

AIDS AND RIGHTS ALLIANCE
FOR SOUTHERN AFRICA

ANNUAL REPORT 2022



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**ANNUAL
REPORT**

2022

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LIST OF ACRONYMS

ARASA	AIDS and Rights Alliance for Southern Africa
AGYW	Adolescent Girls and Young Women
ART	Antiretroviral therapy
AWDF	African Women's Development Fund
AZIMA	A Swahili word which means determination
BAI	Bodily Autonomy and Integrity
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
CEGAA	The Centre for Economic Governance and Accountability in Africa
CCM	Country Coordinating Mechanism
CRG	Community, Gender and Rights
CSO	Civic Society Organisation
COVID-19	Coronavirus disease of 2019
DRC	Democratic Republic of Congo
DSSR	Santé et droits sexuels et reproductifs (SRHR in french)
EOF	Exceptional Opportunity Funding
ESA	East and Southern Africa
FACT	Facilitators of Community Transformation
GALZ	An Association of LGBTQI+ Persons in Zimbabwe
GATE	Global Action for Trans Equality
GF	Global Fund
HEARD	Health Economy and HIV and AIDS Research Division
HCW	Health Care Worker
HRBA	Human Rights Based Approach
ICASA	International Conference on AIDS and STIs in Africa
ITPC	International Treatment Preparedness Coalition
KP	Key population
LGBTQI+	Lesbian, gay, bisexual, transgender, Intersex and Queer and other identities

LEGABIBO	Lesbians, Gays and Bisexuals of Botswana
MOOC	Massive Open Online Course
MP	Member of Parliament
MSM	Men who have sex with men
NAC	National AIDS Council
NFM4	New Funding Model 4 (for Global Fund)
NHRI	National Human Rights Institution
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PPPR	Pandemic Prevention Preparedness and Response
PrEP	Pre-exposure Prophylaxis
PWUD	People Who Use Drugs
SADC	Southern African Development Community
SADC PF	Southern African Development Community Parliamentary Forum
SALC	Southern Africa Litigation Centre
SARSYC	Southern African Regional Students and Youth Conference
SDG	Sustainable Development Goal
SIDA	Swedish International Development Agency
SOGIE	Sexual Orientation, Gender Identity and Gender Expression
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Disease
TALP	Training and leadership programme
TB	Tuberculosis
RCF	Robert Carr Fund
UCCM	Uganda Coordinating Mechanism
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Populations Fund
UGANET	Uganda Network on Law Ethics and HIV/AIDS

MESSAGE FROM DIRECTOR



Dr Ntombi Muchuchuti

AIDS and Rights Alliance for Southern Africa (ARASA) is an alliance of individuals (entities and persons) and a movement on Universal Health Coverage (UHC), HIV, TB, and Malaria prevention as well as Sexual Reproductive Health and Rights from Southern and East Africa, with more than 20 years of documented success. The year 2022 was a transformative year, with major operational changes both from the governance and management levels. The year started with the former Director Felicity Hikuam serving her 4 months' notice following her resigning after 9 years with the organisation. The year also ended with the Board Chair Christine Stegling announcing her stepping down after more than 16 years of serving the organisation. However, the board managed the transitioning effectively and efficiently and managed to recruit a new director (Dr. Ntombi Muchuchuti) in time and, also, appointed an Interim Board Chair Bramwell Kamudyariwa who continued to steward the organisation and provide leadership on the governance oversight

Joining ARASA mid-2022, (at the end of the strategic period 2019-2022), was the best moment a new leader can desire to start. The opportunity presented a window of making informed decisions on setting a foundation for bringing the desired change through a range of strategies. Firstly, the programme evaluation, the organisational systems audit, the capacity assessment, and the context analysis provided valuable background to inform the basis for the change and the formulation of the new strategy. The processes of revisioning were anchored on the good work and brand that the organisation has managed to demonstrate in many years past. The new strategy development process was an outcome of many consultations with various entities, including partner organisations, donors, the board, staff, and associates. The new ARASA strategy was finalised to be endorsed by the board at the start of 2023.

Like any other transitioning, the change process did not come smoothly. ARASA two staff members left at the end of the year, firstly, one long serving member namely of the organisation namely Soraya Mentoer and another senior management staff Nyasha Chingore. Both cadres will be replaced at the start of 2023.

ARASA continued to be sought after, and to be present at regional and international meetings and took part in various fora, further increasing visibility, and authenticating its ability in engaging on SRHR debates. The organisation continues to set the regional trend on human rights approaches to HIV and TB prevention as well as Sexual and Reproductive health rights advocacy.

With continued collaboration with its partners and subgranting using diverse models, ARASA's subgrantees grew from 35 at the start of the year to 75, midyear due to the pandemic and the need to change the implementation strategies. ARASA subgrantees are organisations of varied sizes, scopes, and geographic coverage. There was a sudden shift to the subgranting model which created a lot of strain to the already understaffed organisation. However, the organisation managed to navigate the process effectively and achieved the set goals for its programmes.

ARASA appreciates the previous Director (Felicity Hikuam) for stewarding the excellent work and the long serving members that have managed to provide valuable foundational information that has allowed the organisation to grow. The former Board chair, Christine Stegling is appreciated for her unwavering support and her commitment to see ARASA grow and strive.

All the staff who left the organisation in 2022 are appreciated and their work is greatly acknowledged. For the staff that have remained in the organisation, great appreciation is extended to them for being the pivot that the organisation needed during the transition. The history and culture behind the organisation are rooted in each one of them, and this is sincerely appreciated.



1.0 EXECUTIVE SUMMARY

The 2022 Annual Report for ARASA starts by giving a synopsis of the 2019 – 2021 strategic period, organisational achievements, challenges, and strategic initiatives. Despite operational changes and transition in leadership, and the compounding adverse aftermath of the COVID-19 pandemic, ARASA continued to be a prominent advocate for HIV, TB, and Malaria prevention, as well as Sexual Reproductive Health and Rights (SRHR) in East Africa and Southern Africa (ESA).

Capacity strengthening and advocacy were ARASA's main interventions, and this two-pronged approach has been critical in influencing growth in movement building and strengthening a network of activists and civil society cadres in the East and Southern Africa Region. ARASA's work has been around building and strengthening civil society capacity, to effectively advocate for a human rights-based approach (HRBA) to UHC, HIV, TB prevention and access to sexual reproductive health (SRH) services. This also involved supporting local, national, and regional processes for monitoring progress on targets towards sustainable development goals (SDGs) 3, 5, 10, 13 and 17 through ARASA partnerships in 18 countries. ARASA has continued to facilitate regional workspace for collaboration and influencing public policy on health, gender equality and equity. Over the years, ARASA has been strengthening formulation, collation, utilisation of reliable data and information for advocacy while ensuring increased involvement of communities affected by inequality and limited human rights and amplifying the voice of the marginalised communities in speaking about issues that affect them. In addition, there has been increased awareness and recognition of ARASA's services and brand with communities and stakeholders through ongoing profile development.

The projects under review were supported by the Swedish International Development Agency (SIDA), Levis Strauss Foundation, Robert Carr Fund (RCF), African Women's Development Fund, Aidsfonds, Love Alliance, Global Fund, HIV Justice Network (HJN), Open Society Foundation, Frontline AIDS and the International Treatment Preparedness Coalition (ITPC). ARASA implemented various projects, which aimed to address sexual and reproductive health rights violations against women and LGBTQI+ communities, people who use drugs (PWUD) and Sex Workers in advancing advocacy at the regional and continental levels. The organization also focused on AGYW budget advocacy, HIV prevention for vulnerable adolescents, and promoting human rights-based responses to HIV and TB.

During the period under review, ARASA remained the regional convener of spaces for civil society organisations particularly those that operate in countries that criminalise certain population groups and sexual and reproductive health services. This was achieved through offering both technical and financial assistance to key population led organisations and serving organisations to effectively advocate for a human rights-based response to HIV, TB and SRHR violations in the region. ARASA has continued to influence policies at regional level.

In 2022, ARASA culminated in the development of a new Five-Year Strategic Plan for 2023-2028, focusing on Increased Capacity, Coordination and Accountability (ICCA) for Equality. The organisation remains committed to promoting health, dignity, and wellbeing while reducing inequality in East and Southern Africa.

1.1 ARASA IN NUMBERS 2019-2022

Year	Media Reach ARASA Only	Media Reach Through Partners	Twitter followers	Facebook followers
2019	4.22million	1.41 billion	3919	9492
2020	26 Million	950million	4356	9900
2021	26 Million	10.5 million	4879	11207
:				

1.2 KEY ACHIEVEMENTS 2019-2021

Capacity Strengthening

During the 2019 to 2021 strategic period, ARASA engaged in capacity strengthening initiatives aimed at ensuring that civil society in the ESA Region have increased co-ordination, understanding, capacity, agency, and establish strategic alliances, which contribute to stronger, more inclusive movements for SRHR, HIV and other emerging challenges.

- ARASA developed 39 resource materials including policy briefs, toolkits, manuals and animations which were used to guide capacity strengthening of partners as well as for use as advocacy and resource mobilisation tools.
- Through the annual Training and Leadership Programme, (TaLP) ARASA trained 84 CSO representatives from 18 countries who reached out to 3028 individuals. The trainings are a tool used for effective advocacy work on human rights within the ESA Region.

- The Massive open online courses (MOOC) conducted by ARASA reached 490 people including health workers, legal practitioners, academia, law enforcement agencies, community health advocates, social workers, researchers, among others. These courses on HIV Decriminalisation, bodily autonomy and integrity (BAI), sexual orientation and gender identity and expression (SOGIE) and HIV Prevention have helped these various key influencers to change their attitude on service delivery towards the key and vulnerable groups.
- Through technical assistance and ad hoc trainings, ARASA remained on the roster of the Community, Gender and Rights (CRG) Strategic Initiative of the Global Fund to Fight AIDS, TB and Malaria as a short-term Technical Assistance provider which resulted into strengthened capacity of partners in Cameroon, Kenya, Zimbabwe and Zambia to participate in the Global Fund proposal development and community representation on the country coordinating mechanism (CCM).
- ARASA successfully provided short term technical assistance to CSOs in Uganda through the Uganda Network on Law Ethics and HIV/AIDS (UGANET); in Malawi through Facilitators of Community Transformation (FACT), and in Ghana through Hope for Future Generations to engage in Global Fund Platforms and processes. A key outcome of this technical assistance was the intervention of civil society representatives during the final meeting of the Uganda Country Coordinating Mechanism (UCCM) to approve and sign the funding request. As a result of the CSO engagement, the UCCM approved a request, which included US\$7 million for community systems strengthening; US\$1.7 million for KPs and US\$8.5 million for human rights-related interventions (including US\$4.4 million in matching funds).
- ARASA provided 8 TaLP reflection lab grants to the TaLP alumni in Angola, Seychelles, Kenya, Uganda, Mozambique, Lesotho, Eswatini and DRC. The TaLP alumni directly trained 446 people including people who use drugs, LGBTQI+, People living with HIV and AIDS, miners, health workers, peer educators, sex workers and community health advocates, among others. The reflection labs provided space for strengthening coordination, sharing feedback on the country contexts as well as sharing knowledge and skills.

Advocacy

- ARASA strengthened its collaboration with other regional and national civic society organisations (CSOs) to advocate for the national implementation of the Southern African Development Community (SADC) SRHR Strategy (2019-2030). As part of the Regional Community of Policy and Practise and together with SRHR Africa Trust, Positive Vibes and AfriYan, ARASA hosted a youth dialogue, followed by a country dialogue for Namibian civil society to discuss their role in the implementation of the strategy. The country dialogue was part of a broader regional community of policy and practice that was emerging. A shared understanding of the strategy, based on the Lancet-Guttmacher definitions of SRHR, and a review of key bottlenecks in achieving universal SRHR in the country were two key outcomes.
- ARASA became part of the Regional Community of Policy and Practice that monitors the implementation of the SADC SRHR Strategy. ARASA's advocacy for the elimination of structural barriers to HIV prevention continued to gain momentum and influence regional policy platforms. As a result, ARASA got support from the Partnership to Inspire Transform and Connect the HIV Response (PITCH), Frontline AIDS, Aidsfonds and the Dutch Ministry of Foreign Affairs.

- In 2020, ARASA launched and rolled out the Every Body Counts! Regional Campaign on Bodily Autonomy and Integrity. The implementation of the programme was a great success, primarily due to the contribution of ARASA partners, in “My body in not a democracy” sexual and reproductive health and rights (SRHR) Programme in Botswana, Lesotho, Malawi, Namibia, Zambia, Seychelles, Kenya, Zimbabwe, Mozambique and Uganda. The My Body is Not a Democracy Programme resulted in a landmark court ruling in Botswana, a dramatic turn-around on policy and legal standpoints on same sex marriages in Namibia, and with churches embracing and supporting sex workers and pregnant teenagers amongst other achievements in other countries.
- ARASA was represented in Regional, Continental, and International policy platforms and human rights mechanisms. Using its Observer Status at the African Commission on Human and People’s Rights (ACHPR), ARASA delivered a statement on COVID-19 and the human rights situation in Africa <https://arasa.info/blog-news-details/arasa-observer-status-statement-achpr> and called on African states to adopt regulations and approaches to the pandemic that are grounded in public health and human rights approaches, which are sufficiently responsive to local conditions to be fit for purpose. In 2020, ACHPR adopted a resolution stating that human rights are central to successful COVID-19 responses and recovery.
- ARASA provided technical advice to national, regional and global health governance mechanisms including to the ACHPR. ARASA retained its Observer Status and participated in the Public Session of the 65th Ordinary Session of the Commission in 2020. The organisation contributed to a joint submission to the draft rules of procedure and was part of the technical group on states reporting which made recommendations aimed at ensuring that civil society has access to their state reports in advance. This allowed civil society more time to develop shadow reports and meaningfully engage in the state review process.
- In 2021 ARASA also participated in the ‘Accountability’ pre-conference at International Conference on AIDS and STIs (ICASA) organised by Accountability International. The ARASA team member presented on “The Intersectionality of Criminalisation: The Right to Bodily Autonomy and Integrity.”
- ARASA became part of the HIV Justice Worldwide Network coalition, which is the secretariat for HIV Justice Worldwide, co-ordinating its various activities. This has enhanced coordination on HIV criminalisation work as well joint implementation of HIV work with other partners.
- ARASA supported partners that developed position papers and participated in parliamentary budget consultations. This led to an increase in the health budget allocation in Zimbabwe to 12,7% of the 2021 national budget of ZWL 927.3 billion. Although still short from the 15%, Abuja Declaration Target, this was an increase from 10% in the previous year.



Linking and Learning

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

Over the years, ARASA has collaborated with strategic partners such as the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal to deliver capacity strengthening interventions in the development of content and co-moderation of the online short courses. The affiliation with the university has enhanced the quality and global recognition of the courses ARASA offers.

- Annually, ARASA conducted regional civil society BAI/SRHR learning and reflection labs for national implementing partners to plan together, learn from each other and find areas of collaboration. This has improved collaboration among ARASA partners at regional level.
- ARASA also, supported partners to host national BAI 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 BAI, legal and policy frameworks and 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.
- ARASA Partners developed advocacy plans and committed to integrate BAI work in their organisational programmes for sustainability, contributing to stronger movement building and network on BAI at country level. This led to the establishment of a more permanent civil society activist think tank (SCSATT) in Seychelles 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.

Evidence Generation

ARASA and the International Treatment Preparedness Coalition (ITPC) organised a pre-implementation workshop in Johannesburg for partners from Zimbabwe, Malawi, and Zambia that were implementing community treatment observatories (CTOs). The partners identified indicators and routinely collected data on availability, continuity and quality of HIV care and treatment. This culminated in the development of abstracts presented at the IAS conference in Mexico and at an ICASA conference in Zimbabwe during the same year.



- ARASA developed and disseminated several resources to strengthen the capacity of ARASA partners to effectively advocate for positive changes to laws, policies and financial allocations. These included the rapid assessment on the impact of the COVID-19 on community-led HIV responses in the SADC region, challenging HIV Criminalisation in the East African Community, Discussion Document on HIV Criminalisation in Angola and three advocacy briefs for HIV prevention advocates: - Epidemiology for Activists.
- ARASA published a report entitled ‘Trans Rights! Health Rights!’ which centralised the voices and lived experiences of the respondents showing how health interventions were designed to meet trans needs as a ‘key population’ and challenges that may heighten and amplify the marginalisation of transgender people. This became the precursor to in-depth research on race in global health and 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.
- The Sexual and Reproductive Health, HIV, TB and Human Rights in Southern and East Africa 2018/2019 Report <https://arasa.info/wp-content/uploads/2021/12/arasa-hrreport-full-2.pdf> was published.
- ARASA also partnered with the O’Neill Institute at Georgetown University in the production of a guide to TB and the law in prisons, entitled: ‘tuberculosis in Prisons: A people’s Introduction to the Law <http://kelinkeny.org/wp-content/uploads/2019/02/TB-IN-PRISONS-A-PEOPLES-INTRODUCTION-TO-THE-LAW-WEB.pdf>
- <https://arasa.info/wp-content/uploads/2021/12/arasa-toolkit-full-web.pdf>
- <https://arasa.info/wp-content/uploads/2021/12/ip-toolkit-guide-1-2-print-edition.pdf>





2.0 BACKGROUND

ARASA is a regional partnership of over 100 civil society organisations working towards Universal Health Coverage, prevention of HIV and TB as well as protection of the sexual reproductive health rights. This is done through promoting health, dignity and the wellbeing of all in East and Southern Africa in the following countries: Uganda, Tanzania, Kenya, Zimbabwe, Botswana, Namibia, Zambia, Lesotho, Eswatini, South Africa, Angola, Mozambique, Malawi, DRC Congo, Seychelles, Comoros, Madagascar, and Mauritius. ARASA has a proven track record regionally in movement building, capacity strengthening and SRHR-related advocacy, including influencing legal and policy change.



Figure 1 ARASA Programme Sites



2.1 CONTEXTUAL BACKGROUND

Internal context

Emerging from the COVID-19 restrictions and lockdown, having had to deal with delayed activities, reduced interventions, absence of face-to-face engagements and failure to engage and convene regional and international spaces, impacted ARASA's burn rate and implementation of programmes. Despite the drawbacks, ARASA realised growth during the period under review with an increase in grants to partners from 24 to 75. ARASA received funding from Aidsfonds, Love Alliance, Global Fund through MPACT, Swedish International Development Agency (SIDA), Africa Women Development Fund (AWDF), Robert Carr Fund, Levis Strauss Foundation and HIV Justice Network. In view of the need to strengthen its internal systems, several capacity assessments of the organisation and various audits were done. The assessments were necessitated by the growth of the organisational income.

After a successful application, ARASA became the new Grant Maker for Southern Africa Love Alliance and took over from Aidsfonds. The year started with the recruitment of the new director following the resignation of the previous director. The transition also saw two staff members leaving the organisation as well as the board chair stepping down from her role after 16 years of serving ARASA, leaving a staff compliment of 9 full time staff members. ARASA also started the strategy development process for 2023 -2028 through a consultative process with partners and stakeholders.

External context

ARASA and its partners are subject to various fragile contexts where climate change, conflict, and political instability create greater risk to adolescent girls, young women, youth and various key and vulnerable groups. Many countries have faced unprecedented extreme weather events over the years and communities have struggled to manage, absorb, or mitigate those risks. In 2019, Zimbabwe, Mozambique and Malawi were affected by the devastating effects of Cyclone Idai, whilst East African countries such as Uganda and Kenya were affected by drought and the catastrophic flooding in South Africa. ARASA has therefore considered the varying needs of those who have been in various contexts.

UHC remains a challenge for most countries in Africa, this has been due to incoherent policy instruments, sometimes because of delays in alignment to the constitutions, weak political commitments, inadequate resources, and countries' reluctance to address issues related to sexuality openly and comprehensively. There has also been shrinking space for CSOs and this has often resulted in attacks of key populations (KPs). The rise in restrictions on civic space, has manifested through enactment of retrogressive legislation targeting civic activism and CSOs. Shrinking civic space gags citizens' voices and threatens civil society's existence, while also challenging citizens' collective power to determine their own future.

There has also been a volatile political environment for example in Zambia and South Africa. Some of the regulations have hampered internet access and affordability and the uneven distribution of connectivity increasing the digital divide.

A considerable proportion of the population particularly adolescent girls, young people and key populations do not have access to adequate SRHR services. While progress has been noted over the past few years, these efforts continue to be threatened by the region's high new HIV infection rates amongst young women, exposing the need to re-strategise and invest to ensure more young people have access to comprehensive SRH services. In addition, the poorest and most vulnerable populations are still lagging behind. There is a lack of strategies to achieve UHC and a risk for fragmentation of SRHR services, especially in fragile settings where restrictive policies and misinformation about existing policies prevent implementation of critical comprehensive SRH services. This shows the need for ongoing attention for people living in poverty or in humanitarian crises in East and Southern Africa.



3.0 2022 PROGRAMME MANAGEMENT

3.1 2022 PROGRAMME SCOPE

ARASA managed a total of 8 projects in 2022 with a two-pronged programme focus. The main approach was on Capacity Strengthening and Advocacy. The report details the key achievements under the organisation's two outcomes, viz,

Outcome 1: ARASA partners and other civil society at the national level have increased coordination, understanding, capacity, agency, and strategic alliances and use this to mobilize communities and advocate for a human rights-based approach to universal health coverage, HIV and TB, prevention, and access to SRH services.

Outcome 2: ARASA partners and CSOs have increased participation in national and regional spaces to influence increased evidence based programming and national advocacy initiatives.

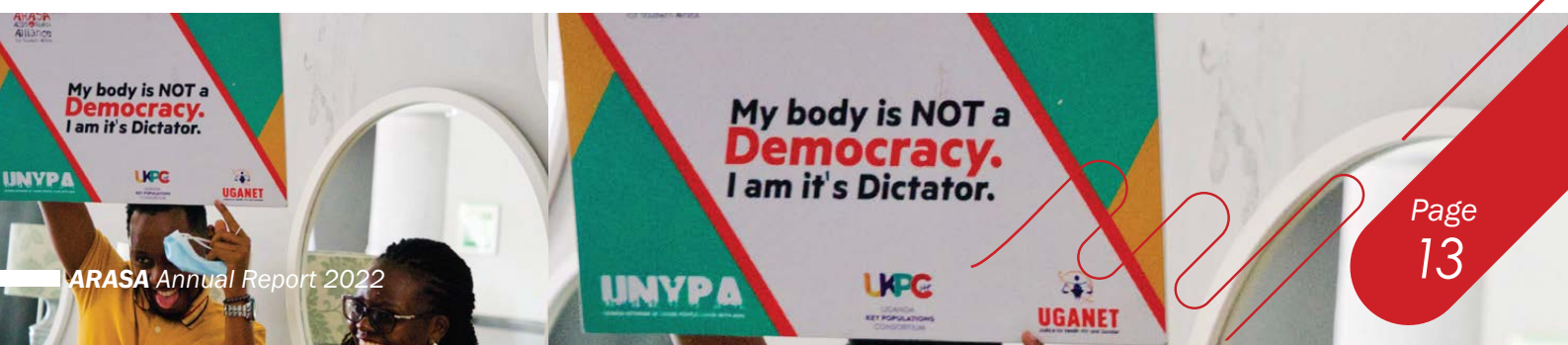
3.1.1 My Body is not a Democracy Programme

Emerging from the COVID-19 restrictions and lockdown, having had to deal with delayed activities, reduced ARASA's biggest campaign has been the “My body is not a democracy” three-year programme aimed at advocating for the promotion, respect, and protection of bodily autonomy for all in 10 countries (Namibia, Mozambique, Malawi, DRC, Zimbabwe, Kenya, Zambia, Uganda, Seychelles, and Botswana) through 33 partners. It was based on the premise that the rights to bodily autonomy and integrity are central to SRHR, which are in turn fundamental to people's health and survival, economic development, and the wellbeing of humanity.

In Zambia, collaboration with Members of Parliament and the Girls' Advocates Programme implemented by Generation Alive's under the BAI Programme resulted in the enactment of the Children Bill/Code on 8 August 2022. The Zambian coalition organised parliamentary sessions with adolescent girls and young women (AGYW) where they voiced their concerns about access to SRH services and the legal barriers to accessing these services. Additionally, during the technical assistance (TA) visit, ARASA (through engagement with members of Parliament- MPs) learnt that the Marriage Bill was being discussed and is incorporating customary marriage issues. During the year, advocacy interventions realised gains in Zambia, where gay men and men who have sex with men (MSM) directly influenced and advocated for the inclusion of affirming services that speak to the community's actual health care needs.

In Zimbabwe, collaboration with multiple stakeholders including AGYW, LGBTQI+, sex workers, traditional and religious leaders assisted integrating the BAI concept into existing national and stakeholders' commitments and structures especially around the Termination of Pregnancy (ToP) act of 1977 which was outdated, restrictive and had gaps that compromised BAI. Through engagements, there was consensus that Mildred Mapingure Case could be pursued to set precedent and an advocacy ground to revise the Act. This BAI project has also strengthened the capacity of Zimbabwe BAI Coalition to influence SRH policy review, reform and formulation as well as contributing to the existing body of knowledge on ToP. The coalition lead, Sexual Rights Centre (SRC) was invited to join the National Safe Abortion Coalition by SRHR Africa Trust (SAT) which is currently coordinating the safe abortion coalition in Zimbabwe as a strategic partner for the southern region of the country to expand the safe abortion coalition to other regions. As a result of this project, SRC is now recognised as a formidable partner on BAI issues in Zimbabwe.

In Kenya, the use of digital platforms and working with religious leaders created a more open and supportive environment that challenged social stigma that impeded access to sexual reproductive health especially stigma associated with sex work and safe abortion. As a result, the churches and mosques started to offer a platform and opportunities for community representatives and change agents to inform their congregation about SRH and helping in changing their views. Sex workers are no longer viewed as victims of circumstances or as criminals while abortion is now seen as a necessary medical procedure, rather than a moral problem. This led to improved access to medical care for pregnant teenagers and safe abortion services. Stories of lived experiences were packaged into a booklet. A total of 103 LGBTQI+ people were reached through a virtual legal aid clinic and assisted to address the human rights violations they endured. Jinsiangu, a BAI partner witnessed the improvement of gender HIV interventions and Trans community engagements through the development of policy briefs, IEC material, live stories, and other materials that were effectively used for health care workers (HCWs) training and advocating for Trans specific HIV interventions in dialogue with the CCM. In addition, new allies were formed with the media sector, and this improved reporting on BAI issues.



In Namibia, the consortium engaged law makers, parliamentarians, churches and the communities through various activities including awareness campaigns and capacity building workshops, the Pride Pop-Up campaign, use of art performance including documentaries, song, dance and poetry to push the bodily autonomy and integrity agenda. As a result of the safe abortion work, the parliamentary committee conducted public hearings to include the views of the communities on the issue. The advocacy on the laws and policies against same sex marriages and LGBTQI+ and SRHR also heightened because of the BAI programme. Other partners of the coalition focused on indigenous and rural women to create awareness about BAI and what it meant to various individuals.

In Seychelles, engagement with policy makers and LGBTQI+ on BAI and SRHR led to the development and the approval of a National BAI Advocacy Strategy. This ensured that there is consensus, and the work is harmonized and a National SRHR and BAI advocacy plan for Seychelles came into existence for the first time. In addition, Seychelles coalition reached out to the private sector during the Pride month and reminded them of their corporate social responsibility to social issues. They challenged international hotels to put up the gay flag on their advertising to show that they accept and believe in the protection of the rights of the LGBTQI+ community in the country.

Through the “My body is not a democracy” campaign, ARASA spearheaded and supported partners’ advocacy efforts that resulted in increased coordination, understanding, capacity, agency and strategic alliances among civil society. The project amplified the voices of marginalised populations and built a robust movement whereby communities took to challenging the status quo and stood for their own rights. The BAI campaign uniqueness was in bringing together sexual orientation, SOGIE, access to safe abortion, adolescent SRHR, HIV prevention and UHC activists together to fully advocate for the protection of rights. This project enforced collaboration between various stakeholders and diverse groups including policy makers, traditional and religious leaders, CSOs, key populations, private sector, media, National Human Rights Institutions, among others. All these stakeholders have a critical role to play in the promotion and protection of human rights. Such collaborations birthed interventions that led to communities mobilising at the grassroot level and lobbying national decision-makers for positive changes to laws and policies. For example, parliamentarians along with CSOs conducted a community engagement on the review of the Termination of Pregnancy Act in Namibia.



3.1.2 TaLP Reflection Labs

ARASA provided 9 grants to TaLP alumni who together with previous trainers organized thematic tailored training and advocacy workshops in their countries. The reflection labs created space for experiential learning, practicing training and facilitating of advocacy initiatives. It also created opportunity for further collaboration between ARASA alumni in countries. Thus, this led to enhanced collaboration between like-minded organisations at country level. The TaLP reflection labs resulted in enhanced messaging and empowerment of various intersectional groups including LGBTQI+ persons, people who use drugs, sex workers, people living with HIV, TB survivors and mining communities among others.

The photo voice messages below were shot by a trained trainer through the TaLP reflection lab.

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| Teenslink | ARASA | Wakiso -
Uganda

"Being a jobless charming young transwoman, i sell sex to get money for a living. I can't access HIV and SRH, services and information because of the long waits at facilities and negative attitude of providers who judge me."

Young LGBT persons also deserve to be treated with care and compassion. My Gender is Not a Democracy #IDAHOT2022
#UniversalHealthCoverage



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| Teenslink | ARASA | Wakiso - Uganda

"I lost it all in life: education, family and friends when i become pregnant after dropping out of school." Ruth's experience of teenage pregnancy.

The hopes of young mothers like Ruth can only be restored if the Government of Uganda full embrace the comprehensive sexuality education for young people in and outside school.

#EmbraceSecualityEducation!



3.1.3 AGYW Budget Advocacy

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

ARASA conducted a mapping of budget advocacy capacity gaps for adolescent girls and young women in HIV and SRHR programming in DRC, Zambia, Malawi, Namibia, and Botswana. The methodology included desktop research, surveys and individual interviews with partners, led by a consultant to establish the gaps in each country.

The findings indicated that while the prevalence of HIV is highest in the general population, the new infections are highest among the AGYW. Further, the AGYW are more prone to and affected by gender-based violence (GBV) and have limited awareness on HIV care and preventive interventions. In addition, most countries have debt levels exceeding the regional thresholds hence likely reducing the fiscal space for health, and reproductive health including AGYW Care. All countries did not raise tax revenues deemed adequate for sustainable financing of public services. Except for DRC, all countries had prioritised health as a sector of their respective economies with health spending exceeding the 5% of GDP threshold. None of the sampled countries had met the budgetary prioritisation target for health (Abuja Declaration) of 15% of government expenditures allocated to health. While there was notable paucity of data in all the countries, most countries except for Botswana and Namibia had unsustainable HIV Financing as this was largely drawn from external donors and not from domestic public sources. In all the countries, budget making lacked transparency and had very limited public participation across the respective fiscal cycles.

Recognising the demographic dividend in Africa, ARASA noted the vulnerability of youths particularly AGYW in their diversity, as it pertains to HIV and SRHR infringements. The Alliance supported and led programmes that aimed at empowering adolescent girls and young women through its partners with knowledge and skills to better advocate and ensure accountability from policy makers and service providers. Findings from the mapping report led to the development of the Show Us the Money toolkit that encompasses the tools, exercises, strategies, and case studies on health budget advocacy with reference to HIV and SRHR programming and training on health budget advocacy was conducted to young women from seven countries. This led to a partner in Botswana, Sentebale being approached by young women from a refugee camp requesting to join the campaign as they felt that it sought to address their SRHR issues as young people on the move. The AGYW expressed willingness to undergo training and develop health budget advocacy plans for implementation with technical assistance from Sentebale and ARASA.

In an attempt to further capacitate young women-led organisations, ARASA supported partners in various countries to lead health budget advocacy in their countries. The programme has seen young women mobilising other youth to grow and strengthen the movement for accountability. This programme, funded by the Robert Carr Fund, has strengthened the capacity of young women-led organisations in organising and mobilising a movement for health budget accountability as it relates to HIV and SRHR programming for AGYW. This has enabled them to organise online, in-communities and create spaces for accountability with policy makers and health care providers in Botswana, DRC and Malawi.



3.1.4 Love Alliance Regional Advocacy Grant

The goal of the Love Alliance Southern Africa Regional Advocacy Grant is to support people who use drugs (PWUD), Sex Workers, and LGBTQI+ - led organisations to advance advocacy at regional level in Southern Africa (particularly the SADC PF and the SADC secretariat), and at the continental mechanisms. The project is implemented through partners in 3 countries (Mozambique, South Africa and Zimbabwe). During the period under review, ARASA conducted a CSO pre-meeting to the NAC Directors' meeting which capacitated the KP representatives who adequately presented on progress and barriers on key commitments within SADC.

A linkage was made with the UNDP Young KP programme, and this relationship will continue in a bid to strengthen visibility of key populations in the region. KP representatives successfully attended a meeting organised by SADC (with assistance from the Gates Foundation, UNAIDS, and UNFPA). During the National AIDS Council (NAC) Directors' meeting, discussions were centred on progress towards HIV goals set in the region. The KP representatives presented on barriers on key commitments in the region to the NAC Directors. This increased KP visibility and inclusion in policy discussions at the SADC level which was achieved through on-going advocacy efforts which strengthened capacity of sex workers, LGBTQI+, and PWUD representatives from Zimbabwe, South Africa, and Mozambique.

3.1.5 AZIMA

The project aims at ensuring meaningful engagement of key populations in country dialogues, concept note development, and more specifically national HIV implementation with specific focus on Global Fund Country Coordination Mechanisms (CCMs). During the period under review, partners actively engaged with the CCMs and other Global Fund processes. Partners tirelessly worked on strengthening their influence on communities. In Zimbabwe, GALZ, an association of LGTQI+ persons in Zimbabwe (GALZ) established a task force of KP organisations that engaged directly with the CCM and 12 LGBTQI+ sector organisations. The taskforce holds quarterly meetings and GALZ developed tools to assist in Community Led Monitoring in the country. The engagements were able to influence programming changes to funding allocated to Global Fund (GF) implementing partners and prioritization of key populations issues. In addition, six (6) communities were engaged in evidence gathering, for which information was taken up by the task force in its work. In Zambia, community systems strengthening was conducted with a KP CSOs taskforce.

In Kenya, Cameroon, and Zambia, partners became formal observers within the CCMs. More specifically In Zimbabwe, GALZ was able to influence the CCM, to ensure representation and participation of MSM and Transgender persons to represent their respective working groups. As part of their participation, the voices of the MSM and Transgender communities were unified. Furthermore, Health and Human Rights Dialogues around KPs access to comprehensive healthcare and Legal services were facilitated with various government departments. In Cameroon, Affirmative Action was able to routinely sit on the table with local stakeholders like the National Aids Programme and UNAIDS to discuss best practices in implementing programs among community members and the local authorities have committed to the dissemination of best practices. Some partners worked on generating evidence to be used in advocacy or development of further action plans. In Zambia, Dignitate engaged an expert consultant who conducted a rapid participatory assessment that helped to define the needs of MSM and gay men as well as identified existing strengths, weaknesses and opportunities and threats for scaling up appropriate and stigma free HIV/AIDS, TB and Malaria services.

ARASA through this project funded by Global Fund and through MPACT and, the organisation participated in the Global Fund Community Engagement Strategic Initiative Partner Meeting held in Thailand. The discussions gave birth to a gathering, which was held in collaboration with Global Action for Trans Equality (GATE) to distribute information about the New Funding Model (NFM4). The gathering brought together CSO partners and grantee communities to deepen their participation in the GF and relevant national initiatives. This assessed implementation accomplishments and created a collaborative strategy to enhance community engagement in the New Funding Model (NFM4).

ARASA provided financial and technical assistance to consortium members in Zambia, Zimbabwe, and Kenya namely Trans Bantu and Dignitate, GALZ and Jinsiangu respectively to build advocacy programmes, undertake human rights monitoring, and participate in Global Fund processes at the country level.

Although COVID-19 delayed the commencement of work by country partners, the projects made great progress in these priority countries as well as at the regional level during the period under review. Zambia now has a KP representation on the CCM, while Cameroon has strengthened its involvement with the CCM, NAC, and the Global Fund's Principal Recipient.

The project contributed to the realization of ARASA specific strategic objective to amplify the voice of the marginalised communities in speaking about issues that affect them. This is seen through the partners who were able to secure seats for the KPs at the CCMs, which led to the amplified voices of KPs in the decision-making process at the Global Fund processes.

3.1.6 SHELEARNS Project



This two-year project seeks to address systematic sexual and reproductive rights violations, especially against women and LGBTQI+ communities, including non-binary people, fueled by barriers embedded in laws, policies, the economy, and in social norms and values—especially gender inequality—persistent across southern and east Africa. The project is co-implemented with Athena in 5 countries (Namibia, Tanzania, Zambia, Zimbabwe, and Kenya). The project recruited National Focal Points, and these were tasked with coordinating the work within each of the 5 countries. Each focal point recruited 50 GYW and young gender-diverse people to establish national cohorts. These cohorts formed the nucleus of the movement building and are the core and primary engagement audience of the project.

During the period under review, two young feminist consultants were commissioned to conduct a baseline report for the SHELEARNS project. The baseline report outlined the SRHR, HIV and GBV landscape across the five African target countries. It revealed that there is a low literacy and access to sexual and reproductive health rights and services amongst adolescent girls and young women, particularly those living in remote areas who do not understand the potential consequences of sexual activity such as pregnancy and contraction of HIV/AIDS and other STIs. Adolescent girls and young women living with disabilities experience a unique difficulty when trying to access contraceptives. This is due to the pre-existing discrimination and prejudice experienced due to having a disability. AGYW have challenges accessing contraception as they require their parents' permission for access and that is a significant barrier to SRHR. It was also noted that there existed several misconceptions about contraceptive use among the AGYW which include the harmful belief that contraceptives prevent future pregnancy which deters adolescent girls and young women from accessing contraceptives. The national consultations offered context-specific insights into the experiences of AGYW and young gender-diverse people's access to sexual reproductive health (SRH) due to the marginalisation they endure based on intersecting identities; gender, sexual orientation, economic standing, to name a few.

3.1.7 You(th) Care



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

ARASA engaged a consultant who conducted interviews in the 3 countries with 10 You(th) Care Project partners to map advocacy gaps. Some general observations made are that the implementing partners at different stages of growth and therefore the level of assistance required will vary. All organisations had a good theoretical understanding of what the objectives of advocacy are, however, the partners' degree of engagement in advocacy differed. It was therefore prudent that any support be tailored for each specific organisation rather than a "one-size fits all" approach. More work needed to be done in respect to understanding what self-care is, further there was a lack of advocacy for self-care at the national level and it is focused on the health care facilities level. It was noted that advocacy for self-care would take a lot of resources and buy-in from service providers. However, advocacy for self-care needed to be done beyond the completion of the project for sustainability.

Country technical assistance visits were conducted to Kenya, Zambia, Namibia, Tanzania, Botswana and Uganda. Civil society organisations were capacitated through training, sharing resource materials and facilitating exchange visits. The TA visits informed programming and advocacy plans and strengthened partner's capacity on advocacy, reporting, finance, monitoring, and evaluation. Through the project, organisations have demonstrated robust M&E systems as well as absorptive capacity to manage big grants.

3.1.8 HIV Justice Network for the HIV Justice Global Coalition

Under HJN grant, ARASA is part of a coalition led by the HIV Justice Network that works individually, bilaterally and/or collectively towards the common goal of ending discriminatory and punitive laws, policies and practices that unjustly regulate, control, or criminalize people living with HIV based on their HIV-positive status. The consortium is made up of 6 organisations from Canada, USA, Netherlands, South Africa, and ARASA as a regional partner.

There was notable increased knowledge from the online course on HIV criminalisation provided by ARASA. The Kenyan participant in the HIV criminalisation online course from Kenya Legal and Ethical Issues Network on HIV & AIDS-KELIN participated in the petition to Kenya High Court in the HIV criminalisation case. The petitioners included people living with HIV and friends of court were HIV Justice Worldwide and UNAIDS.

<https://www.kelinkenya.org/kelin-disappointed-by-highcourt-judgment-in-hiv-criminalisation-case/> Another Kenyan participant in the online course from Kenya Medical Research Institute (KEMRI) participated in the study on PrEP pharmacy study with JPHIEGO after the participation in the online course and using the knowledge to understand and do research as a research assistant in the study.

A participant from Uganda Network on law Ethics and HIV AIDS-UGANET also participated in a petition to high court to repeal some provisions on HIV AIDS.

3.1.9 Levis Strauss Foundation

The project aims to support advocacy and strengthen regional partnership to promote a human rights-based response to HIV and TB in ESA. The Levis Strauss Foundation (LSF) funded the TaLP and the External Evaluation of ARASA Strategic Plan (2019 – 2021). The Annual TaLP was conducted to support regional advocacy initiatives on HIV, TB and human rights in Southern and East Africa. The training resulted in capacitating 28 trainers from 18 countries and these mobilised and advocated for drug policy in Zimbabwe and Uganda, health financing and Universal Health Coverage in Zambia.

The external evaluation of the ARASA strategic plan 2019-2021 was conducted to assess progress made to date against its goals, outcomes and related targets. The findings of this review were used to shape the ARASA 2023-2023 strategy. The findings of the evaluation were as follows:

- **Effectiveness** - The strategy appeared to be making satisfactory progress towards its stated goal and outcomes. However, ARASA needed to strengthen its work with cultural and religious leaders and ensure a more effective programmatic balance across the core focus areas. This includes the need to ensure that while ARASA sustains and grows its work in BAI it should ensure that it does not lose its focus on UHC and that it increases its work around health financing and in supporting country partners in advocating for financing at the country level.
- **Efficiency** - Stakeholders consider ARASA to be an efficient organisation suggesting that it completes activities as planned and uses resources efficiently. Though there were delays in project implementation due to covid-19, these were quickly brought back on track when online systems had been established.
- **Relevance** - Most stakeholders believed that ARASA 's strategy was very relevant and met the needs in the region. However, there is need to consistently find ways to collect the voices from all the partners/stakeholders so that issues are elevated and “become regional advocacy issues.”
- **Impact** - Positive results both at a micro and macro level were noted. At a micro (or national level, there had been a success at preventing child marriage in Botswana and this will likely have an impact at a

- Sustainability - It was noted that there was a likelihood that ARASA's strategies would be sustained and that programme activities/interventions are likely to continue after donor funding ends. There seemed to be room to do more around supporting specific partner organisations in areas such as planning and advocacy to ensure sustainability. However, there was a realisation that the changing financing landscape (and donor priorities) would mean that ARASA might have to explore ways to 'do things differently'.

3.2 CAPACITY STRENGTHENING



ARASA capacity strengthening initiatives aimed at ensuring that civil society in the ESA region has increased co-ordination, understanding, capacity, agency, and establish strategic alliances, which contribute to stronger, more inclusive movements for SRHR, HIV and other emerging challenges. Capacity strengthening was done through CSO face to face trainings, publishing and dissemination of toolkits, training manuals and other resource materials, Massive Open Online Courses (MOOC) and technical assistance as identified and requested by partners. This was in a bid to create a robust movement with capacity to advocate on issues that affect them.

3.2.1 Our Annual Training and Leadership Programme

The annual Training and Leadership Programme enhanced knowledge and skills demonstrated at an organisational level for instance a participant from Malawi was appointed as an Executive Director for a women led organisation which has resulted into revision of human resource, financial and other policies and a resilient organisation convening women living with HIV AIDS in Malawi.

The enhanced knowledge resulted into increased resource mobilisation and participation in Global Fund proposal writing for partners. This accelerated resource mobilisation and proposal writing skills. Through the knowledge attained, 18 TaLP trainers together with 18 alumni successfully applied for TaLP reflection lab grants and were awarded a total of 675,000 Namibian dollars for implementation of projects. Therefore, the knowledge attained from TaLP facilitated trainers to write proposals for resource mobilisation. For instance, a participant in Eswatini successfully applied and was awarded a grant of 500,000 rands from SAT for implementing a project on SRH and GBV.

3.2.2 Massive Open Online Courses-MOOC



During the year, ARASA offered online short courses through the moodle platform; <https://moodle.arasa.info>. Various topical courses were offered including advocacy on criminalization, HIV transmission, exposure and non-disclosure, Budget advocacy and Universal Health Coverage, access to safe abortion, Sexual Orientation and Gender Identity and Expression, addressing structural barriers to HIV prevention and access to SRH among others. The MOOC reached out to 247 participants and as a result there was demonstrated change in practice and sustainable initiatives.

Due to the trainings, participants created spaces for capacity strengthening as well as advocacy for increased health financing towards SRHR through the UHC online course. For instance, Alliance of Women Advocating for Change (AWAC) developed a policy brief <https://awacuganda.org/download/9447/> that has resulted in fundraising for safe abortion commodities for sex worker communities. The popularisation of the policy brief created funding where Global Fund for women and Africa Women Debt Fund funded \$30,000 and \$177,000 respectively to AWAC. A participant from Eswatini after participation on the UHC, HIV criminalization participated in the development of the national TB/HIV strategy. As a result of participation in the HIV criminalization online course, a Kenyan alumni took part in a study in Kenya on PrEP and PEP and because of combined advocacy efforts from other CSOs, PrEP and PEP are now available and accessible in some private pharmacies in Kenya as opposed to only being provided in public facilities. This has contributed to decreased incidences of stigma and discrimination in accessing HIV prevention commodities. KELIN undertook advocacy on a legal challenge on the law that criminalise HIV transmission even though the court dismissed the petition <https://www.kelinkenya.org/kelin-disappointed-by-high-court-judgement-in-hiv-criminalisation-case/>.

3.3 EVIDENCE GENERATION



ARASA invested in various tools, scans, and research for various populations. These include toolkits for activists, KPs and influential stakeholders. The tools have been incorporated into the curriculum of the training and online courses conducted by ARASA. Partners use these tools and research as reference to inform their advocacy work and further research. ARASA collaborated with strategic partners such as the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal and managed to deliver capacity strengthening interventions.

As part of evidence generation, ARASA produced reports and policy briefs which improved knowledge, attitudes, and practices. Evidence generated included the following:

- An animation video on HIV Criminalization in sub-Saharan Africa. The animation on HIV criminalisation gives a picture of what is happening and what needs to be done by individuals, advocates, trainers and civil society organisations to ensure HIV is decriminalised and that injustices towards people living with HIV are collectively addressed <https://www.youtube.com/watch?v=KfH7SS2cAs4>
- 5 issue briefs outlining structural barriers related to each of the five programme targets for HIV prevention <https://arasa.info/structural-barriers-to-hiv/>.
- A Report on “Drug Policy and the Lived experiences of People Who Use Drugs in Southern Africa” <https://idpc.net/publications/2019/07/don-t-treat-us-as-outsiders>.
- A policy brief on Strengthening sexual and Reproductive rights for Adolescents in East and Southern Africa was produced <https://arasa.info/policy-briefs/>

To contribute to evidence generation and to strengthen advocacy, ARASA supported four BAI coalitions in Malawi, Uganda, Namibia, and Botswana to conduct research on various SRHR issues and legal barriers to the advancement of SRHR. The research conducted by the coalitions identified the bottlenecks that impede progress in the realization of SRHR, gross human rights violations, and offered human rights-based recommendations to enhance advocacy. Some of the research contributed towards the advocacy for policy change work. For instance, in Uganda, research found that women living with HIV were coerced to do cervical cancer screening. This could potentially hinder women living with HIV from accessing healthcare services, therefore, reversing the successes in the fight against HIV.

4.0 ORGANISATIONAL DEVELOPMENT

4.1 Governance



ARASA Staff during a meeting

The ARASA Board of Trustees is comprised of seven members in accordance with the Deed of Trust. The committee includes the Chairperson, Vice-chairperson, Secretary, Vice Secretary, Treasurer and Committee members. The Director is an ex-officio member of the Executive Committee. The board is elected by voting of the partners for a new or returning board. Board members are senior members of staff from an ARASA partner, a person of integrity and high ethical standards with ability to comply with the Board's Code of Conduct; with demonstrated breadth and depth of management and leadership experience and demonstrates ability to think independently and work collaboratively. ARASA's board reflects a balance of gender, experience, and expertise. It has the full range of skills identified in the Board Competency Matrix, which is updated annually. This is done by identifying and encouraging potential members from diverse backgrounds and with the necessary skills to nominate for election to the Board.

ARASA's board reflects a balance of gender, experience, and expertise. It has the full range of skills identified in the Board Competency Matrix, which is updated annually. This is done by identifying and encouraging potential members from diverse backgrounds and with the necessary skills to nominate for election to the Board. The board has a Young Leader Observer between the ages of 25 and 30. The tenure in office for a board member is (3) years renewable once. The Board has the legal responsibility to direct and control the business and affairs of the organization towards the attainment of its objectives. It exercises this responsibility on behalf of ARASA partners, associates, beneficiaries, stakeholders, clients, funders, and donors. It remains the role of the board to set the strategic direction of ARASA and monitor its performance to ensure it is being managed effectively.

During the period under review, our board maintained statutory duties which required that Board Members govern the organisation with due care and diligence, including abiding by the mission, objects, and rules, conducting business with honesty and integrity, complying with the law, meeting contractual obligations, and ensuring the organization remains financially solvent.

The direction and control of ARASA, including its business and affairs, was vested in the Board as a whole. The Director was responsible for implementing the strategic directions and operating within the risk appetite set by the Board and for all other aspects of the day-to-day running of ARASA. However ultimate responsibility for strategy, control and oversight of sound and prudent management of ARASA rested with the Board Members. ARASA has two outstanding committees: the Finance Committee and Governance Committee.

4.2 Human Resources

In 2022, ARASA bid farewell to two members of staff, the Director who had served the organization for 9 years and the Grants and Training Officer who had served the organization for 6 years. A new Director was recruited to effect the agency of the organization and manage the day-to-day affairs of ARASA.

4.3 Staff Wellbeing



ARASA staff during a team building exercise in 2022

A team building exercise was conducted for staff to enhance cohesive working towards a common goal. The teambuilding initiative resulted in boosting organisational culture, increasing team cooperation, strengthening communication and inspired productivity and motivation.

4.3.1 Staff Development

ARASA engaged a consultant who developed a mental health and resilience manual for the wellness of staff. The consultant trained the ARASA team on self-care and protecting of one's mental health. The team also reflected on what they could do to care for themselves and learn from each other's experience and remain productive. As a result of the wellness training, ARASA has incorporated the staff wellness initiative into the annual workplan where staff identify wellness activities including team building activities.

4.4 Staff Reflection and Review meeting



A staff reflection and review meeting was conducted for staff to assess progress on the workplan and develop strategies to ensure efficiency and effectiveness of work. This helped to ensure all programs were on track towards attaining the vision of the organisation.

4.5 Organisational assessment



The Organisational Capacity Assessment was conducted by SIDA to measure the overall capacity of ARASA. It assessed capability in five key areas: governance, organizational management, program management, human resources management, and financial management. The results were compiled into an agreed-upon action plan that maps priority areas and actions that the organisation will take to address problems and gaps. Under financial management, ARASA was assessed on the quality of the organization's financial system and policies and procedures and the staff's knowledge of the system. The exercise helped to identify staff development capacity gaps, gaps in policies and the importance of a frequently updated risk matrix. The assessment helped to improve ARASA's organisational systems, policies and procedures and ensured that internal controls adequately safeguard the organization's assets, manage internal risk and ensured the accuracy and reliability of accounting data.

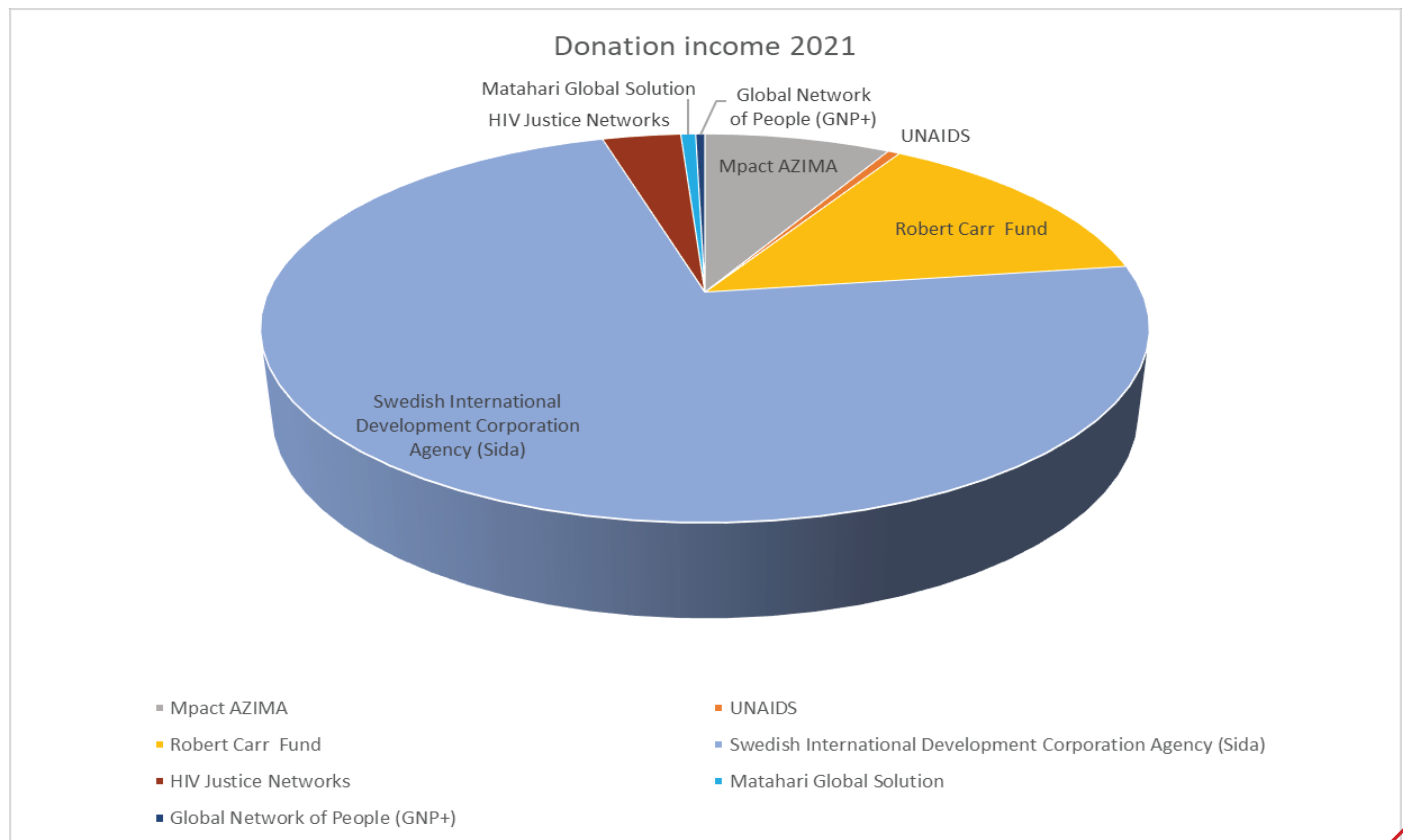
4.6 Strategy Development

ARASA developed a new 5-year (2023 – 2028) strategy through a very consultative process with partners and stakeholders. This has enhanced the organisations’ realisation of its mission and goals with a shared bold vision, long- term and plan, and annual operational plans. The process helped in unearthing ARASA’s strengths, weaknesses, opportunities, and threats and redefining the organisations’ strategic focus.

5.0 FINANCIAL OUTLOOK

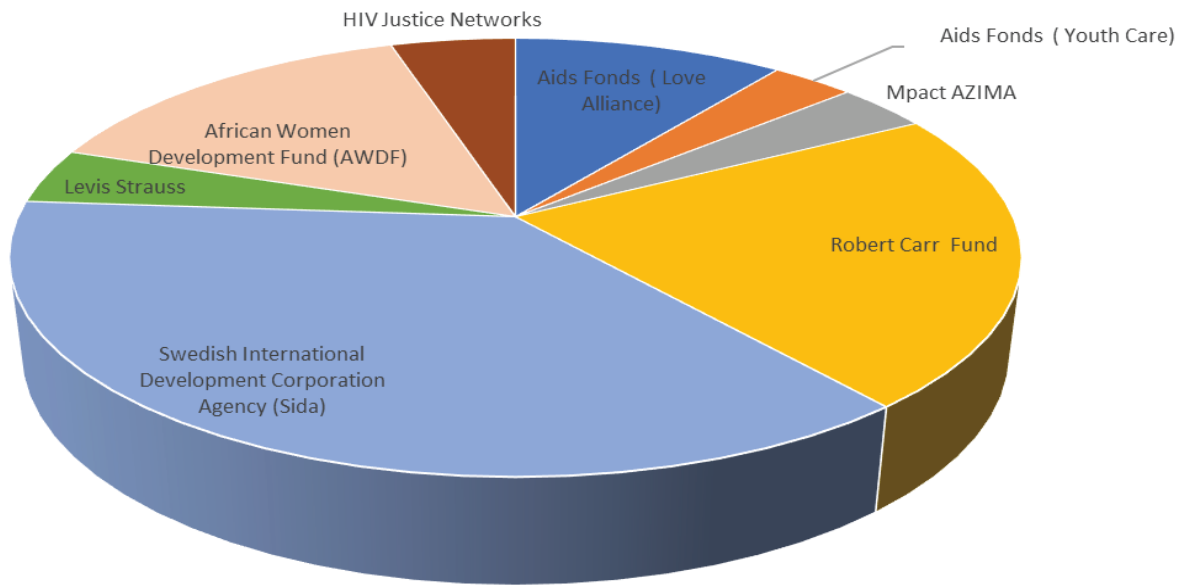


The pie charts below demonstrate the changes in ARASA funding sources from 2021 to 2022. The major funding source remained SIDA but there was an increase in alternative funding sources.



ARASA 2021 funding sources

Donation Income 2022



- Aids Fonds (Love Alliance)
- Aids Fonds (Youth Care)
- Mpac AZIMA
- Robert Carr Fund
- Swedish International Development Corporation Agency (Sida)
- Levis Strauss
- African Women Development Fund (AWDF)
- HIV Justice Networks

ARASA 2022 funding sources

6.0 INFLUENCING AND STRATEGIC COALITIONS

To amplify the voices of vulnerable and marginalised communities, ARASA facilitated spaces for engagement between policy makers and KPs to voice out their advocacy concerns. In all the engagements with key and influential stakeholders such as the parliamentarians and the national human rights institutions in 2022, ARASA ensured representation of diverse KP groups including adolescent girls and young women, LGBTQI+, PWUD, Sex Workers and persons with disabilities. This made it possible for policy makers to engage with members of the most marginalised communities on BAI related matters. These sessions provided linkages between BAI and the various KP groups as well as the individual roles that each key and influential stakeholder can play in the promotion and protection of the rights to BAI for all.

6.1 Global Summit on IP and Access to Medicines

ARASA participated at the Global Summit on IP and Access to Medicines held in Istanbul, Turkey, Under the theme “The Pandemic Edition: Reclaiming Access,” GSIPA2M-2022. The conference focused on the lessons learned as it relates to intellectual property and access over the past two years, with an emphasis on sharing experiences, building capacity and strategizing on reclaiming access. This resulted in a Declaration_Final.pdf and a roadmap <https://makemedicinesaffordable.org/tnp-opposes-patent-claims-on-lenacapavir/> by CSOs that has accelerated advocacy for access to affordable medicines among the low- and medium-income countries.

6.2 Youth Care Regional partner meeting



During the year, ARASA participated in a regional partner meeting with Youth(s) care partners in Dar Salam, Tanzania. The Regional partners meeting was a convening co-organised between Aidsfonds and ARASA. The regional meeting facilitated sharing of lessons learned and best practices among youth care partners in Zambia, Tanzania and Kenya. This resulted in the production of self-care resource materials such as self-care toolkit, mapping of advocacy gaps in Kenya, Tanzania and Zambia which in turn informed capacity strengthening trainings for partners.

6.3 Intercontinental Conference on the Impact of COVID-19 on the Rights of People Living with HIV

In March 2022, ARASA participated at the Intercontinental Conference on the Impact of Covid-19 on the Rights of People Living with HIV organised by the ACHPR in Saly, Senegal. ARASA was represented by its Regional Advocacy Officer, and Programmes Lead. The conference was attended by 48 representatives from African governments, civil society organisations, UN Agencies, African Union staff and commissioners, members of academia, expert members, national human rights institutions and other key stakeholders from around the continent. During the conference, the Regional Advocacy Officer presented on the impact of Covid-19 on access to healthcare services for people living with HIV while the Program Lead facilitated a session entitled 'Building Back Together': Access to medicines and Intellectual Property.

At the end of the 3-day conference, the Saly Declaration was jointly developed and published on the African Union Commission's website. The Saly declaration spoke to the need to employ a human rights-based approach to addressing Covid-19 without neglecting other pandemics such as HIV and therefore regressing the gains from over the years. It also highlighted lessons learnt from the HIV response which can be considered when addressing future pandemics like Covid-19.

6.4 The 5th Reproductive Health Network Kenya Conference

In June 2022, ARASA was represented by the Advocacy officer, and Grants and Capacity Strengthening officer, at the 5th Reproductive Health Network Kenya Conference in Mombasa Kenya. The conference was held under the theme "Advancing access to Adolescents and Youth Sexual and Reproductive Health and Rights in a pandemic" and brought together policy makers, service providers, experts, grassroots women and girls, men, sexual and gender minority groups, like minded civil society organisations and young people from the national, regional and international community. ARASA's participation aimed at creating awareness of the "everybody counts" BAI campaign and the work of ARASA with young people. The Advocacy Officer moderated a session on "Adolescent and Youth SRHR Programming" with a youthful panel that led innovative projects to ensure access to SRH services for young people during the COVID-19 pandemic. ARASA gauged people's knowledge of the BAI campaign to get them to join the movement. Participants were also urged to post pictures and posts about what BAI meant to them on their social media platforms tagging the "#Stand4BAI" slogan. In addition, the Advocacy Officer formed part of a panel discussion during a session hosted by For Equality at the conference. The session was entitled "Strengthening accountability for global and regional SRHR commitments. She also participated on a panel discussion on Obstetric violence in South Africa. The hybrid seminar was hosted by the Centre for Applied Legal Studies at the University of Witwatersrand in Johannesburg.

6.5 AIDS Conference Canada

In August, ARASA was represented by the Director, at the 24th AIDS conference in Canada. This was the first hybrid International AIDS Society (IAS)-organized conference since the pandemic. She participated in several sessions including the community workshop where youth presented guidelines to support the ethical and meaningful engagement of young people living with HIV, symposium that looked at evidence-based approaches to provide the building blocks for scalable provision of comprehensive health services and social support, especially for adolescents amongst others. It was noted that considerable gain was made in the fight against the HIV pandemic for example Botswana has become one of the very few countries to surpass the UNAIDS 95-95-95 targets, a population-based survey confirmed: 95.1% of people living with HIV in Botswana were aware of their status; nearly all (98%) of those aware of their status were on antiretroviral therapy ART; and 97.9% of those on ART achieved viral suppression. However, COVID-19 pandemic negated on the HIV wins and reduced access to multiple HIV prevention services.

The director was a panellist on a session titled "Addressing the neglected issue of Female Genital Schistosomiasis - what does integration mean for women? What is FGS and why does it matter for HIV?" organised by FIG, Frontline AIDS, Liverpool VCT Care and Treatment (LVCT Health), Avert. She spoke on the importance to include Female Genital Schistosomiasis (FGS) as part of SRHR work. The session facilitated an interactive dialogue which raised awareness about FGS, catalyse community-led action, and highlighted the need to work differently together across movements to ensure that SRHR and health programming for women and girls is centred on their needs and well-being, not only on the parasite and disease that causes ill-health.



6.6 SADC NAC Directors and Senior Officials Meeting

On the 24th and 25th of September 2022, ARASA organised a CSO consultation in advance of the SADC NAC Directors and Senior Officials' Meeting "Scaling up the HIV Response in the Post COVID 19 era in the SADC Region" which took place on from the 26th - 28th of September. ARASA's brought together CSO representatives organisations in SADC to formulate advocacy asks to take to the NAC Director's meeting who came together and took stock of progress against global targets regarding HIV prevention. The presentation to the NAC Directors was on barriers and progress on key commitments in the region. This increased KP visibility and inclusion in policy discussions at the SADC level.

6.7 NHRI Meeting

ARASA convened a regional learning and reflection lab on bodily autonomy and integrity for National Human Rights Institutions (NHRIs) held in August 2022. The workshop was attended by 18 NHRI Commissioners from 11 countries and four CSOs representatives. The countries represented were Madagascar, Zambia, Swaziland, Mauritius, Mozambique, Malawi, Zimbabwe, Seychelles, the Democratic Republic of Congo, and Uganda. The workshop focused on the role of NHRIs in the promotion and protection of the rights to BAI. The workshop strengthened their knowledge and also explored challenges that threatened the rights to BAI in relation to SRHR while collaboratively devised strategies to address them. The workshop also provided an opportunity to pilot a toolkit that ARASA developed to help demonstrate the role of NHRIs borrowing from examples in the region. Materials including resource documents as well as BAI promotional materials were distributed.

The convening enhanced NHRIs' understanding of BAI and how it impacts on the lives of the most vulnerable in society as well as how the international mechanisms can be leveraged for the advancement of SRHR. It provided an in-depth understanding of how culture and religion can hinder progress in the realisation of SRHR and appreciation of the lessons and best practices that were shared.

6.8 Southern African Regional Students and Youth Conference on Sexual and Reproductive Health and Rights (SRHR)



The Regional Advocacy Officer represented ARASA at the Southern African Regional Students and Youth Conference on Sexual and Reproductive Health and Rights (SRHR) which was held on 24-25 August 2022 in Malawi.

It was attended by students, youth, donors, development partners, civil society organisations, embassies, academics, government officials and other key players (parliamentarians) who can influence change in the region. The conference created an opportunity for young people (mostly students) to voice out their dissatisfaction with the status quo in relation to youth SRHR and the non-implementation of the regional commitments including the recent SADC SRHR Strategy and scorecard. The theme of the conference was “Reshaping, Replanning and Recommitting” to the youth agenda in Southern Africa. The conference was a great platform for learning and sharing, networking and advocacy. The students and youth held policy makers to account to the commitments their countries signed. They also created a communique with a list of resolutions for different stakeholders that were present at the conference.

ARASA together with the University of Johannesburg were invited to lead a conversation on “The analysis of bodily autonomy and integrity and gender equity in Southern Africa.” The session was attended by over 50 conference delegates who were predominantly young. The session sparked an interesting conversation where students identified numerous ways that their BAI was not respected both at home and in universities. Moreover, the students identified parents as an important target group for rights sensitization particularly when it comes to BAI and SRHR.

6.9 Global Fund Community Engagement Strategic Initiative Partner



In September, The Programmes Lead attended the Global Fund Community Engagement Strategic Initiative Partner meeting under the AZIMA project which ARASA co-leads with MPact in Thailand. At the meeting information on the New Funding Model (NFM4) was shared that would need to be communicated with the implementing partners to better guide the and support the community engagement in NFM4 processes. The AZIMA project is a long-term technical assistance project funded by the Global Fund CRG SI and ARASA works with partners in Zambia, Kenya and Zimbabwe.

6.10 SADC PF Meeting

ARASA in collaboration with the SADC Parliamentary Forum co-organised the workshop on bodily autonomy and integrity for SADC parliamentarians. The workshop took place on 8 and 9 November 2022 in Johannesburg with 20 Parliamentarians from the region. The meeting enhanced the capacity of parliamentarians on the numerous ways they could contribute towards the protection of such rights.

The meeting enhanced understanding of BAI and how it impacts on the lives of the most vulnerable in society. ARASA organised a panel of representatives from the key and vulnerable populations including persons living with disabilities, young women and the LGBTQI+ community, who shared their experiences as part of the said communities in trying to exercise and enjoy their rights bodily autonomy and integrity. Parliamentarians shared their efforts to protect the vulnerable and marginalized groups in their respective countries despite criminalization of some of the population groups. There was an in-depth understanding of how culture and religion can hinder progress in the realization of SRHR. Parliamentarians had increased understanding of how the international mechanisms can be leveraged for the advancement of SRHR locally.

7.0 ORGANISATIONAL DEVELOPMENT



Development

During the year 2023, we will continue to deepen the impact of our programmes by focusing on our new strategy. Below are the major planned activities:

- Launching strategic plan 2023-2028
- Implementing BAI 2.0
- Diversifying funds through robust resource mobilisation
- Prioritising Organisational Development
- Strengthening linkages and collaboration among cohorts
- Building a robust movement for advocating on SRHR
- Strengthening evidence-based research



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