouTube and improved access to SRHR services.

**Increased influence on policy change:** The coalition hosted and coordinated over 70 CSO leaders to analyse the Sexual Offences Bill. A position paper was developed to lobby and mobilise public support through the media. The coalition was able to influence the office of the President to have the bill amended. As a result, on 17 August 2021, the bill was sent back to parliament with recommendations for revision.

In October, UKPC in collaboration with the Health Journalists Network in Uganda convened a media café with 10 journalists, highlighting key human rights violations faced by key populations in Uganda. A workshop on BAI reporting was also held for 30 journalists who shared that while they were willing to publish BAI issues, their editors were not and so there is a need to target them. UKPC also engaged CSO leaders to share the final position paper on 'The Effects of the Sexual Offences Bill 2019 On Communities (Persons Living With HIV/AIDS, Women and Girls, Men and Boys, Sexual and Gender Minorities and Other Marginalised Groups of People in Uganda)'.

UGANET convened a national symposium with over 80 representatives from the Uganda AIDS Commission, Ministry of Health, members of parliament, CSOs (KPs, PLHIV, young people, adolescent girls and young women and people with disabilities). This national discussion focused on policies and laws – challenging the government to implement progressive laws and also address the gaps that continue to exist in some of the policies, especially the Sexual Offences Bill and Penal Code Act. Government was called upon to embrace the progressive East African Community SRH bill. During the symposium, the HIV Law Coalition's position paper on the Sexual Offences Bill was rolled out for media and community engagement.

## LESOTHO

**While the Lesotho coalition has faced some challenges in implementation and project kick-off, it has accomplished the following:**

The coalition began conversations with the Ministry of Education and Ministry of Health on Comprehensive Sexuality Education in east and southern Africa, in particular about the curriculum. They hosted a virtual workshop on CSE attended by well over 50 teachers. An information tool was developed for teachers to be able

to lead the discussions and a manual has been developed to empower them to lead the process of engagement on CSE in Lesotho. In light of the disrupted school calendar, coalition partners visited schools and developed a questionnaire that facilitated discussions among learners, non-life skills teachers and community members on CSE. There were discussions in 24 secondary schools and community dialogue in eight community areas.

The coalition also commissioned a study on discriminatory policies and laws in relation to HIV. The findings of the study are being used to solicit the views of enforcement agencies and key policy makers. Up to now, 11 law enforcement officers from Lesotho Mounted Police Service, Lesotho Defence Force, and Lesotho Correctional Services have been engaged. These officers are pioneers leading anti-stigma practices and influencing policy within respective institutions. 20 PLHIV network members were identified and trained as human rights defenders and on stigma and discrimination and the defence of human rights within community councils.

*“We are happy that we have people from the health sector stating their issues here. Raising your voice in these meeting is the only way that your issues will be captured in the budget.”*

*Convener of the Harare Ambassador Hotel Consultation*

*Hon. S. Mushuma*



Public awareness and critical thinking on SOGIE were carried out on various media platforms, outlets and avenues to uplift advocacy work. The campaign for legal recognition of LGBTIQ+ people has continued and the issue has been linked with a review of gender-based violence which has been tabled in parliament. Engagement with the Ministry of Gender, Youth, Sports and Recreation and the National Assembly cluster committee also took place.

## COVID-19 and SRHR advocacy

ARASA supported partners in Seychelles, Zimbabwe, Mozambique, Kenya and Zambia to implement training and advocacy interventions on protecting and promoting sexual and reproductive health and rights and the interlinkages with COVID-19. The grants assisted partners to influence responses to COVID-19 and advocate for access to SRHR services for key populations and other marginalised communities.

Organisation	Country	Reach
ZY+	Zimbabwe	60 people were reached (2 media houses, 33 AGYW, 4 district AIDS coordinators, 4 healthcare service providers, and 7 representatives from CSOs focusing on sexual and reproductive health and rights).
PRISCCA	Zambia	45 women inmates
ICW Kenya	Kenya	250 people (20 women trained as peer champions who conducted mass awareness raising)
HASO	Seychelles	23 (including 7 HIV committee members of the National Assembly, 12 National Aids Control members and CSOs)
Childlife/Khulisa	Mozambique	94 (53 patients surveyed, 23 lesbians and transgender people and 18 AGYW)

## Financing for health

ARASA supported organisations led by inadequately served populations (ISPs) in Mauritius, Zimbabwe, Malawi and Zambia to engage in advocacy for increased allocation of resources to community-led responses and human rights programming in southern and east Africa. The partners reached out to over 900 activists and stakeholders including CSOs and government representatives from the Ministry of Health and Ministry of Finance.



In Zimbabwe, **ZNNP+** trained 31 health advocates on budget advocacy who in turn participated in the public consultation meetings and shared contributions from a list of 'budget asks' that were agreed on during the initial training and stakeholder consultations conducted (24 participants) on key PLHIV asks to government. They developed a position paper on the 2022 national budget – an advocacy tool to promote and advocate for access to quality health services by PLHIV which was submitted to the Clerk of Parliament of Zimbabwe on 26th October 2021 and shared on social media platforms such as Twitter and Facebook. To ensure optimisation and convergence, ZNNP+ collaborated with SAfAIDS and ACT who were also engaged in national budget consultations.

As a result, the 2022 national budget proposal for the first time allocated almost 15% towards the Ministry of Health and Child Care. This represents significant progress toward the Abuja Declaration. In 2022, with the support of trained health advocates, ZNNP+ will monitor disbursement and use of funds to ensure that the allocated resources are indeed disbursed and used in line with the budget and community expectations. The project also contributed to improved

submissions of 'health asks' in the national budget consultation processes, as has been acknowledged by some members of parliament. This is attributed to ZNNP+'s identification, training, and deployment of health advocates in communities to participate at such platforms as well as collaborating with other partners to amplify the work.

**Collectif Urgence Toxida (CUT)** Mauritius worked to increase the knowledge of all stakeholders (CUT, civil society, government) on the financial sustainability of HIV and harm reduction in Mauritius for 2022-24 and initiated collaboration on the funding roadmap. This is pertinent due to the fact that Global Fund is withdrawing its funding for programmes in Mauritius at the end of 2023. The project conducted a mapping of stakeholders with whom they had several engagement meetings including the National AIDS Secretariat, the harm reduction unit, and the National Social Inclusion Foundation. A policy brief was developed for release in 2022.

Through this project, the need and urgency for an action plan post-Global Fund was raised with various stakeholders and had the direct involvement of the Minister of Health. CUT was also able to strengthen its advocacy capabilities and become more visible as well as increase its fundraising capabilities.

**Womandla Foundation** and **DAWA** mobilised adolescent girls and young women to engage in national budget consultations and monitoring through the "Show us the Money for Health" campaign' between September and November. 60 AGYW were trained from 10 provinces, 74 were engaged offline while 660 were reached through online engagement.

As a result of the mobilisation and increase in knowledge and skills of the AGYW, some attended three provincial budget sessions that were convened by the parliament. The project also hosted a stakeholder meeting and developed a position paper that influenced the 2022 national health budget allocation.

**CHREEA** in Malawi engaged the Ministry of Finance and health officials on budgetary allocation for HIV/AIDS activities. The officials shared that allocation is done as a lump sum for health and were unaware of what will be specifically allocated to HIV/AIDS prevention and SRHR services but they commended the advocacy initiative and requested continued support to advocate for accelerating implementation of the new budget system. Officials stated that there are challenges with resources as 70% of the budget comes from donors and government only provides 30% which mostly caters for administration. The project also held community sensitisation meetings to share feedback on the outcome of the consultation meeting that took place between CHREAA and the two Ministries. CHREAA held a panel discussion on MIJ Radio and facilitated an article in The Nation newspaper on the outcome of the consultation and sensitisation meetings on the position of the national HIV prevention budget.

As a result, communities were empowered to demand redresses on the lapses that exist in the national budget allocation with regards to HIV prevention and to also hold government accountable for taxpayers' money.

**NANASO** in Namibia convened 20 CSOs to examine challenges faced on the funding for health and explore opportunities to close the funding gap. They reviewed trends in financing for health in general and for inadequately served populations and discussed barriers that impede their access to services. They raised concerns about the resources that are returned to treasury every year while there are sectors of the population that are not reached with services. The project informed

**INTERNATIONAL SAFE ABORTION DAY 2021**

**" THE PATIENT HAS THE RIGHT TO MAKE A DECISION ABOUT THE CARE THEY WANT. THE PROVIDER HAS NO INFLUENCE ON HOW THAT CARE IS SUPPOSED TO BE GIVEN. THE FUNCTION OF THE PROVIDER IS TO BE ABLE TO GIVE SUFFICIENT INFORMATION TO THE PATIENT FOR THEM TO ACTUALLY MAKE A DECISION."**

**7 JULY 2021**

**DR STELLA BOSIRE**  
KENYAN PHYSICIAN, CORPORATE EXECUTIVE, HUMAN RIGHTS ACTIVIST AND AUTHOR. WHO SERVES AS THE CO-EXECUTIVE DIRECTOR OF UHAI EASHRI

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

**EVERY BODY COUNTS**

participants about social contracting and its linkages to show how government or its agency could contract a third party to provide specific social services outsourced to CSOs to better provide services to ISPs. Participants were encouraged to apply the tools available and be solution-oriented in order to serve the ISPs better. The project hosted a joint engagement with 14 CSOs and government officials from the Ministry of Health (MoH) and Ministry of Local Government (5 officials) to discuss the social contracting approach and threats facing HIV programming and other related issues brought about by dwindling funding. The officials updated the meeting on their familiarisation visit to India which is one of the few countries that has successfully implemented this approach. The participants agreed that a social contracting approach could be one of the ways that can help the government expend the funds and provide services instead of returning funds to treasury as a result of underspending. The MoH official updated the meeting that a committee has been established and includes the MoH, CDC, UNAM, NUST and UNAIDS. Consensus was reached to merge the government and CSO task teams and draft terms of references for drafting the social contracting policy.

The **Centre for Reproductive Health and Education (CRHE)** in Zambia facilitated a meeting with 22 CSO participants and four MoH officials and explored challenges that the MoH has when disbursing and expediting funds. This helped to cultivate a broader understanding among CSOs regarding disbursements of funds from the Ministry of Finance and competing priorities within the MoH. The project also engaged four Ministry of Finance officials. The health financing landscape and budgeting process in Zambia was shared. This was followed by a consultation with budget experts who highlighted the shift from activity-based budgeting to output-based budgeting, with 26 CSO representatives present. With the CSOs' knowledge enhanced, they participated in various budget advocacy processes and a planning meeting at district level that ensured that SRHR was planned and budgeted for. As a result, CSOs were able to know how much was allocated to SRHR at district level. This promoted dialogue and transparency.

## HIV criminalisation, exposure and non-disclosure

**ARASA supported partners in Angola, Malawi and Kenya to ignite conversations on HIV criminalisation, exposure and non-disclosure.**

**Mweho** in Angola ran a workshop for 30 activists on HIV criminalisation, exposure and non-disclosure using the ARASA TaLP criminalisation module. The workshop also used the discussion document on the criminalisation of HIV in Angola, published by ARASA in partnership with SALC, as a resource. The discussions guided the participants about the concept of criminalisation, its different forms, concerns of the State to criminalise and what the law of Angola enshrines. The impact of criminalisation was looked at through the analysis of a case, still open, on intentional transmission of HIV by an individual in the province of Cabinda in order to identify whether cases in court follow international guidelines. It was evident from the engagement with the participants that this was the first time a discussion on HIV criminalisation was convened and there is a need for a legal analysis to be conducted.

The **Health Law and Policy Consortium** hosted a media sensitisation workshop in November and the National AIDS Control was represented. The Chairperson of the Parliamentary Committee on Health, Dr. Labode, delivered a keynote address. A media toolkit was developed, and 300 copies were shared with practitioners and different newsrooms across the country. Legal experts facilitated the discussions and enhanced the media practitioners' knowledge on why HIV should be decriminalised. The engagement received coverage in four newspapers and on two radio stations.

**BEYOND BLAME** Challenging Criminalisation for **HIV JUSTICE WORLDWIDE**

Steven Bryson (AIDS Law Project of PA / SERO), Nyasha Chingore (ARASA), Kene Esom (UNDP), Timothy Jackson (AIDS Foundation Chicago), Cécile Kazatchkine (HIV Legal Network), Svitlana 'Sveta' Moroz (Eurasian Women's Network on AIDS / ICW), Immaculate Owomugisha (UGANET / ICW), Laurel Sprague (UNAIDS), Alison Symington (HIV Justice Network), Alexandra 'Sasha' Volgina (GNP+)

Closing message from Dr Tlaleng Mofokeng ('Dr T') (Special Rapporteur on the Right to Health)

Hosted by Edwin J Bernard (HIV Justice Network) and Breanna Diaz (Positive Women's Network USA)

**Tuesday, 30 November 2021**

In November, **KELIN** sensitised 21 members of the parliamentary human rights caucus and CSOs on the danger of continued application of laws that criminalise HIV and to urge them on the need to repeal Sections 24 and 25 of the HIV and AIDS Prevention and Control Act (HAPCA) 2006 which was declared unconstitutional in 2015. The project highlighted key court cases on HIV criminalisation that KELIN is handling (forced tubal ligation on women living with HIV in various hospitals across the country) as well as the negative implications of criminalising HIV among adolescent girls and women. The project also disseminated a policy brief on **Challenging HIV Criminalisation in the East African Community**. In response, the parliamentarians committed to spearhead the formal repeal of Section 24 of HAPCA and Section 26 of the Sexual Offences Act. As a follow up to this meeting and the parliamentarians' agreeing to receive a petition on the shortage of antiretroviral drugs for tabling in parliament, KELIN led the drafting of the petition which was delivered to parliament on 9 November. KELIN will also follow up and draft a background document to assist parliamentarians to introduce a motion for deletion of Sections 24 of HAPCA and section 26 of the Sexual Offences Act. KELIN will also draft a background document to request a ministerial statement on the status of implementation of the EAC HIV and AIDS Prevention and Control Act.

## **AZIMA consortium – advocacy for inclusion of MSM and transgender people in Global Fund spaces at national level**

ARASA provided financial and technical assistance to AZIMA consortium members to develop advocacy plans, conduct human rights monitoring and engage in Global Fund processes at country level in Zambia (Trans Bantu and Dignitate), Zimbabwe (GALZ) and Kenya (Jinsiangu). During the period under review, the projects witnessed significant progress in these focus countries as well as at the regional level, although COVID-19 delayed the start of work by country partners. Zambia got a KP representative on the country coordinating mechanism (CCM); Cameroon witnessed increased engagement with the CCM, NAC, and the Global Fund's Principal Recipient. In Cameroon, the country partner (Affirmative Action) has been a Sub-Recipient since 2016, focusing on MSM and sub-granting to 33 sub-sub recipients. In Zimbabwe, the MSM and Trans Technical working group was to be part of the GF bi-annual review meetings which were cancelled due to COVID-19, but engagement continued and the review meeting will happen in 2022. Kenya is engaging the KP representative which helped to ensure that transgender communities were recognised formally as a KP under the current GF programme.

All partners focused on strengthening capacity of organisations and their peers in conducting data gathering and monitoring, including community-led monitoring (CLM). Zimbabwe developed a specific tool to address the lack of consistency between different tools used within the country, and to ensure that CLM is responsive to community needs. Cameroon focused on success stories and documenting lessons learned. ARASA began developing an evidence-based advocacy toolkit (piloted early 2022), which will contribute to capacity strengthening efforts in the region.

All countries also saw increased capacity of both service providers – including healthcare workers – and MSM and transgender communities around health rights and HIV. In Kenya, Cameroon and Zimbabwe, tools were developed to increase resources for capacity building healthcare workers and communities. Specific issues facing trans men and gender non-conforming people were highlighted, which is an important achievement as this issue is often forgotten in the HIV and SRHR discourse within the region.

## **Reaching key influencers**

ARASA has targeted interventions that ensured that key influencers such as the national human rights institutions, MPs and the media 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 and to use the knowledge to remove legal and structural barriers.



## Parliamentarians

In April, ARASA and SAPAM collaborated with the SADC parliamentary forum (PF) and hosted a joint sitting of the Regional Women's Parliamentary Caucus for a session on "The Role of Parliamentarians in Advancing Access to COVID Vaccines, Medicines and Diagnostics." Parliamentarians learned of the progress made during the period 2012-2020 to advance enabling intellectual property/patent legislative and regulatory environments, for the improvement of access to essential pharmaceutical medicines and diagnostics. Members were presented with an update on the "Breaking IP Barriers: Creating Pathways to Medicine Access SADC Member States Snapshot Report" and on the status of the "TRIPS Flexibilities" publication presented to them in 2018 by ARASA and SAPAM. Attended by 60 people, the session also looked at the emerging COVID-19 pandemic through the lens of TRIPS flexibilities and discussed options available to the Member States to improve access to COVID-19 therapeutics (diagnostics and vaccines), as well as the role that parliamentarians could play.

**VOUS êTES CORDIALEMENT INVITÉS à NOUS REJOINDRE POUR :**

**FORUM PARLEMENTAIRE DE LA COMMUNAUTÉ DE DÉVELOPPEMENT DE L'AFRIQUE AUSTRALE (SADC PF)  
CONSULTATION DE LA SOCIÉTÉ CIVILE SUR UN MODÈLE DE LOI SUR LA VIOLENCE FONDÉE SUR LE SEXE**

**POUR VOUS INSCRIRE VEUILLEZ CLIQUER SUR CE LIEN**

**24 AOÛT 2021**  
**10H00-13H00 SAST**  
INTERPRÉTATION FRANÇAISE ET PORTUGAISE EST DISPONIBLE

**BOEMO SEKGOMA**  
SECRETARY GENERAL  
SADC PF

**FELICITA HIQUAM**  
DIRECTOR  
ARASA

**ADVOCATE BIENCE GAWANAS**  
FORMER UN UNDER - SECRETARY GENERAL AND SPECIAL ADVISOR  
ON AFRICA TO THE UNITED NATIONS SECRETARY-GENERAL

**KEY NOTE SPEAKER**

SADC Parliamentary Forum  
ARASA AIDS Rights Alliance for Southern Africa  
SADC MODEL LAW ON GENDER BASED VIOLENCE

In July 2021, ARASA and the SADC parliamentary forum held a regional learning and reflection lab highlighting the role that parliamentarians can play in advancing bodily autonomy and integrity in the context of SRHR. Parliamentarians were encouraged to enact rights-based bills into law and harmonise these laws to help meet people's SRHR needs, coupled with the implementation of CSE in schools and targeted interventions for men and young men in maternal health programmes. There were 60 participants, including MPs and CSO representatives.

In August, ARASA – in partnership with the SADC PF – convened a consultative process with CSO members to contribute to the consolidation and finalisation of the drafting of the Model Law on Gender-Based Violence. Participants made suggestions for considerations as the draft is amended. MPs were reminded that the alarming statistics call for immediate action to dismantle patriarchal systems as well as the domestication of laws into national policies. Some of the issues noted were that women may want to stand up and fight however the justice system lets them down. Women MPs were therefore called on to speak out about issues, laws and policies that negatively affect women during debates with their counterparts. 61 members from CSOs across the SADC region participated.

## Media

In July 2021, ARASA also convened a virtual regional media learning and reflection lab on bodily autonomy and integrity and its intersection on SRHR for media partners and practitioners in southern and east Africa. The lab served as a platform to share best reporting practices to influence national, regional and international human rights policies. The training was held over three days and attended by 38 participants including a Chief Executive Officer, an Editor-in-Chief, senior editors and journalists.

Advocate Bience Gawanas, the former Special Advisor for Africa to the United Nations, gave a thought-provoking keynote address. Ten expert speakers from civil society addressed the sessions on access to safe abortion, gender-based violence, SRHR and LGBTQ+ rights from the regional activist perspective, including renowned Justice Dingake who served as a judge for over a decade. Judge Dingake called on the journalists to never abandon their duty to educate communities. SRHR expert Dr Stellah Bosire discussed the importance of protecting bodily autonomy and integrity from a public health lens.



Editors and journalists appreciated the awareness raised on bodily autonomy and integrity as a specific area of human rights, the different ways in which it is experienced and the power of the media in either undermining or promoting BAI issues. All the editors/journalists indicated that the media lab had ignited in them a desire to act on such issues depending on what they considered more urgent in their countries or communities. Some indicated that they appreciated the importance of being factual and are now aware of the need to package stories about bodily autonomy and integrity in ways that are sensitive to victims and acceptable to society. Some appreciated the knowledge they gained about BAI, experiences of rights violations such as the sterilisation of women living with HIV, and abortion issues among others.

A follow-up survey with some of the participants at the media lab, highlighting key achievements, shows that at least five of the journalists have also trained their colleagues on SRHR and bodily autonomy and integrity issues to ensure that their reporting is rights-based, especially on KPs. Some participants have also since written articles from a BAI and SRHR perspective.

*“...I am also following another story where chiefs and traditional leaders are joining the fight to have abortion laws flexed in the country [Malawi]. Legislators are afraid to change the law because of fear of their constituents but traditional leaders want to join the fight as they are the ones whose subjects are victims of unsafe abortions. Women and girls turn to unsafe abortions because they cannot afford the services in private clinics. Their right of choice is impinged.”*

**Media participant in the learning and reflection lab on bodily autonomy and integrity**

## National human rights institutions

In August, ARASA partnered with the Network of African National Human Rights Institutions (NANHRI) to convene a regional learning and reflection lab on bodily autonomy and integrity and launched the Every BODY Counts!

campaign for NHRIs. The lab unpacked BAI concepts and also looked at the issue of culture and BAI in Africa and the use of the Maputo Protocol. While the importance of promoting the right to BAI was highlighted, lessons were shared by the Kenya National Commission on Human Rights which engaged with the public inquiry that documented SRHR violations in Kenya. Experiences from the South African Human Rights Commission,

that has initiated litigation around various issues surrounding SRHR challenging the right to health, economy, social and cultural rights, were also shared. NANHRI reminded NHRIs that they are uniquely placed to ensure accountability in terms of realising SRHR. NHRIs need to ensure that human rights are respected, protected, promoted and fulfilled especially in holding the State accountable to its human rights commitments. This includes monitoring and addressing inappropriate use of national laws when it comes to advancing gender equality and equity, and an obligation to assist those seeking redress and advising states on human rights-based policies, laws and practices. 42 participants attended.



In August, NANHRI also organised in-country training with the Zambia and Kenya Human Rights Commissions on the right to bodily autonomy and integrity and its linkage to SRHR. In attendance were 27 people including a commissioner, commission officials and CSOs.

## Influencing key regional, continental and international policy platforms

ARASA supported partners in Namibia and Zimbabwe to submit an alternative report to the Universal Periodic Review (UPR). In Namibia, two submissions led by Namibia Diverse Women's Association and the Women's Leadership Centre were supported. The group of CSOs in Zimbabwe was led by the Pan African Positive Women's Coalition-Zimbabwe (PAPWC-ZIM). ARASA also supported training for civil society on understanding the UPR prior to the writing of the reports. The submissions addressed different aspects of bodily autonomy and integrity such as SOGIE rights, women's rights, and the right to abortion.

In partnership with BONELA, ARASA made a submission in response to the call by the UN Special Rapporteur on violence against women, focusing on rape as a grave and systematic human rights violation and as GBV against women. The submission placed an emphasis on analysing the relationship between the multiple tiers of international human rights law and obligations for Member States in southern Africa, with a focus on undertaking an analysis of SADC-level treaties, strategies, and policies which not only influence the development of law at a national level, but also outline the minimum acceptable standards in the region.

In April, ARASA's Director Felicita Hikum facilitated a panel discussion entitled "Fully resource and sustain efficient HIV responses and integrate into systems for health, development, social protection, humanitarian settings and pandemic responses" during a multi-stakeholder hearing as part of the preparatory process for the 2021 High-Level Meeting on HIV/AIDS. She also spoke on a panel at an Inter-Parliamentary Union side event during the meeting entitled "The role of parliaments in addressing inequalities to end AIDS by 2030." Her remarks responded to the question: How are you working to promote a human rights-based approach to HIV/AIDS and what do you want to tell policy makers on addressing stigma and discrimination? The hearing provided an opportunity for stakeholders to share their inputs on





the UN's Political Declaration on HIV under the hashtag #WeAreHLM to ensure that no one is left behind in the HIV response.

In September, ARASA – with support from UNAIDS – hosted the east and southern Africa consultation on the significance of the inequality focus of the Global AIDS Strategy 2021-2026. The consultation was attended by 90 CSO and UN agency representatives and resulted in a consensus statement, endorsed by 65 organisations, on the perspectives and priorities related to the roll-out of the Global AIDS Strategy and Political Declaration on Ending AIDS in the region. The consensus statement was shared during the SADC senior officials' virtual meeting on rolling out the strategy and the UN Political Declaration's 2025 commitments in the SADC region and will be shared at other regional and national advocacy opportunities. An online survey also gathered feedback from 73 respondents.

ARASA coordinated African civil society organisations to develop a joint statement outlining their priorities for the 2021 High-Level Meeting on AIDS and the Political Declaration.

In June, ARASA's Programmes Lead Nyasha Chingore participated in a dialogue to celebrate the handover of the UN Special Rapporteur on the right to health mandate from Dr. Dainius Pūras to Dr. Tlaleng Mofokeng. The dialogue focused on the intersection between the right to health, sexuality and gender.

In August, ARASA partnered with Cape Town TV (CTV) to produce a segment for their youth programming on bodily autonomy and integrity. ARASA team members based in Cape Town participated and highlighted aspects of the BAI campaign. Ek Se is CTV's daily live edutainment show for young people which includes weekly segments on social and health issues that affect them.

In November, ARASA participated in Ipas' regional convening on abortion. This was a three-day meeting which took place in Johannesburg, South Africa, in November 2021. It was attended by civil society representatives, members of parliament and medical experts on abortion from the east and southern Africa region. ARASA presented on what the abortion movement could learn from the HIV/AIDS movement. These lessons were reflected in the final communiqué that was drafted.

In December, ARASA collaborated with HIV Justice Worldwide, the Southern Africa Litigation Centre and GNP+ for a session on the criminalisation of HIV positive women for breastfeeding or comfort nursing infants. The panellists included a representative from Lean on Me. The satellite session was attended virtually on Zoom by 36 participants. The aim of the

session was to discuss the concerning trend in some countries in the region where HIV positive women of low socio-economic status continue to be prosecuted for breastfeeding infants and potentially exposing them to a risk of infection. ARASA's role was to set the scene and give a brief background to the discussion.

ARASA also participated in the 'Accountability' pre-conference at ICASA organised by Accountability International on 5 December. The ARASA team member presented on "The Intersectionality of Criminalisation: The Right to Bodily Autonomy and Integrity."

ARASA in collaboration with SAfAIDS, GNP+, AIDS Foundation and ATHENA also planned a hybrid session on "Accountability on Political Declaration Commitment on SRHR, Gender and Young People in the Their Diversity" which was scheduled for 7 December. Due to the sudden change of the ICASA conference from hybrid to fully virtual, the session – looking at the domestication of the Political Declaration on AIDS and its global strategy – had to be postponed to the beginning of 2022.

## Engagement with the African Commission on Human and People's Rights (ACHPR)

**#STAND UP! WEBINAR**

**Advocating for SRHR & Bodily Autonomy and Integrity at The African Committee of Experts on the Rights and Welfare of the Child**

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

The first part of the #StandUp! webinars on Advocating for SRHR & Bodily Autonomy and Integrity using the Human Rights System will focus on The African Committee of Experts on the Rights and Welfare of the Child (ACERWC)

**Date:** 4 August 2021  
**Time:** 14h30 (SAST), 15h30 (EAT)

**REGISTER here:**

<http://bit.ly/arasaacerwc>

**Our Panelists!**

**Benyam Dawit Mezmur**  
Project Head Children's Rights  
Omar Dullah Institute  
University of the Western  
Cape

**Ayalew Getachew Asseffa**  
Senior Legal Researcher  
Secretariat of the African  
Committee of Experts on the  
Rights and Welfare of the  
Child



ARASA attended the 67th and the 68th ordinary sessions of the ACHPR remotely. ARASA's Programmes Lead continued her position as an expert member of the Committee on the Protection of the Rights of People Living with HIV, Those at Risk, Vulnerable to and Affected by HIV. In this capacity, along with other members of the HIV Justice Worldwide partners, she has been engaging the Committee on adopting a resolution on criminalisation of HIV in the context of breastfeeding. She also participated in the UNDP meeting on removing legal and structural barriers to ending AIDS by 2030. She presented on the need for national level accountability mechanisms to ensure that regional standards are domesticated and more importantly implemented. In her presentation, she highlighted the importance of amplifying the voice of progressive decision makers and success stories in removing structural barriers and criminal laws in the African context to challenge the broad narrative that often paints the continent as conservative.

ARASA developed two statements that were submitted to the African Commission on Human and People's Rights. The statements were submitted under item 3 and item 7. The item 7 statement highlighted the difficulties women face in trying to access abortion services in SADC in light of the Maputo protocol and SADC SRHR strategy and scorecard. The item 3 statement shed more light on the criminalisation of people using drugs in east and southern Africa.

In July and August, ARASA hosted a webinar series entitled "Advocating for SRHR and Bodily Autonomy and Integrity using the African Human Rights System". The webinar series was carried out online via Zoom and livestreamed on Facebook. It took the form of a series of three webinars on the African Commission on Human and Peoples' Rights, the

African Committee of Experts on the Rights and Welfare of the Child (ACERWC) and the African Union Commission (AUC) respectively. Each session lasted about two hours and started with a presentation giving an overview of the mechanism and entry points for advocacy on SRHR and BAI. This was followed by a panel discussion with experts who have actively engaged with or worked at the relevant mechanisms.

## Input on draft policies and laws and advocacy supported around strategic litigation

ARASA continued to support the SADC-PF GBV Model Law technical working group, which has the principal objective of supporting the development of the SADC Model Law on GBV. During the reporting period, ARASA commented on drafts of the Model Law and, in year 3 in August, supported the civil society consultation on the Model Law.

ARASA continues to be a member of the **Namibia** Technical Working Group on SRHR. This group consists of representatives from various Ministries in Namibia, including Health, Gender and Education, as well as UN agencies and civil society organisations working on SRHR. During the reporting period, ARASA attended several meetings and continued to provide support on ongoing conversations around reforming LGBT laws and restrictive abortion laws in Namibia.

In May, ARASA supported the Gender and Justice Unit in **Malawi** and its partners (CHREEA and FSWA) who assessed

the responsiveness of the police and documented cases of police brutality suffered by sex workers in order to refer them for legal redress through the newly established Independent Police Complaints Commission (IPCC). The research explored the level of trust that the sex workers have in the police and whether they would turn to them in instances where they had faced violations at the hands of other police officers. The research, conducted with 19 sex workers around Blantyre, found that most faced incidences of abuse at the hands of the police either during their time of arrest or at the time they wanted to register a case. The response was overwhelmingly negative and revealed alarming data demonstrating rampant abuses and disregard of sex workers' human rights. Although the police have a constitutional right to protect all citizens, the research indicates that the most common incidents involving sex workers when they interact with the police consist of physical assaults of a sexual nature, such as rape, sexual battery, and molestation or attempts to commit such assaults. Six cases from the research will be further investigated and a formal complaint was filed with the IPCC with one case for action in July.

*“Sometimes, the police officers on duty have different behaviours. For example, they release us on bail the following day once we have given them money when we get arrested. Sometimes when they arrest us, they tell us to free ourselves, meaning that we have to sleep with them first.”*

**Respondent**

*“The police raped me because I had no money. They said in order for me to be free, I should sleep with them. So, out of fear of spending a night in a police cell and the thought of children at home, I slept [with them] without protection.”*

**Respondent**

In March 2021, ARASA supported a partner in **Tanzania** to develop a presentation that was delivered before the African Children's Rights Experts Committee. The presentation reflected on the draft general comment on the sexual exploitation of children for the day of general discussion on the SRHR of adolescent children. The presentation highlighted the need for an evolving approach to addressing issues related to consent for minors, as well as the importance of access to SRHR services for adolescents.



## Internal programme planning and review

ARASA held a planning meeting for the team where the 2021 work plan and budgets were finalised. The team also used the platform to discuss the efforts that ARASA needed to make towards resource mobilisation against the strategic plan. It is worth noting that, to date, a number of proposals have been submitted for consideration and await responses from prospective funding agencies.

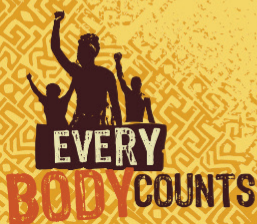
In June, the ARASA team held a virtual staff retreat over two-days to help the team to self-care. This platform helped the team to re-energize and share some relief from the pandemic difficulties. Each team member shared their individual vision board to help renew their energies as well as exchange coping mechanisms. Everyone received a self-care pack.

At the end of November and beginning of December, the team held a hybrid reflection meeting with eight members joining physically while two members joined through Zoom. The team discussed the successes, challenges, highs and lows during 2021 and the priorities that need to be tied down before the year end. The team also completed individual and team Enneagram personality profiles.

During the period under review, the ARASA team intensified the resource mobilisation work. Eleven proposals were developed and submitted to five funders. Five of the proposals were awarded for the year 2022 while we await feedback for the rest.

**The right to sexual and  
reproductive health includes the  
right to choose whether or not to  
terminate a pregnancy!**

***Ensure Access 2 Safe Abortions!***



**#EveryBodyCounts  
#Stand4BAI**

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





# 3.0 Operations

## 3.1 Governance

ARASA's Board of Trustees ensures the proper administration of the trust. 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. In 2021, three trustee meetings were organised in April, August and December.

In August, one of the ARASA Board resolutions was to renew the Board and to replace the Partner Trustees whose terms had ended. The Board also resolved to fill the two Founding Trustee seats, which were vacant because the representatives of those founding organisations had stepped down. An invitation for nominations for Partner Trustees was circulated in September coupled with a call for partners to volunteer to join an advisory committee to receive the nominations. 94 partners took part in the voting process and selected ZNNP in Zimbabwe and UGANET in Uganda to replace UHRN and MANERELA. Founding partners SECTION27 and SAfAIDS Regional nominated new representatives for their seats.

As of 31 December 2021, the Board of Trustees was composed as follows:

1. Christine Stegling (Chair)
2. Felicita Hikuam (Director ARASA) (ex officio)
3. Bramwell Kamudyariwa (Treasurer)
4. Tatenda Makoni (Partner representative for Zimbabwe Network of People living with HIV (ZNNP+))
5. Immaculate Owomugisha (Partner representative for Uganda Network of Law, Ethics and HIV/AIDS (UGANET))
6. Professor Nana Poku
7. Sibusisiwe Ndlela (Founding representative for SECTION27)
8. Rouzeh Eghtessadi (Founding representative for SAfAIDS Regional)

Two of the trustees, Bramwell Kumudyariwa and Professor Nana Poku, sit on the board on the basis of their particular experience and expertise.

## 3.2 Human resources

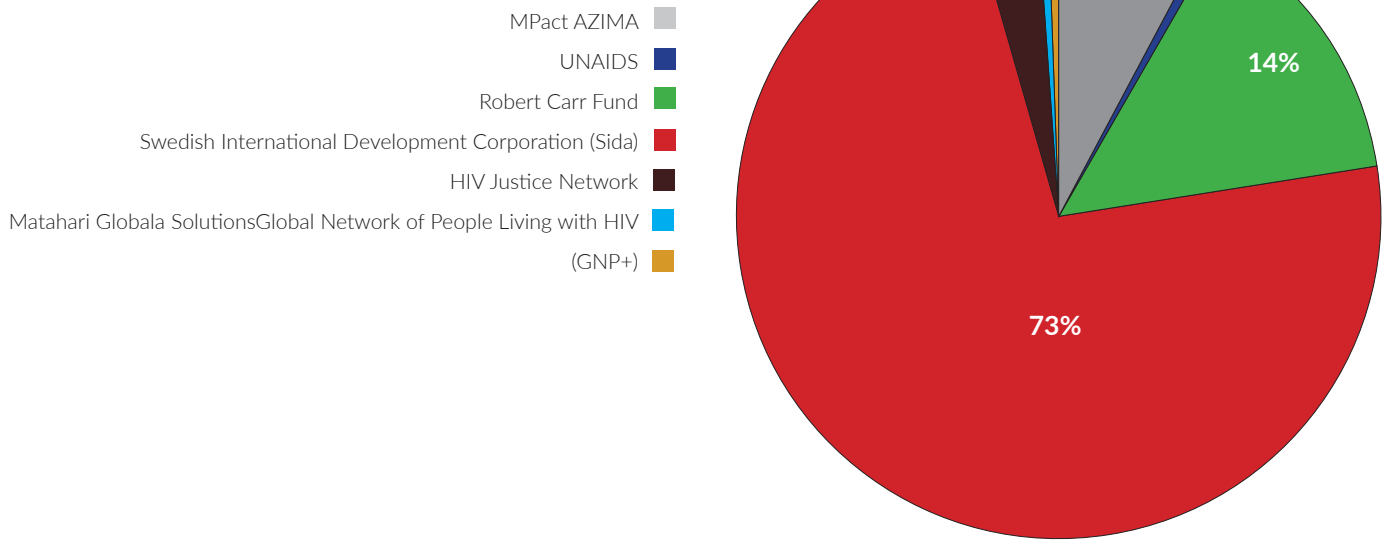
During the reporting period, the ARASA partnership was supported by a team of 11 staff members, based in the head office in Windhoek (Namibia), Cape Town (South Africa), Kampala (Uganda) and Harare (Zimbabwe). In June, Anthea Taderera, the Regional Advocacy Officer, resigned to pursue further studies. Paleni Amulungu, the Communications Officer, resigned in August. In October, Thuthukile Mbatha joined the team as the Regional Advocacy Officer. In December 2021, Director Felicita Hikuam announced her intention to resign in 2022.





### 3.3 Financial sustainability

2021 donor income %



ARASA’s expenditure in 2021 was NAD 26,334,606 (USD 1,881,043) an increase of 21% from 2020 expenditure rate. It is applaudable that momentum has been gained after the covid 19 imposed challenges on activities implementation in 2020. ARASA continued with supporting partners and disbursed a total of 74 grants in 2021 to the value of NAD 12,626,862 (USD 901,918).

In 2021 ARASA also put in 11 funding proposals and won 7 of those bids for funding in the 2022 financial year.

ARASA’s 2021 financial statements were audited by Grand Namibia in 2022. An unqualified audit opinion was issued on the financial statements for the year ended 31 December 2021.

