AIDS & RIGHTS ALLIANCE FOR SOUTHERN AFRICA (ARASA)

Strategic Plan

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ARASA
AIDS & Rights Alliance for Southern Africa

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1 About Us

The AIDS Rights Alliance of Southern Africa (ARASA) is a regional partnership of non-governmental organisations that has, since its inception, been working collaboratively to promote and build capacity around a rights-based response to HIV and TB in southern and more recently in east Africa. It is the only regional organisation that is structured in the form of a partnership of country-based, civil society organisations (CSOs) working together to promote human rights and health in the context of HIV and TB in southern and east Africa. The number of partners has grown from five at ARASA's inception, to the current total of seventy- three partners. All ARASA partners are organisations committed to the empowerment of women and men living with HIV and TB, so as to achieve their fullest potential rights and health.

2 Our Strategy Contextualised

2.1 Re-Affirming the Human Rights Agenda

Some twenty-five years into the HIV epidemic – and despite significant changes brought about at a national, regional and global level - the protection of human rights remains critical to a successful HIV and TB response.

HIV-related stigma and discrimination remain major obstacles to meeting the target of universal access to HIV and TB prevention, treatment and care.

It is internationally recognised that protection of human rights, both of those vulnerable to HIV and TB infection and those already infected, is not only a critical from a rights-based perspective, but also produces positive public health outcomes in the fight against HIV and TB. The denial of human rights - such as the rights to non-discrimination and gender equality, information, education, health, privacy and social assistance - increase vulnerability to infection, as well as the negative impact of the epidemic.

Countries in southern and east Africa have committed themselves to advancing a human rights based response to HIV. Such commitments are to be found in the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration on HIV/AIDS, the Abuja Declaration and the Maseru Declaration. Yet, despite political commitments to promote a human rights based response to HIV, many countries have not fulfilled the commitments they have made on paper. Further, there have been varied changes with respect to human rights in the region. While in some countries have shown positive developments, in others, little has changed. Of even more concern is that some governments have even taken backward steps.

ARASA reaffirms that particular attention must be given to protecting the rights of vulnerable groups - such as women, young people and children, as well as the rights of marginalised groups and key populations at higher risk of HIV infection, such as men who have sex with men (MSM), lesbian, gay, bi-sexual, transgender and intersex (LGBTI) people, people who use drugs, sex workers, prisoners and others who engage in activities deemed to be "immoral" or "illegal" - if they are to avoid infection and withstand the impact of HIV and TB.

2.2 Reflecting on the Integration of Health Care Services

Another issue of significant contextual import is the increasing emphasis in the region and globally on the integration of health care services (i.e. the integration of HIV services with other primary healthcare services), as the aetiology of the disease changes with increased access to treatment and care. This, in turn, has heralded an increased focus on health systems strengthening, rather than a narrow focus on treatment access, as HIV treatment becomes more routinised in the provision of healthcare services.

As a result of this changing context, we have considered how best to interface with health systems from a human rights perspective. We have already begun to respond to these shifts by broadening our focus to human rights issues in sexual and reproductive health, which interfaces closely with HIV and thus, given the high co-infection rates in the region, with TB.

It is our view that we can make the largest contribution to health systems strengthening through the rights-based work that we do on HIV and TB, as well as on sexual and reproductive health. In consolidating this focus, our advocacy work with regards to the right to health will specifically address the needs of people living with HIV (PLHIV), and key populations at higher risk of HIV, including men who have sex with men (MSM), lesbian, gay, bisexual, transgender and intersex (LGBTI) people, sex workers, people who use drugs and prisoners.

The emphasis of HIV, TB and sexual and reproductive health rights will be formalised and integrated into ARASA's programming, both at the level of capacity building and training, as well as in the organisation's advocacy work.

2.3 Balance between Country and Regional Work

The final contextual issue of importance is that ARASA has reviewed the way in which we engage at a regional level, and have considered how this is complemented by the work we are doing at a country level and vice versa. Our focus needs to continue to be on regional advocacy, and on ensuring that country issues are elevated to a regional and, ultimately, a global level. However, this should be bolstered by an emphasis on supporting country-level engagement through our partners in each of the countries.

It is our view that we can make the largest contribution to health systems strengthening through the rights-based work that we do on HIV and TB, as well as on sexual and reproductive health.

In this context, we will maintain our current approach, but recognise that there is a need to increase the "dosage" in each country in which we work by ensuring that different programmatic interventions implemented by ARASA are better coordinated and reinforce each other in a deliberate manner within each country. In this way, we hope to continue to develop strong country-level foundations for consolidating and expanding ARASA's work in a sustainable manner, even once ARASA's direct support for any programme has come to an end.

ARASA will also continue to support work in all countries by continuing to facilitate its Annual Partnership Forum (APF), so as to reach and maintain a shared understanding amongst country partners as to ways in which we can - in the context of available resources - support efforts in each of these countries.

2.4 The Funding Climate in which this Work is being Carried Out

The previous points emphasise the importance of the human rights agenda, and our re-affirmation of this agenda in the context of supporting the UNAIDS Strategic Investment Framework, which recognises advocacy for human rights and stigma reduction as critical social enablers, in the absence of which '*many activities (in national responses to HIV) have a suboptimal chance of success, resulting in wasted opportunities and resources*.'[1] Yet, the changes that have taken place in the funding climate pose a serious challenge to this work. Human rights-related work is typically not funded by national governments, and global donors have reduced funding in the area generally - and even more so to those countries in the region being classified as "middle income".

The increasing challenges with respect to funding for human rights are explained in multiple ways, including the global economic downturn, the pressure on national governments to play an increasing role in enabling access to

[1] UNAIDS Guidance: 'Investing in Results. Results for People', 2012 at 11 accessed at http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2359_investing-for-results_en.pdf

HIV prevention and treatment in their countries, and other competing priorities, such as climate change, and the post-2015 development agenda.

However, the increasing global emphasis on supporting countries to take ownership of prevention, treatment and care (within the framework of a country-owned, country-driven response), creates a new imperative for organisations such as ARASA with respect to advocacy within countries, and with regards to the need to monitor budgets and the extent to which they support access to health. This is seen as critical to holding governments accountable, and has implications for our advocacy work.

While the global context highlights the difficulties that ARASA will face in the next period with respect to funding, it also emphasises the extent to which there is an opportunity to take forward the human rights agenda with respect to HIV, TB and SRH, in particular with respect to health more broadly in southern and east Africa. This strategy sets out how we plan to achieve this in a manner that takes forward our vision and purpose.

3
Our Goal and Purpose

Vision:

A southern and east Africa in which all are able to access and enjoy their fundamental human right to health.

Mission:

. ARASA promotes a human rights approach to HIV, TB and SRHR in southern and eastern Africa by utilising its strategic partnership of CSOs for capacity strengthening and advocacy.

. ARASA's partners bring diverse skills, perspectives from communities and areas of interest which enables it to stay informed and elevate key human rights issues to national, regional and ultimately global level to influence policy.

. ARASA strengthens capacities of its partners at country and community level so that there is strong understanding of and development of consensus on human rights issues emerging at these levels as well as evidence for informed community driven advocacy.

4
Our Values

We recommit ourselves to the following values, adopted at our inception, as being central to the way in which we work and in our relationship with partners, donors and stakeholders:

- Transparency, honesty, integrity and accountability in governance, financial procedures and decision making
- Zero tolerance for corruption
- Maximum involvement of people living with HIV and TB and of members of key populations at higher risk of HIV and TB
- Non-discrimination
- Justice
- Limitations of human rights only in accordance with the provisions of international human rights law
- Tolerance
- Inclusiveness
- Consultation
- Respect
- Excellence in service delivery

5 Our Strategic Objectives

ARASA considered the implications of the new context and the learning from the previous phase of implementation. Based on this assessment, and the understanding of the organisation and its particular niche and role, the following imperatives were agreed upon as ARASA's strategic objectives.

i. To support and strengthen the capacity (a) of civil society organisations in southern and east Africa to effectively advocate for, and (b) of service providers and policy makers to provide, a human rights response to SRHR, HIV and TB at national, regional and global levels, using the ARASA partnership, with a particular focus on people living with HIV and TB and key populations at higher risk of HIV and TB.

ii. To support and strengthen advocacy by civil society, especially people living with HIV and TB and key populations at higher risk of HIV and TB for their health and human rights.

iii. To strengthen the partnership and the sustainability of partner organisations working at national and community levels.

6 Our Results Framework

ARASA has developed a results framework that specifically refers to results that we feel we can be held accountable for. We believe that if these results are realised, then ARASA would be making a strong contribution to the achievement of our four identified outcomes, as well as to our overall vision, mission and objective .

Strategic Objective

To support and strengthen the capacity (a) of civil society organisations in southern and east Africa to effectively advocate for, and (b) of service providers and policy makers to provide, a human rights response to SRHR, HIV and TB at national, regional and global levels, using the ARASA partnership, with a particular focus on people living with HIV and TB and key populations at higher risk of HIV and TB.

Impact Statements

A human rights-based response to SRHR, HIV and TB is promoted at a national, regional and global level.

Results	Policy and law makers understand, and can apply, human rights principles in the context of SRHR, HIV and TB and, thus, enact laws and policies, or engage in law and policy reform, that enables a human rights based response to SRHR, HIV and TB, and supports access to acceptable, accessible, affordable, quality health services.
CSOs are equipped to effectively advocate for a human rights based response to SRHR, HIV and TB nationally and in the region, such that supportive legal and policy environments are strengthened and human rights are protected, respected and upheld.	Lawyers, magistrates, prosecutors, judges and law enforcement officials understand and can apply human rights principles in the context of SRHR, HIV and TB and, thus, interpret , enforce and monitor laws and policies in a way that does not hinder access to acceptable, affordable, quality health services; particularly for people living with HIV and TB and key populations at higher risk of HIV and TB.
	Health care service providers understand and can apply human rights principles in the context of SRH, HIV and TB and thus provide access to acceptable, accessible, affordable, quality health services, particularly for people living with HIV and TB and key populations at higher risk of HIV and TB.
	Institutions of democracy, including the media, are better equipped on matters pertaining to human rights, SRHR, HIV and TB, and are able to communicate and create awareness about these matters to decision-makers and society.

Short Term Indicators	Long Term Indicators
ARASA supports the acquisition, dissemination and sharing of expertise and knowledge across the region regarding SRH, HIV and TB issues from a human rights perspective	The relationship between HIV, TB, sexual and reproductive health and human rights in relation to vulnerability and impact is better understood in the region
Through, inter alia, the Training of Trainers, Small Grants Programme, the Partner Internship Programme and the Country Programmes, ARASA supports national civil society groups to voice their concerns around human rights issues in SRH, HIV and TB, and supports them to take up strategic advocacy activities in this regard	There is improved protection of, and respect for, human rights in national and regional responses to HIV, TB and sexual and reproductive health
Civil society monitors and analyses the efforts of national governments to protect, respect and uphold human rights in the context of national responses to HIV and TB, and engages in effective advocacy initiatives on rights issues that are identified as relevant at both the national and regional levels.	There are stronger linkages between the national and regional advocacy work undertaken by ARASA and its partners
Relevant institutions in the country and the region have heard the inputs and submissions of civil society with regards to SRH, HIV and TB from a human rights perspective	There are strengthened organisations and alliances of organisations and activists undertaking collaborative human rights advocacy on issues of HIV, TB and sexual and reproductive health at the national and regional level
Lawyers, magistrates, prosecutors, judges and law enforcement officials have access to information, tools and resources on human rights in the context of SRH, HIV and TB and apply, as well as monitor the implementation of these	Lawyers, magistrates, prosecutors, judges and law enforcement officials understand the link between HIV, TB and SRH and human rights and this is reflected in the way in which legal services and access to justice are designed and scaled up
Service providers reflect an increased awareness of human rights in the context of service delivery, and have access to information in this regard	Stronger alliances between human rights and key populations civil society organisations undertaking collaborative advocacy on access to prevention and treatment for key populations at higher risk of HIV and TB.
The media and institutions of democracy have increased capacity and are provided with updated and relevant information on issues of human rights, SRH, HIV and TB	The media and institutions of democracy report critical cases and issues relating to human rights, HIV, SRH and TB
The work done by ARASA and its partners contributes towards the process of ensuring that national frameworks that protect and respect human rights are put in place and/or strengthened to reduce vulnerability to and the impact of HIV and TB at national level	Role players reflect an understanding of the importance of national frameworks being put in place and/or strengthened to promote the application of rights-based approaches, which will reduce vulnerability to and the impact of HIV and TB
The work done by ARASA and its partners contributes towards the process of ensuring that regional frameworks are put in place and/or strengthened to ensure that human rights are protected, respected and upheld in the region	Role players reflect an understanding of the importance of progressive national and regional monitoring mechanism and systems being put in place and/ or strengthened to support improved accountability for repealing regressive legal barriers which hinder the promotion, protection and upholding of human rights

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Strategic Objective

To support and strengthen advocacy by civil society, especially people living with HIV and TB, and key populations at higher risk of HIV and TB, to demand their health and human rights.

Impact Statements

People living with HIV and TB, and key populations at higher risk of HIV and TB understand their health needs and actively claim their health rights.

There is access to acceptable, accessible, affordable, quality healthcare is provided for all who need it, without discrimination.

Results

CSOs and, in particular, organisations of people living with HIV and TB, and of key populations at higher risk of HIV and TB, influence the national strategic plans and advocate for effective resourcing in terms of the human rights agenda.

CSOs and, in particular, organisations of people living with HIV and TB, and of key populations at higher risk of HIV and TB, are strong advocates in their communities, and help people in these communities understand their health needs and claim their right to health.

Policies regarding SRH, HIV and TB emanating from national governments and from regional and internal fora are framed within a human rights approach.

Good practice models are documented and replicated within the region to promote a stronger regional right to health agenda.

A body of sound jurisprudence is strengthened and promoted around SRH, HIV, TB and human rights in the region.

Short Term Indicators

Strengthened organisational capacity of ARASA partners to effectively engage in advocacy with regards to access to acceptable, accessible, affordable, quality healthcare and the resourcing of this

There is a strengthened and expanded base of support for the advocacy engaged in by ARASA and its partners

Long Term Indicators

There is consensus on a common definition of the problems faced in access to HIV and TB prevention and treatment and SRH, and on possible actions to address these by an ever-widening constituency of people

There is increased visibility of the healthcare and human rights issues facing people living with HIV and TB, and of key populations at higher risk of HIV and TB in policy processes; resulting in positive policy outcomes, including maintaining gains, and maintaining pressure through ongoing monitoring of the implementation of policy

There are strengthened alliances between ARASA partners and a broader range of civil society organisations (such as faith-based and organised labour organisations) in the region in implementing advocacy initiatives

There is a body of data and analyses of this data from a social justice perspective from which alliances can draw for evidence-based advocacy

Strategic litigation is supported so as to strengthen and expand existing jurisprudence around SRH, HIV and TB in the region

A documented body of evidence and good practices are available to civil society, for adoption and replication when needed

There are shifts in social norms, such as decreased discrimination against a specific group or increased belief that the state should provide accessible, acceptable, affordable and high-quality health care services for all who need them.

There are shifts in public understanding and visibility of the issues, as the problem definition or potential solutions gain social acceptance over time

There are shifts in population-level impact indicators, such as increased access by key populations at higher risk of HIV and TB to prevention and treatment services and increased access to SRH

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Strategic Objective

To strengthen the partnership and the sustainability of partner organisations working at regional, national and community levels to achieve strategic objectives 1 and 2 in an efficient and cost-effective way.

Impact Statements

ARASA continues to advocate for a rights-based approach to SRH, HIV and TB for as long as the regional context demands this.

Results

Resources are maximised through collaborative work in the region

CSOs have increased access to funds through ARASA and other platforms

A diversity of funding sources is identified to ensure sustainability of partner organisations and of the work

Short Term Indicators

ARASA identifies opportunities for enhanced cooperation and collaboration at a country, regional and global level, and mechanisms are sought to maximise these opportunities

ARASA diversifies its own funding base to ensure sustainability

Long Term Indicators

Through advocacy work on a rights-based approach to SRH, HIV and TB, there is acknowledgement at a regional and global level of the need for increased and sustained funding for human rights policy and programming

There are diverse and collaborative funding sources established

Mechanisms are sought to maximise existing funds to support CSOs operating from within a rights-based framework in the context of SRH, HIV and TB

New funding sources are sought to support CSOs operating from within a rights-based framework in the context of SRH, HIV and TB

Partner organisations and CSOS have the capacity to secure funding from multiple funders

Learning monitoring and evaluation improves the efficacy of the work of the partnership so that there are continual improvements in quality and cost effectiveness

Monitoring and evaluation systems are improved to capture better change against the indicators as well as impact so as to develop a body of evidence that can inform future work and can be used to support advocacy and the sustainability of partner organizations

7 Our Strategy to Achieve these Objectives

This strategy sets our intention with respect to what we intend to achieve and indicates that we intend to do this through two core programme areas:

(i) Training and Capacity Strengthening; and
(ii) Advocacy

Both of these programme areas have regional and national components.

7.1 Training and Capacity Strengthening

This programme is designed to strengthen civil society capacity for effective HIV, TB, sexual and reproductive health and human rights advocacy in southern and east Africa. This is accomplished at the regional level through an annual Training of Trainers Programme which aims to create a cadre of civil society leaders on health and human rights in the region who can replicate the training that they have received in their own countries and who can also engage more effectively in advocacy around HIV, TB, sexual and reproductive health and human rights in their own countries and in the region. At the national level this is accomplished through technical assistance (and in some instances through financial support) to partner organisations and through them to the communities that they serve to build their capacity to:

- promote a human rights based response to HIV, TB and sexual and reproductive health in their own countries; and
- monitor and analyse the efforts of national governments to protect, respect and uphold human rights in the context of national responses to HIV and TB and to engage in effective advocacy initiatives on rights issues that are identified as relevant at both the national and regional levels.

This technical assistance is carried out in partnership with ARASA's partner organisations.

Training and capacity strengthening activities have different levels of focus, ranging from being designed to strengthen the capacity of policy makers, judicial officers, prosecutors, law enforcement officials and health care providers to understand the need for a human rights based response to HIV, TB and SRH, to strengthening the capacity of civil society organisations to mobilise communities to know and claim their rights and to advocate for a rights based response to HIV, TB and SRH. Similarly, advocacy activities are designed to target different audiences, from the national and regional, to the global levels. ARASA partners are supported at the national level to engage in advocacy with their own governments on, for example, the need for increased domestic spending on health. The capacity strengthening and advocacy programmes are thus inter-related, and are implemented in a synergistic way.

Conscious of the advantages that ARASA has as a regional partnership, its work focuses on enabling partners to share expertise within the region in order to build capacity around HIV, TB, SRH and human rights, to replicate good practices around HIV, TB, SRH and human rights in the region, and to identify and facilitate regional advocacy initiatives on issues that are common to all countries in the field of HIV, TB, SRH and human rights.

Its work at a national level is similarly focused on supporting the work of, and building the capacity of, its partners to effectively promote a human rights-based response to HIV, TB and SRH at the national level. This is achieved through both ARASA's regional work and direct activities that are supported in countries. These in turn feed into both national and regional advocacy initiatives.

This work will be strengthened going forward and will also include a focus on:

Strengthening the capacity of the media on HIV, TB, and sexual and reproductive health and human rights, and supporting the process of broadening the number of reporters who cover related HIV, TB and sexual and reproductive health related human rights issues. We recognise that this will require considerable energy, as there is a perception that there is less of an interest in documenting these issues in the media than was the case in the past.

We will also place greater emphasis on the development of the capacity of lawyers, members of the judiciary, law enforcement officials and policy makers on the importance of human rights in the context of HIV, TB and sexual and reproductive health in southern and east Africa. This is perceived to be critical in contributing to the development and strengthening of an enabling legal and policy environment. In the implementation of this strategy, we intend to place a greater focus on strengthening the capacity of these target groups on HIV, TB and sexual and reproductive health and human rights.

7.2 Advocacy

ARASA has made significant contributions in the context of human rights and HIV and TB over the last five years. In addition to building capacity through its Training of Trainers programme, its Small Grants programme, Country Programmes and the Partnership Exchange Programme, ARASA has led and/or supported advocacy campaigns on, inter alia, the criminalisation of HIV transmission or exposure, TB in the mining sector, funding for health, sexual and reproductive health rights, and LGBTI rights.

We have also been represented on several key regional and global fora, including the Universal Access Review and UN High Level Meeting, the Global Commission on HIV and the Law, the UNAIDS Human Rights Reference Group which the ARASA director co-chairs, the UNAIDS Prevention Reference Group, the WHO Civil Society Reference Group, the NGO Delegation of the UNAIDS Programme Coordinating Board (in 2010 and 2011), the Global Fund Human Rights Reference Group and the SADC HIV Technical Advisory Committee, as well as on several other boards and technical/ advisory committees at the regional and international levels. This places us in a unique position of being able to communicate input from the national and regional levels in the global south up to international fora to influence global policy development as well as to communicate global policy developments down from the international to the regional and national levels.

Both SADC and the individual member states have committed themselves to advancing a human rights based response to HIV and AIDS. Examples of such commitments are to be found in the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration on HIV/AIDS, the Abuja Declaration and the Maseru Declaration. Yet despite political commitments to promote a human rights based response to HIV, our own annual report on human rights and HIV in the region shows that many countries have not fulfilled the commitments they have made on paper. We have an important function to perform in monitoring policy, legislative and programmatic responses to HIV, TB and sexual and reproductive health and human rights in the region. We strive, through our advocacy work, to address both rights abuses and delays in fulfilling basic social and economic rights, such as access to HIV and TB treatment, prevention and care and support services through advocacy initiatives at both the national and regional levels. In addition, we advocate, with our partners, for the adoption and implementation of enabling policy and legal frameworks at national level that afford adequate protection for the rights of people living with HIV, address issues of vulnerability for women and young girls and facilitate access to prevention, treatment,

...we will continue to seek ways in which to more effectively engage with policy decision makers to advocate for the protection and realisation of the right to health in the region and for accountability, transparency and good governance.

care and support for key populations at higher risk of HIV and TB, including sex workers, LGBTI (including MSM), people who use drugs and prisoners.

We have conducted research on the status of human rights in the context of HIV and TB in the region. This research was published in the form of a report on HIV and human rights in SADC at the beginning of 2007. The information contained in this report serves as a baseline for assessing improvements and/or regressions in the status of human rights in the context of HIV in the region and is an oft cited reference on HIV and human rights in the region. This report is updated regularly and serves to inform advocacy initiatives in the region. The next update of this report will be finalised in November 2013 and will be updated again in 2015.

In addition to responding to events in the region, we seek pro-actively to create discussion and build consensus on HIV, TB and sexual and reproductive health and human right issues, with a focus on barriers to HIV and TB prevention, treatment, care and support services for people living with HIV and key populations at higher risk of HIV, by convening our partners on key advocacy topics agreed on by our partners at the Annual Partnership Forum. We has previously convened our partners to discuss HIV testing; criminalization of wilful HIV transmission; HIV, TB and human rights in prisons; HIV-related legal services; funding for health and access to HIV/TB services. These consultations are designed to develop consensus amongst civil society partners on a common definition of the problems as well as to develop regional advocacy strategies to address these problems and bring a human rights focus to these debates amongst an ever-widening constituency of people.

We are also cognisant of the need to work with policy decision makers to promote a better understanding of the linkages between HIV, TB and sexual and reproductive health and a human rights based response to HIV and TB in policy development in all sectors. To this end we will continue to seek ways in which to more effectively engage with policy decision makers to advocate for the protection and realisation of the right to health in the region and for accountability, transparency and good governance.

7.3 Linkages Across Programmes

These two programme areas are given expression through:

- The Training of Trainers (ToT) Programme: this programme targets individuals who are staff members of civil society organisations working on HIV, TB and human rights in the region, are committed to regional collaboration, and have existing skills in human rights work. The programme aims to produce a regional cadre of HIV, TB and human rights civil society activists in the region to promote a human rights response to HIV and TB at a national level.
- The Partner Exchange Internship Programme: part of our programme to build capacity in the region includes hosting and facilitating the placement of interns. The purpose of these internships is to facilitate the exchange of information, skills and ideas between partners to make use of the comparative strengths of some partners to strengthen the capacity of other partners.
- The Small Grants Programme: we provide selected graduates of the ToT programme with small grants that recipients are required to use for training and/or advocacy projects that promote human rights in the context of HIV/AIDS/TB in their countries.
- The Country Programmes: The country programmes were initiated in 2008 based on an Annual Partnership Forum decision to concentrate on supporting partners to roll out HIV and human rights programmes in each of the countries in the region. Relevant stakeholders agree on the objectives of the programme, and then nominate a country host (an ARASA partner) to coordinate the programme. We work with and support the host, through

the provision of financial and technical assistance, to develop the required capacity, and to build a coalition and implement the training and advocacy components of the programme.

We will continue to ensure that the linkages between the Training and Capacity Strengthening Programme and the Advocacy Programme are strengthened through, inter alia, improved linkages across programme interventions.

In particular, there is a need to ensure that key issues on the advocacy agenda (including those that are identified at the APF, as well as those that emerge in response to emergency issues) are integrated into the content of the ToT programme, as well as that, where possible, the first assignment undertaken by participants in the ToT programme provides case studies that can support the current advocacy agenda. The second ToT assignment, in which participants provide training in-country to additional participants, will also cover an issue that is part of the current advocacy agenda.

In addition, where individuals are placed through the partner exchange internship programme, their internships will be framed around advocacy priorities identified at the APF or on the basis of emergency or newly emerging issues identified.

Also, the small grants programme will, where possible, be linked to our current advocacy agenda (the key priorities of which are determined at the Annual Partnership Forum). However, the small grants should also ideally relate to the work of the grantee organisation, so that the work initiated through the grant can be sustained.

This strategic plan states that small grants will only be available to partners. This suggests a shift from past policy, which has seen the grant being made available to all ToT graduates. To ensure though that this does not become exclusive, organisations can elect to become a partner at any point in the ToT process, and would then be eligible for the grant.

We also intend to strengthen the linkages with ToT, small grants and the partner exchange internships in the country programme. For example, it may be possible to place an intern with a country programme host. Further, it is suggested that efforts will be made to ensure that a proportion of the ToT participants should come from the countries where the country programme is taking place at that time, so as to further enhance in-country capacity (although noting that the ToT programme will still be offered to candidates from all countries in the region). Similarly, the small grants should also focus, although not exclusively, on the same countries. Advocacy work being done regionally will augment the advocacy work being done in the country-programmes.

In ensuring these linkages are in place, we will build the network of individuals in each country, which can contribute to making sure that we are able to integrate what is taking place in each country into its regional advocacy work, and ensure that there is a wider pool of individuals, based in organisations, that take forward the advocacy agenda agreed upon by our partners at country, regional and international levels.

7.4 Achievements of the Organisation

Our ability to achieve the above was evidenced in our most recent evaluation: it affirmed that we have made significant contributions to capacity strengthening and advocacy work nationally, in the region and globally, and indicated that we remain an "authoritative voice" in the region, and that we play an important advocacy role, without which there would be a clear gap in the region.

Some of our specific achievements over the last five years include that we have[2]:

- Trained 145 Train the Trainer (ToT) participants from 17 countries in the region;
- Facilitated 14 Partner Exchange Internships, and hosted three internships;

[2] As at end 2012

- Supported the ARASA country programme in the DRC, Botswana, Swaziland, Lesotho, Mozambique and Malawi;
- Awarded 33 small grants to graduates of the ToT programme for training and advocacy work (of between US$ 5000 and US$ 20 000)

In addition we have supported 9 advocacy campaigns in a range of related thematic areas. By way of example, ARASA was a lead partner in the advocacy campaign that accompanied the litigation against the Namibian government on behalf of women living with HIV who were sterilised without their consent. The judgment has set an important precedent in the region and as a result of the publicity raised by the advocacy campaign women in other countries in the region have come forward to report similar experiences.

These campaigns, as well as the other work that we do with respect to policy formulation and law reform, were instrumental in, for example, having HIV-related travel restrictions lifted in Namibia, as well as in ensuring that new HIV legislation in Mauritius did not criminalise HIV transmission or exposure, and made adequate provision for harm reduction. We continue this work by supporting partners in the region to advocate for the removal of laws that act as barriers to accessing HIV and TB prevention and treatment services and commodities.

In 2012 we were requested by the Namibian Law Reform Commission to prepare a law reform paper on criminalization of HIV transmission and exposure.

We have also played a significant role in ensuring that the recent WHO policy on couples testing and counselling contains strong human rights language and have authored several published articles on the need for a human rights based approach to treatment as prevention.

These achievements are further evidenced by the extent to which we are recognised for the work that we do. An indication of this is the number and level of fora at which we are asked to contribute. For example, we participated in the High Level Policy Consultation on the Science and Law of Criminalisation of HIV Non-disclosure, Exposure and Transmission, hosted by the Government of Norway and UNAIDS in February 2012 and joined 20 international civil society partners in drafting and issuing the Oslo Declaration on HIV Criminalisation , an advocacy and policy statement against the overly-broad use of the criminal law to regulate and punish people living with HIV for behaviour that in any other circumstance would be considered lawful and which forms the basis of the recently issued 2013 UNAIDS guidance on "Ending overly broad criminalisation of HIV non-disclosure, exposure and transmission: Critical scientific, medical and legal considerations" .

We were extensively involved in the regional and continental universal access review processes leading up to the Universal Access Review and UN High Level Meeting on HIV and AIDS in New York in 2011 and in the development of the African civil society position paper for the HLM. Our director also served as a member of the International Advisory Group (IAG) on universal access, established to guide a global vision to the country and regional findings from the 2010/2011 universal access review process and chaired a dialogue at the High Level Meeting on 'HIV and Human Rights: Universal Access for Key Populations', which was co-hosted by the governments of the United Kingdom and South Africa. We were also represented by our director on the Global Commission on HIV and Law Regional Advisory Group for the Africa Dialogue on HIV and the Law in 2011 at which our director was a speaker at the opening session.

We are represented on the UNAIDS Human Rights Reference Group which our director co-chairs, the Global Fund Human Rights Reference Group, the WHO Civil Society Reference Group, the SADC HIV Technical Advisory Committee and the NGO Delegation of the UNAIDS Programme Coordinating Board (in 2010 and 2011) as well as on several other boards and technical/advisory committees at the regional and international levels. During the December 2012 UNAIDS Programme Co-ordinating Board (PCB) thematic session in Geneva, the Swedish Ambassador for Global Health, Anders Nordström, commended ARASA and ARASA partner SAfAIDS for their work to promote a human rights-based response and to challenge HIV-related stigma and discrimination in southern Africa.

8 Mechanisms to Support the Strategy

The previous section points to the broad strategy that we will strengthen and continue to pursue. It also highlights what we have already achieved in these areas, which create a platform for building on this work. This section highlights the way we will grow our work.

8.1 The ARASA Partnership

Our central operational strategy is to utilise the ARASA partnership to build and strengthen the capacity of civil society, with a particular focus on people living with HIV and TB and key populations at higher risk of HIV and TB, to effectively advocate for a human rights approach to HIV and TB in southern and east Africa.

The approach is a combination of working 'from the top down' and from 'the bottom up' at national, regional and international levels, and the number, strength and regional distribution of our partners are factors that are critical in enabling: (i) meaningful engagement with CSOs at country and community levels, so that there is a strong understanding of and development of consensus on the issues emerging at these levels, as well as evidence for informed community driven advocacy; (ii) the sharing of critical information with and across partners; and, (iii) the development of a credible basis to elevate critical human rights issues relating to HIV, TB and SRH (emerging within, and across, countries) to a regional and global level.

A recent external evaluation of our work emphasised that the ARASA partnership's role in terms of bridging the community, country, regional and global terrain remains critical, and that we continue to be one of the only regional organisations that focuses on promoting a human rights based response to HIV, TB and SRH in southern and east Africa.

8.2 Monitoring and Evaluating our Progress

We also recognise that there is a need to harness our learning, so that we can grow as an organisation, and can increasingly share our learning with others involved in this work. As such, we believe that it is increasingly important to build a strong case for the work that we do, and to expand, and consolidate, its base of evidence relating to the outcomes and impact of its work, such that this is recognised as being valid and credible. This latter point is seen as important as a way of increasing the accountability of the organisation, and ensuring that partners, regional fora and donors are able to gauge what the organisation has achieved, what has enabled this, and where the challenges remain. Understanding the impact of our work is seen as especially important, as there have been varied changes with respect to human rights in the region. As mentioned, while in some countries there have been positive developments, in others little has changed and, of even more concern, some governments have taken backward steps. There is uncertainty as to why there have been positive changes in some countries and not in others. It is therefore considered critical to increase our understanding of what has led to positive change where it has taken place, and, where civil society has played a role in this change, how can this be further supported. Further, it is critical to establish which modes of support for civil society are most effective in environments that are showing signs of increased political repression.

Further, the organisation has recognised that there is increased pressure being placed on funding for HIV and TB-related human rights work and there is therefore a need to ensure that available funding is directed at priority issues (such as addressing structural determinants which increase vulnerability to HIV and limit access to HIV related services) and that this work is having an impact. It is also considered important that the organisation is able to balance the need to seize opportunities that may arise, so that the work is able to sustain itself, with the imperative that ARASA's programme focus remains consistent with its vision, purpose and objectives.

For this multiplicity of reasons, the development of effective monitoring and evaluation processes is therefore a key focus of the internal system strengthening work that the organisation is currently undertaking, and intends to advance in the next five years.

We are therefore committed to developing a monitoring and evaluation plan, which will support the process of generating learning, creating evidence for decision-making and for understanding the level of impact, so as to make a case for on-going support of our work.

Critical to this process is the need to:

- Ensure that there is regular monitoring of whether outputs (against indicators) are achieved as planned (based on routine data gathered by team leaders, the M&E Officer and other staff);
- Consider whether these lead to the anticipated outcomes (this would both draw on routine data as well as targeted evaluative activities structured on an annual basis); and,
- Consider the extent to which these contribute to the achievement of the objectives of the organisation (based on an evaluation against a baseline that is conducted mid-term and after 5 years and would include interviews, surveys and focus groups with beneficiaries of the programme, as well as those that are targeted in terms of the advocacy work undertaken).

9 Assumptions and Risks

9.1 External Assumptions and Risks

For us to fully succeed in our work there is a recognition that the following should be in place in the external environment:

- Governments and societies are open, responsive, democratic, and transparent, and human rights are mainstreamed and respected;
- Practices that may inhibit respect for and the protection of human rights are debated and challenged;
- Civil society organisations are able to operate unfettered by the state, and are able to actively pursue their human rights agendas;
- People whose rights have been violated have access to justice.

However, this does not suggest that in the absence of these conditions, our work should not continue. Rather, we recognise the importance of working with a variety of other players (at the national, regional and global levels) to advocate for change. In fact, it is suggested that in the absence of these conditions, this work is even more critical, and our role in holding governments to account - and supporting partners to hold governments to account - should be emphasised. Further, where these conditions are compromised at a national level, and in particular where national civil society organisations cannot freely operate, we – because we are not circumscribed by national government in the same way that civil society sometimes is - are able to play a critical role.

A risk that we will directly address in our strategy, through our Funding for Health advocacy work, relates to the risk that there will be a mismanagement of resources for health at the country level. This creates significant challenges in terms of access to affordable, accessible and acceptable quality prevention, treatment and care, and this is an area that we will closely monitor going forward. This will be supported by the work to increase moves towards "country-owned and country-driven" responses, placing significant responsibility on organisations like ARASA to ensure that governments can be held accountable in terms of resources for health, and how these are used.

9.2 Internal Assumptions and Risks

The following section outlines key internal risks, and indicates the measures that we have taken to mitigate these.

Succession planning has been highlighted as one of our internal risks. As reflected on in the achievements we have addressed this risk, and have taken significant strides in developing a succession plan, including the inception of a Deputy Directorship, encouraging staff development, exposure and experience, and promoting education and training opportunities for growth. Further, as indicated previously, by ensuring that there is a shared understanding of the activities that are taking place in the organisation, it ensures that varied people in the organisation can play multiple roles. In turn, our staff show high levels of commitment to the organisation, and this is evident from the low staff turnover rates throughout the history of ARASA.

Financial Risk Management: There are considerable concerns in the donor sector about the way in which finances are managed by organisations, with donors asking for better controls and systems. We have recognised this risk and have ensured that there are tight financial controls in place both within the organisation, as well as in the organisations to which we provide grants and other financial support.

We mitigate significant financial risk by ensuring that grants awarded under the small grants programme remain relatively small (between US$ 5 000 and US$ 20 000). We also mitigate this financial risk in our country programmes by ensuring that country hosts are strong members of the ARASA partnership. That is, that they have effective governance and management systems (including financial management), have human resources responsible for the work, and are committed to, and experienced in, human rights advocacy work, and are actively contributing to ARASA's goals at a national and/or regional level. In response to problems experienced with failure to report timeously by two grant recipients in the past, all small grant recipients and country programme hosts are required to attend a pre-implementation workshop during which they receive training on financial and programme management and are supported in the development of their work plans and monitoring and evaluation frameworks. They are further provided with ongoing support and mentoring with respect to their financial management systems by our Finance Manager throughout the duration of the small grant or country programme to ensure that organisations continue to effectively implement their financial management systems.

In addition, all small grant recipients and country programme hosts are required to furnish us with copies of their most recent audited financial statements and report to management and with details of a separate bank account opened specifically for the grant funds. The signed grant agreement entered into with all small grant recipients and country programme hosts requires recipients to:

- install and utilise the Pastel Accounting for NPOs package and to furnish the ARASA Finance Manager with a printout of the monthly detailed general ledger account;
- furnish quarterly reports which should include narratives describing the project's progress and financial reports detailing how all grant funds were expended. Financial reports should account for all categories as per the approved budget. All financial reports should account for accumulative expenses to date;
- return any unexpended portion of the grant to ARASA at the end of the grant period; and
- to ensure that all funds received in terms of this grant are used only for the purposes and activities outlined in the grant application in line with the approved budget.

As expenditure in terms of all grants is audited in the hands of ARASA, the signed grant agreement also provides that copies of all receipts and other financial supporting documents should be submitted with interim and final financial reports accompanied by a covering letter signed by a commissioner of oaths certifying that the supporting documents submitted with the financial report are true copies of the originals. Original receipts are to be kept in the Grantee files and made available to ARASA or to its auditors on request. The Grantee also agrees to maintain adequate financial records consistent with internationally accepted accounting practices and to retain such records for at least five years after the conclusion of the grant period.

Disbursement of funds in terms of the grant agreement is effected in tranches and is dependent on the timely submission of complete narrative and financial progress reports.

Monitoring and Evaluation: As emphasised in this strategy, we recognise the need to closely monitor our activities and the outcomes and effects of these activities. This is considered critical, so that it can understand whether we are achieving what we should, whether we are reaching our intended beneficiaries, and if there are changes that need to be introduced in order to ensure the intended outcomes and impacts are realised.

We note that the nature of our work – which fundamentally aims to positively change knowledge, attitudes and behaviours with regards to the human rights agenda – takes time to be achieved and that impact can usually only be seen in the longer term. We therefore recognise that in order to assess the achievement of the objectives and,

ultimately, the programme impacts, there is a need to understand the nature of change that we wish to achieve and the indicators of success, and to then build and strengthen its M&E system such that it can support this imperative. To support the implementation of the M&E system such that we can monitor our work, respond to red flags and address these quickly, and learn from these experiences, we have employed a full time M&E Officer.

10 Institutional Arrangements to Support our Strategy

To meet this expanded role we have grappled with the institutional implications of this strategy with respect to staff, the board of trustees and the partnership.

10.1 In Terms of the Way in which Staff Plan and Interact

In reviewing our staffing arrangements, the external evaluation of the 2008 – 2012 Strategic Plan found that while there had been a real challenge in working out of 3 locations in the 2 countries in which ARASA staff are based, this is an area where huge progress has been made.

Thus, while the evaluation did find that there were some administrative and practical issues that arise because of the arrangement, any changes would result in costs that would far outweigh the benefits.

We will thus continue to operate in 3 sites, and will continue to improve on levels of communication between these sites. This will mean continuing the weekly staff conference calls that have been introduced, as well as the exchange of information that has been facilitated by the intranet. In addition, the shared calendar that staff members use to update their activities and whereabouts, as well as send meeting invitations to each other in, will be sustained.

This level of communication will ensure that the organisation has a common language and a shared understanding of the vision of the organisation. With respect to the latter there is a need to continually ensure that all staff members can talk about the work of the whole organisation, and the way in which their work is located in this context. This process is also important to ensure that there is on-going staff development, and that the institutional memory is strengthened. To this end the induction of new staff has been strengthened to ensure that new team members are provided with a comprehensive package of information and briefing on the history and current activities of ARASA across the board. In addition, all key organisational and programme documents have been posted on the ARASA intranet, which is accessible to all ARASA team members.

10.2 In Terms of our Board

The Board of Trustees plays an important role in the organisation, has a good understanding of HIV, TB, SRH and human rights programming, and provides valuable content-based input in terms of programmatic work that we do. The board fulfils its oversight role in a manner that is supportive of the management of the organisation.

It is important that the board continues to include representatives of the founding partners, and that the board ensures that it considers how best to utilise the possibility created in the deed of trust to select two additional trustees, so as to secure any expertise it may require and that the provision in the deed of trust for the appointment of two additional representatives of partners elected by partners at the APF be implemented in order to increase partner representation on the board.

10.3 In terms of Partnership Arrangements, What Needs to be in Place?

We are committed to continuing to grow the partnership. However, in doing this, it is necessary to consider what it is expected from ARASA partners, and what they are expecting of the ARASA team.

This is particularly important, as while there are advantages to the partnership growing in terms of the reach and credibility of ARASA, there are also disadvantages in terms of the costs of organising, for example, the APF, as well as adequately supporting all partners.

We will therefore continue to require CSOs seeking to join the partnership to commit to a shared set of values by signing the ARASA declaration of principles. There is also a need to ensure that partners proactively participate in the ARASA partnership. In the past many partners have not been as active as they potentially could be. To address this we will increase the level of information that we provide to partners (this refers to both the need to ensure that new information, as well as information about regional and global developments, is provided in an on-going way, and that this is targeted with respect to the issues that partners are addressing in their organisation). In addition, this information will be communicated more widely in the partner organisations (such that it is communicated with the communications officer, the senior management within the organisation, as well as the individuals responsible for the area that is addressed in the information that is being provided). It is anticipated that this will improve the rate of responses. It is noted that this requires that the ARASA team have a database of who is responsible for what in the partner organisation, so that it can also better target information.

In addition, as outlined previously, we will strengthen efforts to ensure that partners determine the advocacy agenda, that they develop and strengthen capacity in these areas and that they can determine their level of involvement in different aspects of any campaign in the form of a cluster arrangement in terms of which partners can chose which of the ongoing advocacy campaigns they prefer to support. At the same time, all partners will continue to be informed of developments on all ongoing advocacy campaigns through regular updates.

In order to address the growing number of ARASA partners, the need for country chapters or fora to be established that create a basis for more regular interactions between partners in a particular country as well as between those partners and ARASA will be considered.

The fact that we work in Anglophone, Francophone and Lusophone countries often presents barriers in terms of language. In order to address this, ARASA team members are improving their language skills by taking lessons in conversational Portuguese and French. As the translation of all materials developed and shared by ARASA is expensive, ARASA will work with its partners to reach consensus on which materials are essential for translation and on how partners can assist with this process.

We will also, during the period of this strategic plan, engage partners about how the partnership can be more beneficial to each partner, how the work can be streamlined more effectively, how the ARASA team can work more effectively with the partners, how the work of partners can be profiled more effectively, and how each partner is able to contribute to the work of the partnership.

The partnership continues to be a unique and useful model for organisations to work together and to support each other to promote a human rights based response to HIV, TB and sexual and reproductive health in southern and east Africa. It is the very fact that ARASA operates as a partnership of over 70 organisations working in all of the countries in the region that lends credibility to ARASA's voice and it is thus important that there is a shared understanding of the nature and shared values of the partnership that is ARASA.

10.4 In Terms of Non Partners

We will continue to work with non-partner organisations through the ToT programme, as well as through country programmes and national and regional advocacy campaigns, in order to build a cadre of human rights activists around the region, spread the message of ARASA, and create awareness about the possibilities related to the services that we offer to our partners.

In addition to this, non-partners will be encouraged to support, and become involved in, activities related to advocacy campaigns that we are implementing as well as ones that are being initiated by partners in particular countries.