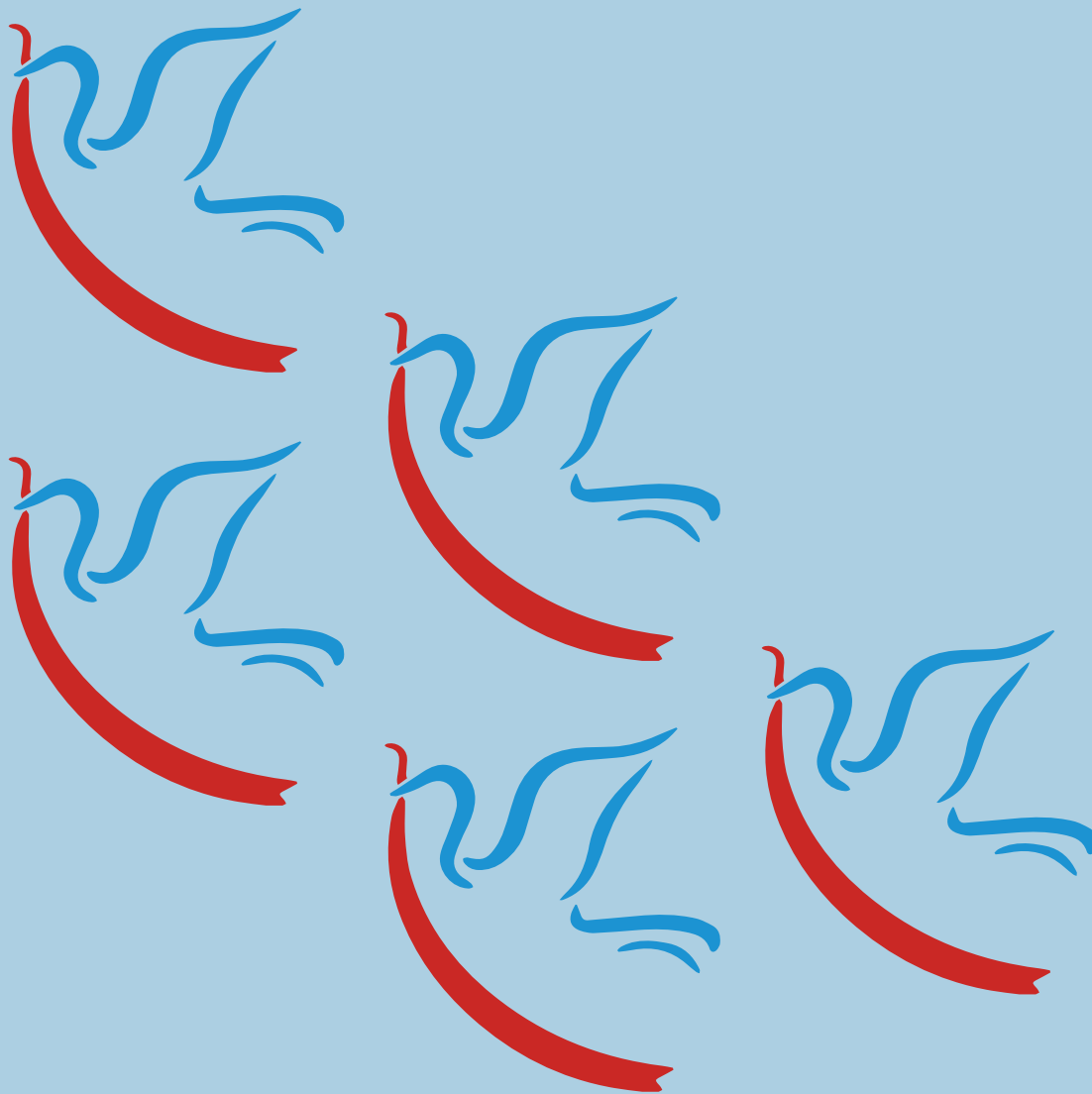




INERELA+
ANNUAL REPORT
2020



Editing and Proofing: Dorothy Brislin
Art Direction and Design: www.prinsdesign.co.za
Cover photo by Zinko Hein, Unsplash

INERELA+

Corner Rabie Street and Fourth Avenue North
Fontainebleau
Randburg
2032
South Africa

Tel: +27 11 792 7029
Fax: +27 11 792 6533
Email: info@inerela.org
www.inerela.org
Facebook: www.facebook.com/inerela.org
Twitter: @secinerela



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ABBREVIATIONS

AGYW	Adolescent Girls and Young Women Women
AIDS	Acquired Immunodeficiency Syndrome
ANERELA+	African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
ASRHR	Adolescent Sexual and Reproductive Health Rights
ARV	Antiretroviral (drug)
AYP	Adolescents and Young People
CCAP	Church of Central Africa Presbyterian
CDC	Center for Disease Control
CRHE	Coalition for Responsible Home Education
CHAM	Christian Health Association of Malawi
CoS	Church of Sweden
CSE	Comprehensive Sexuality Education
DAPP	Development Aid from People to People
DOVVSU	Divisional Head of Domestic Violence Victim Special Unit (within Ghana Police)
EAA	Ecumenical Advocacy Alliance
EHAIA	Ecumenical HIV and AIDS Initiatives and Advocacy
ELDS	Evangelical Lutheran Development Services
EUP	Early Unwanted Pregnancy
FAWEZA	Forum for African Women Educationalists of Zambia
FCI	Faith and Community Initiative
FoRB	Freedom of Religion and Beliefs
GBV	Gender-Based Violence
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IEC	Information, Education and Communication
INERELA+	International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
KENERELA+	Kenya Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
LWF	Lutheran World Federation
MANERELA+	Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
MDF	Malawi Defence Force
MIAA	Malawi Interfaith AIDS Association
MNCRD	Media Network on Child Rights and Development

MRM	Moral Regeneration Movement
NAC	National AIDS Commission (in Malawi)
NINERELA+	Nigeria Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
NZP+	Network of Zambian People Living with HIV
OMASAVE	INERELA+ Madagascar
PPAZ	Planned Parenthood Association of Zambia
PLHIV	People Living with Human Immunodeficiency Virus
PEPFAR	President's Emergency Plan for AIDS Relief (USA)
REPSSI	Regional Psychosocial Support Initiative
RLs	Religious Leaders
SaFAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SANERELA+	South African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
SAVE	Safer Practices, Access to Treatment, Voluntary Counselling and Testing, Empowerment
SCREVAW	Strengthening the Capacity of Religious Leaders to End Violence against Women and Girls
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SLaDA	Sierra Leone Marketing and Development Agency
SSDDIM	Stigma, Shame, Discrimination, Denial, Inaction and Misaction
SRHR	Sexual and Reproductive Health and Rights
TALC	Treatment Advocacy and Literacy Campaign
UNAIDS	United Nations Programme on HIV and AIDS
UNERELA+	Uganda Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
UNFPA	United Nations Population Fund
UNWTF	United Nations Women Trust Fund
VCT	Voluntary Counselling and Testing
WAD	World AIDS Day
WCC	World Council of Churches
WMHD	WMHD World Menstrual Hygiene Day
WILDAF	Women in Law and Development in Africa
YWCA	Young Women's Christian Association
ZANEC	Zambia National Education Coalition
ZANERELA+	Zambia Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
ZMN	Zambian Men's Network

REFLECTION OF THE EXECUTIVE AND DEPUTY DIRECTORS

We write this report with mixed emotions. On the one hand 2020 was not normal as the world became weird, but on the other hand, we have a lot to celebrate. Our work has grown, particularly in the region. We are happy to have announced the launch of a new five-year strategy in 2020. Linked to this, were the strides we made in Network Growth (Strategic Objective 1) through reviving and strengthening weak Networks in countries like Botswana, Mozambique, Tanzania and Zimbabwe. In our context this is gratifying as we have witnessed many organisations within the civil society space succumbing to the stresses and strains of everyday existence due to inadequate resources.

A significant factor of this reporting period has been the impact of COVID-19. It challenged the way we work with Religious Leaders as the highly transmissible COVID-19 pandemic took a disproportionate toll on the underprivileged. The countries that we operate in had different lockdown restrictions to contend with. Most of us had to work from home and most religious communities were not allowed to gather in big numbers. This took away our readily available audiences. Most of our consultations, meetings and workshops had to be held online. This has been a huge challenge as most of our offices did not have the resources to effectively run programmes online.

The challenges posed by lockdown were immense; loss of employment and movement restrictions provided a fertile environment which surfaced other pandemics like Gender-Based Violence (GBV). Around the world violence against women and girls continued to rise - more so in Africa where little progress has been made in dismantling patriarchal and dominant cultural norms that perpetuate this violence. Every type of inequality including gender inequality and income inequality was exposed and amplified during this pandemic. Most women who work in the informal sector could not continue generating the limited income that sustained their families.

This posed a threat to livelihoods and meant our response to COVID-19 had to include food parcels, sanitizers and masks. The rise in violence against women

and girls and the rising inequalities have been a wakeup call for organisations like INERELA+ who recognised the urgent need to redouble our efforts to prevent violence against women and achieve gender equality. Recognising that social media can be a powerful tool to reach out to our locked-down beneficiaries has been key.

On the continent we continued our work of building the capacity of Religious Leaders so that they can reach out to their respective communities. INERELA+ had already started organising dialogues with women and men when COVID-19 started affecting African countries. The “*Strengthening the Capacity of Religious Leaders to End Violence Against Women and Girls*” (SCREVAW) project was launched in January 2020. This project empowered Religious Leaders to effectively address and support survivors of GBV from a faith perspective. INERELA+ rose to the many challenges that cause gender inequality by employing the multifaceted strategies we knew were essential to effectively respond to GBV and HIV and AIDS.

With funding from UN WOMEN, we managed to support families in need, especially those affected by GBV. We appreciate the COVID-19 response funding received from UN WOMEN and the Robert Carr Foundation.

The theme of the Interfaith HIV and AIDS Conference in 2020 was ‘*Resilience & Renewal: Faith in the HIV response*’. This was appropriate for the precarious times we find ourselves in. COVID-19 affected developed



Phumzile Mabizela
Executive Director



Munya Mandipaza
Deputy Director - Programmes



countries more than developing countries. This allowed developing countries more time to prepare for high infection numbers. As we make the transition into 2021, we have revised our plans appropriately. The new normal demands new initiatives and responses.

We would like to take this opportunity to thank our donor partners who share our vision and continue to offer support for our work. We are indebted to each and every one of you and look forward to continued engagements as we strive to empower Religious Leaders to reach out to their respective communities with a variety of services. We also thank our staff who work tirelessly and often go beyond the call of duty to ensure the organisation

achieves its goals. The energy and passion of our colleagues at INERELA+ is demonstrated by the growth of the network and the remarkable work done at country level by our country networks.

Appreciation goes out to the INERELA+ Country Networks. We thank you for giving us your trust and allowing us to work collaboratively as we seek to make a difference in a number of regions. We thank you all for your immense dedication.

Thanks too for the support and leadership of the board of directors whose wisdom and stewardship continue to guide the organisation.



INTRODUCTION

The International Network of Religious Leaders Living with or Affected by HIV and AIDS (INERELA+) is an international, interfaith network of Religious Leaders (RLs) – both lay and ordained, women and men – who are living with or personally affected by HIV and AIDS. RLs are influential within their communities and congregations and play a central role in influencing the decisions and buy-in of their followers or communities on issues, ideas, innovations, interventions and programmes.

1. INTRODUCTION

This 2020 INERELA+ Annual Report presents a range of programmatic activities undertaken in the 2020 financial year. Fifteen INERELA+ country networks across the globe are working to eradicate HIV and AIDS-related stigma and discrimination in a bid to curb the HIV prevalence rates. The adopted strategy is aligned to the 2016 Political Declaration on Ending HIV and AIDS adopted by the UN General Assembly. The Declaration concentrates on a five-year period ending in 2021 and intersects with the 2030 Sustainable Development Goals (SDGs) and the integration of the global HIV response into the broader development agenda.

In the context of a multifaceted approach to sustainable health and development, faith communities represent a vital and reliable resource. Healthy, empowered, and prosperous faith communities are the grassroots drivers of national and regional development without which, aspirations to eradicate stigma and discrimination will amount to little more than rhetoric.

Whilst HIV prevalence rates around the world remain a source of concern to RLs and other stakeholders, violence against women and girls is also on the increase and equally concerning. More so in Africa, where little progress has been made in dismantling patriarchal and

dominant cultural norms that perpetuate and enable GBV. Structural inequality and oppressive systems of government - especially in the African region continue to hold women back and exacerbate the transmission of HIV. Gender inequality and the escalating violence against women and girls has prompted INERELA+ to double its efforts to realise gender equality through capacity building, dialogues, advocacy, and partnerships.

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Board of Directors, INERELA+

2

MISSION
STATEMENT

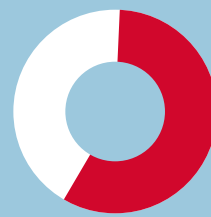
INERELA+ empowers its members to use their positions within their faith communities to influence social change and in ways that break silence, challenge stigma, and provide delivery of evidenced-based HIV prevention, care and treatment services amongst others.



2. MISSION STATEMENT

Globally, over sixty percent of people living with HIV are in sub-Saharan Africa. Recognising this, a decision was taken to form the African Network of RLs Living with or Personally Affected by HIV and AIDS (ANERELA+) which transitioned into the International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+) in the year 2008 upon the realisation that the HIV and AIDS epidemic is not confined to Africa but is of global concern. Currently, INERELA+ has 15 networks in the following African countries: Burundi, Democratic Republic of Congo (DRC), Ghana, Kenya, Malawi, Mozambique, Nigeria, Rwanda, Uganda, Madagascar, Sierra Leone, South Africa, Tanzania, Zambia, and Zimbabwe. It also has representation in Asia Pacific, Europe and Latin America.

Over the years, the networks have grown; there are now more than 8000 members across the globe who mobilise their respective faith communities to provide resources and referrals to over 3 million people world-wide, helping curb HIV-related stigma, shame, and discrimination and to reduce new infections through the holistic SAVE (Safer practices, Access to services, Voluntary and regular HIV testing services and Empowerment) toolkit.



“Globally, over
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3.



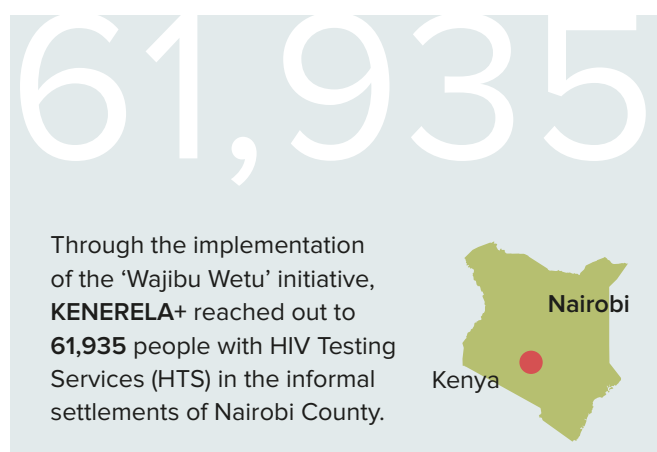
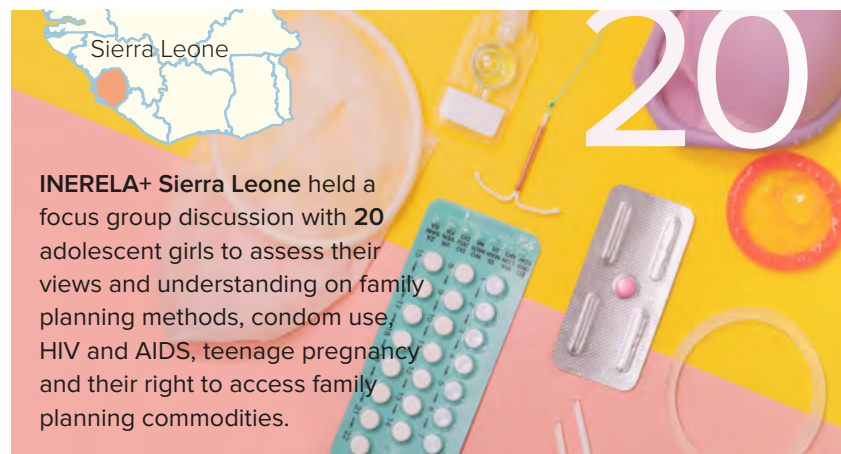
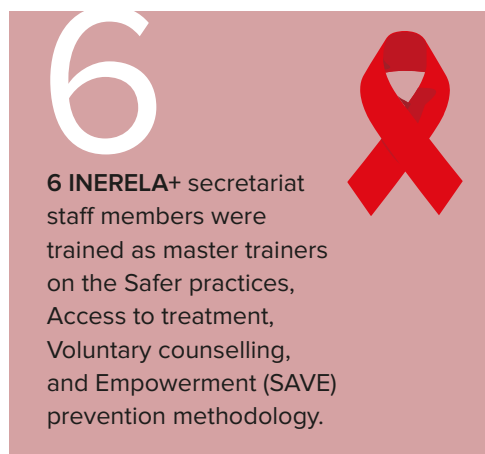
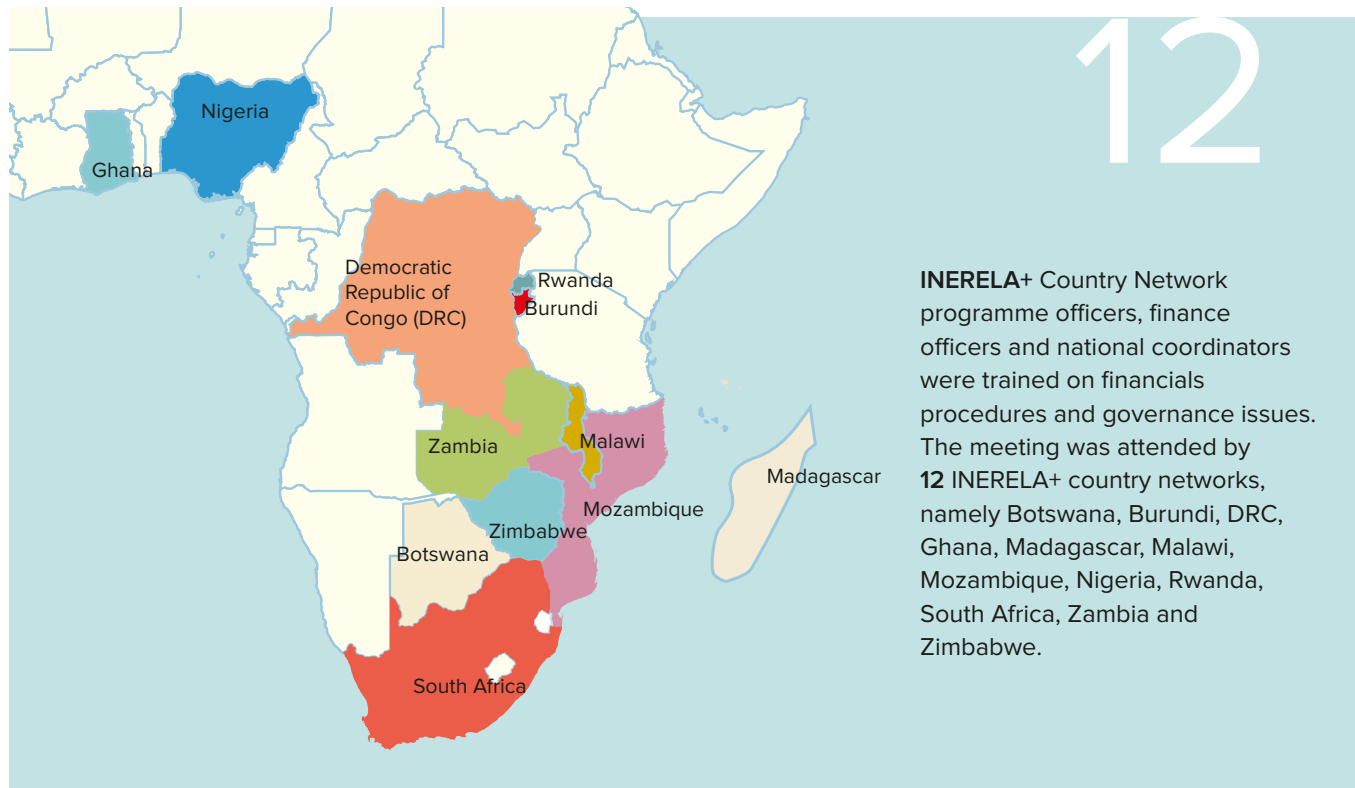
PERFORMANCE HIGHLIGHTS 2020





3. PERFORMANCE HIGHLIGHTS 2020

This section presents a brief listing of activities that took place in year 2020.



INERELA+ Nigeria mobilised civil society organisations and partners in the solidarity march against SGBV following the trial on the rape and death of a young woman. **150** people including men, women, and children attended the march to voice out against SGBV.



150

INERELA+ Zimbabwe conducted a CSE workshop for **10** RLs.



10

Zimbabwe

45

Madagascar

INERELA+ Madagascar (OMASAVE) organised a series of workshops with RLs, key populations, PLHIV, medical doctors and journalists in attendance. The RLs came from different denominations. A total of **45** participants attended these workshops.



SANERELA+ and Masixoxe Men and Boys Forum organised a dialogue for men in Diepkloof Hostel; this reached **30** men with the ages of 20-years and above.



Johannesburg

South Africa

30

30

South Africa

SANERELA+ held a dialogue on Marriage and Safe Spaces for married women. The dialogue reached **30** women between the ages of 30 and 66 years.

SANERELA+ engaged RLs to act as champions to help women and children trapped in unsafe homes and spaces.



MANERELA+ trained RLs as change agents on SRHR. A total of **30** (19 male and 11 female) RLs from different faith communities (Moslem, Presbyterian, Catholic, Pentecostal, Lutheran etc.) participated.



Malawi

30

368

Malawi

MANERELA+ implemented a Faith and Community Initiative (FCI) aimed at Strengthening the Delivery, Coordination and Monitoring of HIV Services in Malawi through Faith Based Institutions, the initiative had **368** RLs trained on the INERELA+ SAVE methodology.



Uganda

INERELA+ Uganda conducted two SAVE trainings for a total of **69** participants.

69

4

CAPACITY BUILDING



4. CAPACITY BUILDING

4.1 Annual Planning Meeting

The INERELA+ secretariat held its annual planning meeting from the 19 - 21 October 2020 at Birchwood Hotel in Johannesburg. The meeting set out to review progress made with project activities, discuss and agree on ways to carry forward activities that had been stalled because of the COVID-19 epidemic. The meeting further provided an opportunity for high-level discussion on operational plans and budgetary issues to be collectively agreed on including ways to align activities for a COVID-19 informed response. Attention was also given to matters relating to country networks and how the INERELA+ secretariat could better support them. A number of proactive measures were agreed upon as an entry point to new and creative ways of supporting networks. It was agreed that dormant and resource challenged country networks would be prioritised and assisted in ways that boost their capacity, skills and productivity. Staff members were also able to table concerns and expectations which were noted and where required, addressed by either managers or the Executive Director. The meeting ended with the development of an operational plan which is expected to serve as a road map and guide to the implementation of activities indicating timelines and milestones.



INERELA+ secretariat team during the 2020 annual planning meeting

“A number of proactive measures were agreed upon as an entry point to new and creative ways of supporting networks.”

4.2 Secretariat Staff Trained on SAVE methodology

The INERELA+ Secretariat staff were taken through a master trainers' training session on the Safer practices, Access to treatment, Voluntary counselling, and Empowerment (SAVE) prevention methodology. The training focused on building the capacity of staff members to be master trainers using the SAVE toolkit, curriculum and modules. The sessions were interactive, enabling the adoption and practice of a participatory methodology. This ensured that most of the engagements were not only led by the facilitator but participants were also afforded the opportunity to be actively involved in discussions and activities, pose questions, make inputs and suggestions. The training also served as an opportunity for participants to make suggestions toward the identification of areas where the toolkit could be revised and aligned to the UNAIDS guidelines for 2020 and the HIV strategy 2021 which is currently a priority for INERELA+.



“... participants were also afforded the opportunity to be actively involved in discussions and activities, pose questions, make inputs and suggestions.”

4.3 2020 Learning Forum

INERELA+ organised a 3-day workshop for programme officers, finance officers and national coordinators from 11 to 13 March 2020 at Weston Hotel in Nairobi aimed at providing an opportunity for the network to review, reflect and learn the different elements of its organisational and programing capabilities in the HIV and AIDS response. The meeting was attended by 12 INERELA+ country networks of Botswana, Burundi, DRC, Ghana, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, South Africa, Zambia and Zimbabwe. INERELA+ Kenya hosted the event. The workshop was structured to explore different implementation dynamics, results, and good practices, embracing and learning from successes and mistakes, planning together and linking all this knowledge to action. The learning forum was also designed to engage with and orient the country networks that are implementing the UNTF and Hands-Off projects. This platform gave country networks the opportunity to learn from each other's experiences, and exchange ideas on project implementation, monitoring evaluation and learning. The forum also afforded country networks an opportunity to review the Strategic Plan 2020 - 2024.



Country network coordinators and officers during the 2020 Learning Forum in Nairobi

“The workshop was structured to explore different implementation dynamics, results, and good practices, embracing and learning from successes and mistakes.”

4.4 INERELA+ Zimbabwe learning exchange visit to MANERELA+

The INERELA+ Secretariat supported INERELA+ Zimbabwe's Learning Exchange visit to MANERELA+. The INERELA+ Zimbabwe team which comprised of the former Acting National Coordinator (Venancio Tavarwisa) and the Finance and Administration Officer (Mercy Masenyama) visited MANERELA in March 2020. The primary purpose for the exchange visit was for INERELA+ Zimbabwe to understand and learn how systems were managed, grasp how resource mobilisation was done and most importantly, how the implementation of project activities was done. The team from Zimbabwe embarked on a field visit to the communities in which MANERELA+ works and had the opportunity to meet with RLs and congregants. The exchange visit to MANERELA+ was effective in providing the team from Zimbabwe with skills and experiences that are beneficial to support the achievement of efficient and effective operations in Zimbabwe.

“The primary purpose for the exchange visit was for INERELA+ Zimbabwe to understand and learn how systems were managed, grasp how resource mobilisation was done and most importantly, how the implementation of project activities was done.”

4.5 MANERELA+ SAVE methodology training for Faith Leaders

The Malawi Network of Religious Leaders Living with or personally affected by HIV and AIDS (MANERELA+), through the Christian Health Association of Malawi (CHAM) and the Center for Disease Control (CDC), is a consortium member implementing a Faith and Community Initiative (FCI) aimed at “Strengthening the Delivery, Coordination and Monitoring of HIV Services in Malawi through Faith Based Institutions”. The initiative is being implemented in five PEPFAR priority districts of Blantyre, Chiradzulu, Mzimba, Thyolo and Zomba in collaboration with four partners, namely the National AIDS Commission (NAC), Christian Health Association of

Malawi (CHAM), Malawi Interfaith AIDS Association (MIAA), and the Blantyre synod of the Church of Central Africa Presbyterian (CCAP). In this project MANERELA+ focusses on faith healing and stigma linking retention to care under the objective “To decrease stigma and non-adherence related to faith healing”.

The project targets RLs and their congregants, particularly People Living with HIV (PLHIV) in all churches and mosques. In total, 368 RLs were trained as advocates against stigma in places of worship and surrounding communities in the five targeted districts. RLs were encouraged to serve as agents of hope by ending stigma in places of worship and surrounding communities. They were also encouraged to go for HIV testing and be open about their HIV status to congregants as this could contribute to the reduction of stigma and serve as motivation for members to test and voluntarily disclose their status. Reverend Jessie Masimo, a participant, stated that the training assisted her to acquire skills on ending stigma and further urged her fellow clergy to use these skills to save the lives of people living with HIV. She says, “*Fighting stigma will assist in reducing AIDS related deaths in our communities.*”



“Fighting stigma will assist in reducing AIDS related deaths in our communities.”

4.6 Religious Leaders to promote SRHR for AGYW

The project focused on unlocking the social capital of RLs to promote the Sexual Reproductive Health Rights (SRHR) of Adolescent Girls and Young Women (AGYW) for the elimination of child marriages and SGBV. This one-year project is being implemented by MANERELA+ in the traditional authority Tambala, Dedza District in Malawi.

The project targets religious leaders, adolescent girls, and young women as well as adolescent boys and young men. The project design was informed by data that highlighted the high rate of child marriages in Malawi with approximately 1 in 2 girls married by the age of 18 years. The data also indicates a history of low contraceptive use among the young population resulting in a high number of adolescent pregnancies with 22% of the girls giving birth by the age 15 and 65% giving birth by the age of 20 years.

This situation is attributed to the absence of comprehensive knowledge on SRHR issues, coupled with harmful cultural norms and practices, religious beliefs, and GBV. The objective of the project is to harness the social capital of faith leaders to promote SRHR for AGYW in addressing child marriages and GBV in faith communities.

A total of 30 (19 male and 11 female) RLs from different faith communities (Catholic, Lutheran, Moslem Pentecostal, Presbyterian etc.) were trained as change agents on SRHR and will cascade this knowledge and information to their respective faith communities. Furthermore, the project trained 30 young women

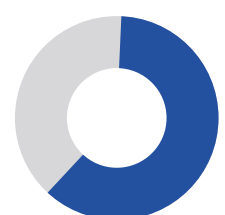


Religious Leader champions posing for a photo during the training

“The project design was informed by data that highlighted the high rate of child marriages in Malawi with approximately 1 in 2 girls married by the age of 18 years.”



22%
of the girls give
birth by the age 15



65%
give birth by the
age of 20 years

between the ages of 15 and 24 years as peer educators on SRHR. This training aimed to empower the young women to make informed choices and serve as peer educators on issues of SRHR and SGBV. A remarkable impact was the acknowledgement made by health facilities of an increase in the number of AGYW who visited different facilities in the area to access information and SRHR services.

4.7 Workshop : Reduction of stigma and discrimination

INERELA+ Madagascar (OMASAVE) organised a series of workshops in different locations in Antananarivo with RLs, key populations, PLHIV, medical doctors and journalists. The workshop was titled “*Reduction of stigma and discrimination to promote SAVE.*” The workshop aimed to build the capacity of stakeholders to address issues relating to HIV and AIDS, and equip them to address these issues with their followers or and/or congregations. The workshops focused on different themes including the provision of support to PLHIV for access to treatment, adherence to and retention in HIV treatment in line with the 90-90-90 treatment strategy. In addition to these, knowledge exchange, transfer of skills, and identification of best practice for effective HIV prevention formed part of the activities at the workshop. One key highlight of the workshop was that it promoted significant dialogue between RLs and key populations fostering an understanding of how to include them in HIV responses.

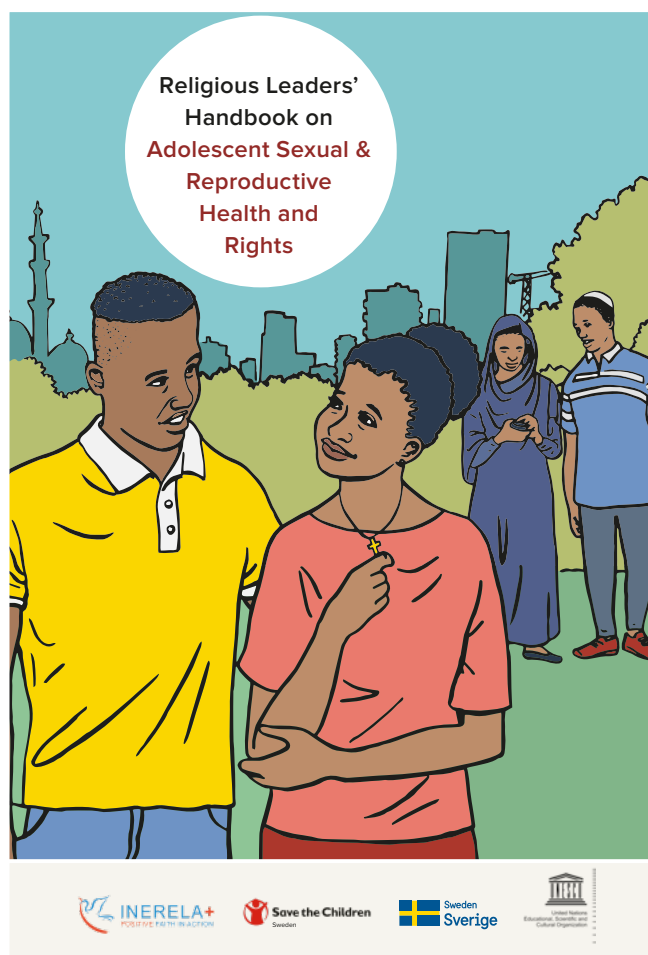
4.8 Training workshop: ASRHR for Religious Leaders

INERELA+ Zimbabwe conducted a workshop on ASRHR for RLs from across Harare with support from the INERELA+ Secretariat through the Church of Sweden. The workshop aimed to equip, empower and support RLs in their mission to get comprehensive sexuality education that is age appropriate, culturally relevant, and scientifically accurate to adolescents.

The main goal for the workshop was to help generate safe spaces for conversations on issues of sexuality between RLs and adolescents, as well as increase RLs’ knowledge on comprehensive sexuality education. RLs were appointed as stakeholders to influence their communities and play a crucial role in mitigating the impact of the challenges that adolescents have with their reproductive health and rights. *The absence of communication between RLs and adolescents in their congregations, as well as limited or no communication between children and their parents, were cited as some of the issues that caused these challenges.* The workshop provided an opportunity for the review and approval of the toolkit on ASRHR for RLs.

“The project trained 30 young women between the ages of 15 and 24 years as peer educators ...”

“The workshop aimed to build the capacity of stakeholders to address issues relating to HIV and AIDS, and equip them to address these issues with their followers or and/or congregations.”



5.



MEETINGS AND WORKSHOPS



5. MEETINGS AND WORKSHOPS

5.1 Inception meeting: Strengthening the Capacity of Religious Leaders to End Violence against Women and Girls (SCREVAW)

INERELA+ convened an inception meeting from the 27th -30th of January 2020 for three country networks identified as implementing countries for the UN Women Trust Fund. The objectives of the meeting were to develop a common understanding of the project, facilitate and finalise the implementation plans for each country. Delegates from the three country networks namely Burundi, Ghana and South Africa, were welcomed by the Executive Director of INERELA+ Rev Mabizela. She emphasised the importance of the project in the three countries and encouraged coordinators to ensure that the implementation of activities is done according to the agreed and approved protocols.

Rev Mabizela noted that SGBV has been on the increase in Sub-Saharan Africa and that the project aims to bring about a significant decrease in this regard. An agreement was reached that country networks should review the number of project implementation sites and ensure that they are in close proximity (within a 100km radius). The project proposal was presented to the three country networks giving the basis of the theories of change of the UN Trust Fund and INERELA+. The Results Framework of the project was presented and discussed in terms of how it links to the theory of change. The monitoring and evaluation framework tool was also presented. Detailed work and implementation plans were developed and completed by all three country networks and approved by the Secretariat afterwards.



Participants posing for a photo at the UNTF SCREVAW inception meeting in Johannesburg

“Rev Mabizela noted that SGBV has been on the increase in Sub-Saharan Africa and that the project aims to bring about a significant decrease in this regard.”

5.2 SANERELA+ Inception meeting: UNTF SCREVAW project

The South African Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (SANERELA+) held a UNTF stakeholders inception meeting to launch the SCREVAW project for South Africa. The meeting aimed to engage the various stakeholders who had been identified and selected to be part of the project. The chairperson of SANERELA+, Professor Dyasi who is the national chairperson, spoke about the complacency of men in the fight against SGBV. He said that men had left the fight to women and hence women have taken the lead in the fight against SGBV and should actively take part in the drive to end SGBV.

Rev Mabizela also spoke about the story of Vashti in the book of Esther chapter 2v 1-13 and used this story as a relevant analogy. Consensus was reached that a WhatsApp group for different stakeholders who had pledged their commitment to this project should be created and used as medium for regular updates and



Participants at the UNTF inception meeting for SANERELA+ in Johannesburg

communication. The idea of creating safe spaces in communities was envisaged as a powerful tool to be used in religious spaces to create safe havens for victims and survivors of violence. Due to the COVID-19 pandemic, only 46 of the 60 invited participants were able to attend.

5.3 Facilitating 'Let's talk Early Unwanted Pregnancy (EUP)' conversations with RLs

The online dialogue brought together the United Nations Educational, Scientific and Cultural Organisation (UNESCO); the South African Pentecostal Bishops Council (SAPBC); SANERELA+; the National Family Foundation of SA; Save The Children International; INERELA+; the Life Community Foundation; Heartlines; Takuwani Rime Men's Movement; the Church Leaders Council of South Africa; Young Men's Guild (Amadodana AseWesile); the Faith-Based Child Protection Movement; and the House of Traditional Leaders. The dialogue covered the role that RLs can play in the prevention of EUP and the provision of support to continuation of girls who fall pregnant. The session was chaired by the Let's Talk EUP Champion, Professor Mbulelo Dyasi and Reverend Nokuthula Dhladhla from SANERELA+.

A panel of speakers presented on the various topics covering the status and magnitude of EUP in South Africa and the role that RLs can play in supporting efforts to prevent EUP in communities. The dialogue addressed the status and magnitude of EUP in South Africa. It also touched on the role religious leaders can play in preventing new HIV infections and SGBV. RLs pledged their support and commitment to the initiative and agreed to bring on board members of their respective congregations. Dr Hlengiwe Mhlaba, a gospel singer was part of the conversation; she also committed to being a champion and actively supporting the initiative. RLs agreed to make places of worship safe spaces that build lives and help address the challenges that some RLs experience.

Reverend Phumzile Mabizela, Executive Director of INERELA+ who was in attendance noted that, *"One of the challenges for us as RLs is that we do not have positive language when we talk about sex and sexuality. This needs to change. To RLs: - Life is a sexually transmitted condition, if we cannot talk about sex, we don't have the right to talk about life."*



A poster showing the guest speakers of the 'Let's Talk' campaign

"One of the challenges for us as RLs is that we do not have positive language when we talk about sex and sexuality. This needs to change. To RLs: - Life is a sexually transmitted condition, if we cannot talk about sex, we don't have the right to talk about life."



6.

PROJECT
ACTIVITIES AND
IMPLEMENTATION



6. PROJECT ACTIVITIES AND IMPLEMENTATION

6.1 KENERELA+ 'Wajibu Wetu' initiative

Wajibu Wetu is a Swahili phrase meaning 'Our responsibility'. KENERELA+ has been implementing a project known as the '*Wajibu Wetu*' initiative, sub-granted under '*Afya Jijini*', from December 2018 to June 2020. The project focused on the three sub-counties within Nairobi County, namely the Embakasi East, Embakasi West and Westlands. Nairobi county is considered one of the HIV high burden Counties in Kenya, where groups such as AYPs, paediatrics and adult males of the age 25+ are not accessing HIV testing services. This project aimed at disseminating HIV-related messages with a particular focus on stigma reduction and availing HTS to paediatrics, AYPs and adult men. RLs who were trained as *champions of the good news* at the beginning of the project propelled it. Courtesy of the training, RL champions disseminated HIV messages to people from all walks of life at community and congregational gatherings. The project reached more than 84,000 people with key HIV and AIDS messages. The key messages focused on HIV testing, the importance of knowing one's status, eliminating HIV-related stigma, unpacking myths associated with HIV, faith healing, and access to care and treatment. The project's success is attributed to effective collaboration with RLs, sub-county coordinators, community health volunteers and healthcare service providers.



KENERELA+ '*Wajibu Wetu*' initiative

"The project reached more than 84,000 people with key HIV and AIDS messages."

6.2 KENERELA+ rolls out door-to-door HIV testing in informal settlements

The initiative began with RL champions disseminating messages and coordinating with the providers of HTS to offer their services in places of worship. Over time, it was learnt that most of the people were not willing to test publicly due to fear of stigma. KENERELA+ then took a different approach, doing door-to-door outreach. This entailed champions from the respective sub-counties and HTS providers going into communities to test people in high-risk areas such as local bars and brothels. Confidentiality was guaranteed as each client would be tested in person.

Using this strategy, the RLs and counsellors noted an increased number of people being tested for HIV. KENERELA+ offered free testing services to those people who could not visit health facilities and for those who tested during outreach programmes. All HIV positive cases were referred and immediately linked to a health facility for treatment. One of the lessons learned is that it is better to take clients to the selected facility for linkage for care and treatment as some clients never reported at the health facilities that they were referred to and only returned after their state of health had deteriorated.

"All HIV positive cases were referred and immediately linked to a health facility for treatment."



6.3 Malawian military and faith communities support HIV and AIDS services

MANERELA+, in collaboration with Development Aid from People to People (DAPP) and Evangelical Lutheran Development Services (ELDS) jointly developed a proposal titled *“Unlocking the Social Capital of Military and Faith Communities to support HIV and AIDS Services in Malawi”*. The proposal was submitted to United States Department of Defence.

The goal of the project is to promote increased adoption of HIV prevention behaviours and service uptake for military personnel and other priority populations through effective engagement of faith leaders in the Malawi Defence Force (MDF), community and faith-based organisations. The project will support behaviour change efforts to prevent new HIV infections through capacity building of MDF and the identified communities and organisations across the country. This is a four-year project which commenced on 1 October 2020 and is expected to end in 2024.



MANERELA+ and Malawi Defence Force staff at a training partnership meeting

6.4 SANERELA+ responds to GBV in the COVID-19 context

On 26 March 2020 the South African government imposed a nationwide lockdown to contain the transmission of COVID-19. However, the impact of the lockdown was an increase in cases of SGBV recorded across the country. There had been an alarming increase in violence against women and girls with 87 000 cases reported as at 3 April 2020. In response to this, SANERELA+ engaged RLs to act as champions to help women, girls and children trapped in violent and unsafe spaces within Johannesburg suburbs.

In line with the requirement of the UN Women Trust Fund to end violence against women (UNTF), SANERELA+ created a WhatsApp group, a Facebook page and posters on violence against women and girls as part of their advocacy about SGBV. The WhatsApp group was created with the intention of connecting people as lockdown measures removed possibility of face to face interaction. The online intervention is assisting RLs to keep in touch with events as they unfold on the ground and to exchange information on SGBV. The WhatsApp platform will further serve to educate and inform members about COVID-19, related services and regulations set by the government to help flatten the curve and impact of the pandemic. The Facebook page has more than 500 followers and aims to reach many more people who will be part of the conversation about the work that needs to be achieved.

“There had been an alarming increase in violence against women and girls with 87 000 cases reported as at 3 April 2020.”



“The Facebook page has more than 500 followers ...”

6.5 Workshop: GBV and SRHR workshop for AGYW

SANERELA+ and Sister Love International organised a dialogue for AGYW who are affected by violence with the Thuto Le Botumo organisation in Vosloorus. The participants were 30 AGYW from the ages of 14 to 21 years. The workshop envisaged that safe spaces for AGYW are important as they provide young people with a platform to freely engage and express themselves unhindered. The participants were able to discuss in-depth the myriad of challenges that young people face and were able to self-proffer plausible solutions to these challenges. At the end of the session, participants were made aware of their rights and given information on where to go in the event that they feel violated or experience any form of abuse.



Participants at the AGYW workshop in Vosloorus

6.6 Dialogue: Female Religious Leaders engage men on GBV/VAW

SANERELA+ and Masixoxe Men and Boys Forum organised a dialogue for men at Diepkloof Hostel. The dialogue aimed to encourage men to discuss their socialisation and education around some harmful and negative cultural practices or beliefs. Older men were adopted as champions to encourage younger men to desist from abuse of women and take up responsible behaviours. It was evident that social constructs about masculinity have negatively impacted on perceptions and understandings of *what a man is*. The dialogue served to correct some of these perceptions and teach men about how to be supportive of women and enable the take-up of safe sex practices.

“It was evident that social constructs about masculinity have negatively impacted on perceptions and understandings of *what a man is*.”

6.7 World Menstrual Hygiene Day

The World Menstrual Hygiene Day (WMHD) is an annual global event commemorated on 28 May. It brings together non-profit organisations, government agencies, the private sector, the media and individuals. WMHD highlights the importance of good menstrual hygiene management through awareness raising and advocacy that help break myths associated with menstruation. This enables knowledge sharing around the importance of menstrual hygiene management. This day aims to educate people about discrimination and shame associated with menstruation and to demystify existing taboos.

INERELA+ Ghana joined other organisations around the world to observe the WMHD under the theme ‘*Periods in Pandemics*’. This theme sought to highlight the extreme nature of challenges faced by women during menstruation as a result of COVID-19 pandemic. A webinar was also held with various stakeholders where discussions evolved around the theme, “Menstrual Hygiene Management: COVID-19 Challenges and Responses”. Discussions covered the evidence around and gaps in menstrual hygiene management as experienced by girls. It also identified solutions to improve knowledge, attitudes and practices during the pandemic.



Adolescent girls showing off sanitary pads during WMHD commemoration in Nairobi, Kenya

A community outreach initiative was undertaken in Agbogbloshie and Old Fadama in the greater Accra Region; 4000 sanitary pads and sanitisers were distributed to 2000 less privileged women and girls. These communities were selected due to the deplorable living conditions and high levels of poverty that they experience. The target population included less privileged adolescents, women and household heads in the different communities. The Ghana National Coordinator educated the beneficiaries on menstrual hygiene management and appealed to parents to show concern towards the needs of their children. To provide a practical example, a demonstration of how to use a sanitary towel was presented to participants.

NINERELA+ also commemorated WMHD through the promotion of hygienic practices during menstruation among girls and young women. The activity enlightened people about menstruation, myths and further distributed sanitary pads to participants. NINERELA+ visited Lungu, a rural community in the suburb of Gwarinpa, with adolescent girls and women of child-bearing age to enlighten them on safe practices during menstruation. This was an interactive session on menstruation facilitated by Ms Amber Erimwinhe, the National Coordinator, followed by the distribution of sanitary pads. The event was enlightening as some participants stated that they use pieces of clothing during menstruation because they cannot afford sanitary pads. Due to the COVID-19 pandemic and existing containment guidelines, only few people were reached and this served as basis to plan for scaling up such initiatives in rural communities across Nigeria and also to make sanitary pads more affordable for everyone who needs to use them.

KENERELA+ and its partners joined the world in raising awareness on the challenges that young girls and women face due to menstruation, especially during the COVID-19 pandemic. As a drive towards the main event, KENERELA+ led major online campaigns via social media where key stakeholders and youth champions participated by contributions that address key issues faced by young girls and women during menstruation. Youth dialogues covering topics such as proper menstrual hygiene, the eradication of period poverty, stigma and shame, were held via WhatsApp through which 20 youth advocates were engaged. The platform acted as a safe space to discuss issues and challenges affecting women during menstruation. During the first wave of the COVID-19 epidemic, statistics showed an increase in the number of teenage pregnancies and this was attributed to the nationwide lockdown.

In view of this, platforms like Facebook, Twitter, WhatsApp and Instagram were utilised for the dissemination of messages to educate teenage girls on abstinence and safe sex practices. During the campaign, KENERELA+ highlighted the need to equip more girls with accurate

“4000 sanitary pads and sanitisers were distributed to 2000 less privileged women and girls.”



“KENERELA+ led major online campaigns via social media where key stakeholders and youth champions participated by contributions that address key issues faced by young girls and women during menstruation.”

information on menstruation and proper sanitation, waste management and hygiene in schools and communities. The campaign further acted as a channel to persuade government to ensure that schools are properly equipped with menstruation-friendly toilets.

6.8 INERELA+ Ghana educates Maamobi community on VAWG

INERELA+ Ghana held a dialogue about violence against women and what the law says about violence against women, with members of the Mamobi community in Accra. A presentation was made by a representative from the Police Divisional Head of Domestic Violence Victim Special Unit (DOVVSU). The police officer confirmed that rape and defilement were acts that are against the law and encouraged women to report such cases to the Police, DOVVSU and the Social Welfare Unit for necessary action to be taken. In attendance was an Islamic leader who is a known opinion leader in Mamobi - he reiterated the support of the Muslim community in the advocacy and fight against violence against women. The INERELA+ country coordinator, Mrs Mercy urged women to become involved in some form of business to become self-reliant thereby reducing their dependence on men.

6.9 Solidarity march against SGBV in Nigeria

INERELA+ took part in a march against sexual and gender-based violence. The march aimed to sustain awareness about GBV and ensure that the government prioritises GBV related issues. This action was linked to the death of a 22-year-old woman who was raped and killed while studying at a church building in Edo state, Nigeria.

In an expression of dismay, Civil Society Organisations including INERELA+ Nigeria lent their support and voices through the solidarity march against SGBV and advocated for severe legal action against perpetrators. Their call was taken to the palace of a traditional leader, where the coordinator of the Edo chapter emphasised that violence against women is not only a crime, but a sin against God. A coalition for justice against rape, child battering and gender violence was inaugurated at the traditional Palace of the Enogie of Ohovbe's. It was agreed that as a collective, there would be legal support for victims and intensified exposure of perpetrators of GBV in the community. One of the protesters said, *"Any perpetrator of rape, child battering, and gender violence should not be bailed from custody and should receive the maximum punishment prescribed by law"*.



Photo by Christina, Unsplash

“Mrs Mercy urged women to become involved in some form of business to become self-reliant thereby reducing their dependence on men.”

“Any perpetrator of rape, child battering, and gender violence should not be bailed from custody and should receive the maximum punishment prescribed by law.”

6.10 Partners intensify the fight against SGBV, HIV and COVID-19

INERELA+ Sierra Leone, in partnership with Sierra Leone Social Marketing and Development Agency (SLaDA) engaged with various partners including the Network of HIV Positives in Sierra Leone (NETHIPS), the National HIV and AIDS Secretariate (NAS), the Praise Foundation, Family Support Unit (FSU), The Door Christian Fellowship, Voice of Women, Victorious Youth and Women of Grace; to enhance collaboration in the fight against SGBV and to promote the prevention of transmission of HIV and COVID-19.

The partners agreed to identify community peer educators to create and promote comprehensive and accurate HIV and COVID-19 awareness information within their communities. They also agreed to include SGBV in their planned activities and to increase the scope of community policing in operational areas to report on cases of GBV. The Family Support Unit Manager of SLaDA highlighted the extent to which men are unable to maintain decent relationships with women and promised to work with all partners to ensure that all perpetrators of SGBV face the full might of the law. INERELA+ Sierra Leone committed to engage in routine house to house sensitisation to sustain advocacy toward ending SGBV and to create awareness about HIV and COVID-19.

6.11 Out-of-school adolescent girls engaged on Family Planning, HIV and AIDS

INERELA+ Sierra Leone in partnership with SLaDA identified 20 out-of-school girls and engaged them in a focus group discussion on family planning, HIV and AIDS, and condom use. The focus group discussion was aimed at engaging adolescent girls to assess their views on family planning methods, condom use, HIV and AIDS, teenage pregnancy, and their right to family planning commodities. The focus group was led by Pastor Albert Freeman who responded to questions asked by participants. The participants were given an opportunity to explain their understanding of family planning, HIV and AIDS, and condom use and other concepts. Whilst the number of out-of-school girls is on the increase as result of the absence of comprehensive SRHR information, INERELA Sierra Leone is resolute that, with other stakeholders, they will be able to significantly reduce the number of girls that drop out of school as a result of teenage pregnancy.



Adolescent girls showing off sanitary pads during WMHD commemoration in Nairobi, Kenya

“The focus group discussion was aimed at engaging adolescent girls to assess their views on family planning methods, condom use, HIV and AIDS, teenage pregnancy, and their right to family planning commodities.”



7. INTERNATIONAL EVENTS

This section outlines all international events, forums, and meetings attended by INERELA+ in 2020. These opportunities were explored by INERELA+ to increase its visibility, market its network, amplify its reach as well as identify potential partners or emerging opportunities globally.

Due to COVID-19 and related restrictions, most events that had been set up as in-person changed to be delivered virtually, via different communication platforms such as Zoom, Skype and GTalk.



7. INTERNATIONAL EVENTS

7.1 Virtual planning meeting: World Council of Churches Assembly

The World Council of Churches' HIV and AIDS Initiatives convened a meeting with partners to plan for the 2021 Assembly. The focus of this meeting was to ensure that CSOs and other FBOs are represented in the Assembly. The planning phase entailed extensive consultation with the different stakeholders to develop an inclusive agenda for Member Churches and partners.

During the 10th Assembly of the WCC, INERELA+ participated as a facilitator and offered support to key populations that were present at the Assembly. CSOs, FBOs and key populations were given opportunities to share their stories during the "ecumenical conversations." INERELA+ made a commitment to be involved in the same capacity in conversations that focus on social justice matters and how they shape theologies and responses. INERELA+ also committed to support the WCC and its initiatives, the Ecumenical Advocacy Alliance (EAA) and Ecumenical HIV and AIDS Initiatives and Advocacy (EHAIA) by mobilising key populations who will attend the Assembly.

The WCC 11th Assembly has been postponed to 2022 as a result of COVID-19 restrictions. The theme for the 11th Assembly is, "Christ's love moves the world to reconciliation and unity."

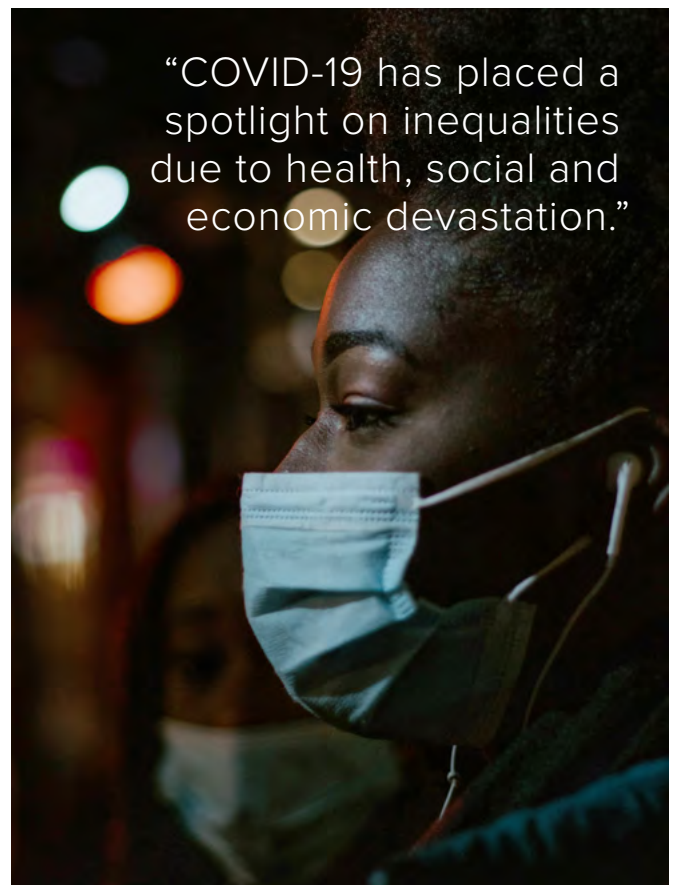
7.2 Clergy forum: HIV and AIDS lessons for life-giving COVID-19 responses

The clergy forum presentation highlighted the lessons learned during the HIV and AIDS pandemic. The outcome of this meeting would inform the identification of best practice approaches that can be adapted for COVID-19. Below are main themes that were discussed at the meeting:

- COVID-19 has placed a spotlight on inequalities due to health, social and economic devastation.
- We as RLs should stand in solidarity with the have-nots and hold each other accountable.
- It is important for us to honour the agency of those we lead and for all places of worship to create spaces where people can speak for themselves.
- There are lots of conspiracies and prophecies that we have been exposed to with regards to COVID-19, however we as leaders should discern and give our congregants accurate information.
- Religious teachings have been abused to distract and oppress faith communities.
- Medication and medical interventions are a gift from God. It is imperative for us to promote adherence and support those who are already on medication.
- COVID-19 is not the only pandemic that we are dealing with. SGBV is a pandemic that has become



"INERELA+ made a commitment to be involved in the same capacity in conversations that focus on social justice matters and how they shape theologies and responses."



"COVID-19 has placed a spotlight on inequalities due to health, social and economic devastation."

Photo by Alex Motoc, Unsplash

worse during the lockdown. The prayers of the religious community must be accompanied by action. It is important for us to challenge perpetrators of violence and support survivors of violence.

7.3 Clergy forum: Role of moral regeneration in the pandemic

Historically, the Moral Regeneration Movement (MRM) was coordinated by faith institutions as a South African initiative. However, there has been a paradigm shift as the MRM has now become a government initiative. Participants in the zoom meeting bemoaned the weakness of the Ecumenical movement as it has seemingly become less vocal and no longer represents the voices of our communities. The meeting also noted that challenges like corruption and conspicuous consumerism have eroded the country's moral fiber. This has incapacitated the MRM to stand for its role in fighting for social justice in the face of disparities between the rich and the poor. This has ultimately complicated the conversations that will lead to social cohesion.



Photo by Daniel Schudi, Unsplash

7.4 Consultative dialogue: SRHR in East and Southern Africa

The consultative meeting towards the Regional Action dialogue to advance SRHR in East and Southern Africa brought together various regional and national organisations and partners that have Sexual and Reproductive Health Rights as a programmatic focus area. The meeting was convened by the regional UNFPA office; it aimed to brief steering committee members of the processes to be followed towards the development of a regional advocacy strategy and action plan to advance the commitments of the Nairobi ICPD +25 Summit and the attainment of the SRHR targets of SDG 3, 4, 5 and 17.

The plan is to identify strategic opportunities to influence the regional and national agenda on SRHR, and explore the creation of a regional coalition to ensure a coordinated approach to advancing SRHR in the region. The initial process is scheduled to commence in 2021 and a phased implementation approach will be adopted. INERELA+ is a steering committee member organisation and has thus prioritised its involvement and active participation in all activities.

“There are lots of conspiracies and prophecies that we have been exposed to with regards to COVID-19, however we as leaders should discern and give our congregants accurate information.”

7.5 Experience sharing: Freedom of Religion and Beliefs

On 10 December 2020, the INERELA+'s Executive Director Reverend Phumzile Mabizela shared her experiences on Freedom of religion and beliefs at a webinar that was jointly organised by the Danish Institute for Human Rights and Religions for Peace. The theme of the webinar was: “Close to our hearts: Freedom of religion or belief as a human right.” This was Reverend Mabizela's first exposure to the Freedom of Religion and Beliefs (FoRB) movement. The webinar revealed that religion is often used to justify violence and war, but it can also unite communities to work together towards the achievement of a common cause. This ideology underpins the work that INERELA+ does, which is to bring hope and restoration to communities and different segments of the population.

“Close to our hearts:
*Freedom of religion or
belief as a human right.*”



7.6 COVID-19 impact on PLHIV

A World Council of Churches (WCC) podcast released on World AIDS Day explored the impact of the COVID-19 pandemic on people living with HIV, as well as COVID-19's impact on efforts to prevent new HIV infections. Moderated by Reverend Dr Nyambura Njoroge, WCC's Ecumenical HIV and AIDS Initiatives and Advocacy coordinator, Dr Shannon Hader, Deputy Executive Director of Programmes at UNAIDS, and Reverend Phumzile Mabizela, the podcast reflected on how responses to the COVID-19 pandemic have required a stronger global focus on human rights. The speakers also offered an overview of reports from UNAIDS which will help inform churches on how to respond more effectively to people living with HIV amid the COVID-19 pandemic.

Key questions for reflection during the podcast implored governments to protect human rights for people living with HIV, particularly for women and girls who, during COVID-19 lockdowns have become increasingly at risk for new HIV infections and on how women and girls can take the lead. With HIV prevention services in a precipitous decline during the COVID-19 pandemic: - podcast listeners also learn how faith communities can better serve vulnerable people from providing young people with safe spaces for dialogue, to providing accurate information about HIV and AIDS, faith communities can intervene in ways that protect people's health. Another key facet of the podcast features a discussion on the ways in which responding to HIV and AIDS - particularly in the areas of stigma, recovery, and resilience - can inform the response to COVID-19. Underpinning the entire discussion were insights into how health is intrinsically linked to human rights and human dignity.

“...the podcast reflected on how responses to the COVID-19 pandemic have required a finer global focus on human rights.”

“Underpinning the entire discussion were insights into how health is intrinsically linked to human rights and human dignity.”



Photo by JC Gellidon, Unsplash



Photo by Andrew Itaga, Unsplash

7.7 Civil Society responds to CSE rejection in schools (Kenya, Namibia and Zambia)

The meeting was a briefing on the responses by CSOs to the call by the government in Namibia and Zambia to exclude Comprehensive Sexuality Education (CSE) from the curriculum for learners. This decision was reached on the basis that CSE is believed to not be in the interest of learners/children and further sexualizes them. A joint statement was issued by a consortium of CSOs made up of Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), CRHE, Network of Zambian People Living with HIV (NZP+), Forum for African Women Educationalists of Zambia (FAWEZA), FDI, TALC, MNCRD/ ZANEC, REPSSI, PPAZ, Africa Direction, Sports in Action, WiLDAF, YWCA, Zambian Men's Network (ZMN) and ZANERELA+.

The statement highlighted that CSE had contributed to a significant reduction in teenage pregnancies and child marriages, and increased comprehensive knowledge among learners on HIV and sexuality. CSO's agreed to continue supporting each other and collectively addressing the take up of the issue with duty bearers and decision makers in the respective countries.



“The statement highlighted that CSE had contributed to a significant reduction in teenage pregnancies and child marriages”

AUDITED INCOME AND EXPENDITURE 2020

The year 2020 was very challenging as a result of the COVID-19 pandemic, a number of project activities were stalled, either because of travel restrictions or limitations on the number of persons per gathering/event. Notably, for all activities that were implemented, INERELA+ reached a significant number of beneficiaries either through in-person contact or virtually. To address this challenge, INERELA+ has engaged the services of IT professionals to commission an assessment of its IT needs and identify feasible ways to fully digitize its processes. This will support the integration and streamlining of operations, and catalyze the process of adapting technology for the implementation of activities in 2021.



8. AUDITED INCOME AND EXPENDITURE 2020

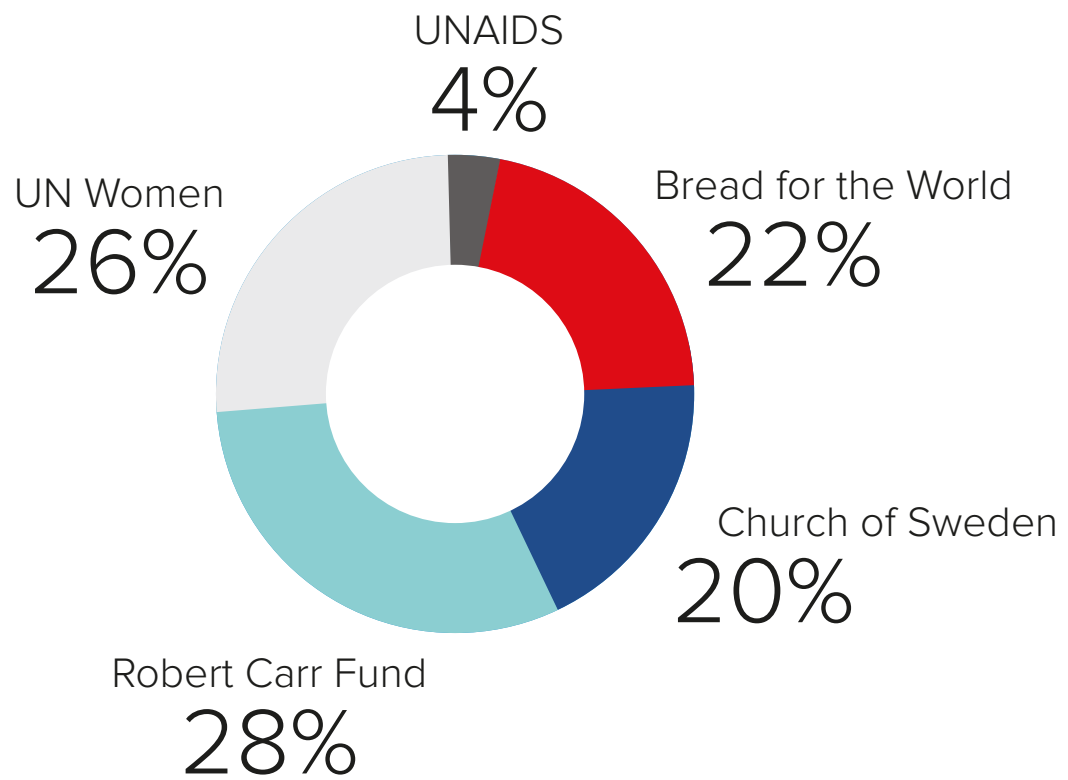
DETAILED INCOME STATEMENT

(Registration No. 2004/007199/08)

Annual Financial Statements for the year ended 28 February 2021

Figures in Rand	2021	2020
Revenue		
Income from Grants	10,653,314	9,888,285
Other Operating Income		
Donations	8,746	290,289
Other Operating Gains (Losses)		
Foreign Exchange Gains	12,724	72,233
Other Operating Expenses		
Auditors' remuneration – external auditors	(154,586)	(196,466)
Bank Charges	(58,152)	(51,373)
Board Meetings and Workshops	(62,832)	(2,405,613)
Capacity Building	(390,100)	(630,078)
Consulting and Professional Fees	(134,524)	(228,312)
Depreciation	(23,024)	(31,709)
Employee Costs	(4,312,422)	(4,051,454)
Fines and Penalties		(43,231)
IEC Materials	(38,250)	(40,025)
Insurance	(33,275)	(31,603)
Lease Rental and Operating Lease	(228,110)	(221,505)
Monitoring and TS Visits		(94,506)
National Chapters and Regional Office Support	(4,431,660)	(532,530)
Printing, Stationery and Cleaning Expenses	(28,128)	(55,995)
Telephone and Fax	(112,680)	(129,349)
Travel – Local	(5,975)	(5,407)
Travel – Overseas	6,640	(186,012)
	(10,007,078)	(8,935,168)
Operating Surplus (Loss)	667, 706	1,315,639
Investment Income	52,045	121,923
Surplus for the year	719,751	1,437,562

SOURCES OF INCOME



9.

CONCLUSION

The year 2020 ushered in with varied challenges for almost every organisation, locally and internationally. This was not any different for INERELA+ as it resulted from the impacts that COVID-19 restrictions and lockdown had on operations and the implementation of most project activities. Despite these challenges, INERELA+ was resolute and as a collective forged ahead with as many activities as possible while adhering to all the COVID-19 protocols - not trivializing or forgetting the impact of the support we received from our partners and donors.

As we strategise and develop action plans for 2021, as an organisation, we look ahead with hope and anticipation to a more productive, impactful and rewarding year in 2021.

Photo by Tina Witherspoon, Unsplash