



# REPORT

## ARASA Partner Audit 2018

This report captures the findings of a partner audit ARASA's 115 civil society partners in 2017. The partnership audit was based on a recommendation of the 2017 external evaluation of ARASA's 2013 – 2017 Strategic Plan. The results of the audit will be used to inform a partnership statement on the remit, values and purpose of the ARASA partnership. It will also inform a review of the partnership application, vetting and selection process with the aim of helping the ARASA partnership to transform into a partnership that is fit for purpose in the changing context.



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## Acronyms

|             |   |
|-------------|---|
| APF         | Annual Partnership Forum                                |
| ARASA       | AIDS and Rights Alliance for Southern Africa            |
| CSO         | Civil Society Organisation                              |
| Global Fund | The Global Fund to Fight AIDS, Tuberculosis and Malaria |
| LGBTI       | Lesbian, gay, bisexual, transgender and intersex        |
| NGO         | Non-governmental organisation                           |
| PEPFAR      | President's Emergency Plan for AIDS Relief              |
| SADC        | Southern African Development Community                  |
| SDG         | Sustainable Development Goal                            |
| SRH         | Sexual and reproductive health                          |
| SRHR        | Sexual and reproductive health and rights               |
| TB          | Tuberculosis  |
| ToT         | Training of Trainers                                    |
| UNAIDS      | United Nations Joint Programme on AIDS                  |
| UNDP        | United Nations Development Programme                    |
| WHO         | World Health Organisation                               |

## Executive summary

In late 2017 / early 2018, the AIDS and Rights Alliance for Southern Africa (ARASA) conducted a partner audit of its 115 civil society partners based on a recommendation of a 2017 external evaluation of ARASA's 2013 – 2017 Strategic Plan.

The partner audit serves to help ARASA assess the composition of the partnership, including gaps in representation; the extent to which partner organisations share ARASA's values, principles and policy positions; as well as how partners benefit from and contribute to the partnership.

The partner audit was conducted by way of an electronic questionnaire using Google Forms in English, Portuguese and French. The survey was also circulated in Microsoft Word and completed in that format by partners who experienced challenges with accessing the electronic form. 100 Of ARASA's 115 partners responded to the survey.

Based on the responses, we conclude that the majority of ARASA partners (86%) are constituted as associations not for gain or non-profit / non-governmental organisations and identify as human rights organisations, followed by membership organisations/networks, community-based organisations, AIDS service organisations, women's rights organisations, LGBTI organisations, youth organisations, health service providers and legal aid providers. More than 70% of respondents reported that their financial statements are audited every year. Out of 93 respondents, 72% stated that their organisation operates nationally in their country, while 28% stated that they only operate in some districts or regions.

The majority of ARASA partners (95%) are registered with various national authorities and/or non-governmental organisation (NGO) regulators, including the relevant Government institutions such as the Registrar of Companies, the NGO board / council or the national Network of AIDS Service Organisations. The 5 respondents who are not registered with any of these bodies reported that this was, amongst others, due to a lack of funding to pay for the registration process or due to refusal by the government to register them as a result of their work with populations such as sex workers as they are seen to be "promoting activities that are criminalised".

Although articulated in different ways, there appears to be unity of purpose amongst the respondents as the mission of the majority of ARASA partners includes raising awareness; empowering communities; strengthening capacity; facilitating access to safe spaces; advocacy on HIV, Hepatitis, TB, human rights; and holding duty bearers accountable in their mission. The vast majority of partners work to promote and protect the rights of people living with HIV, TB and hepatitis, sex workers, lesbian, gay, bisexual, gay, transgender and intersex (LGBTI) persons, people who use drugs, prisoners, women, youth and persons with disabilities.

The majority of partners envision an inclusive, vibrant, just and free society / community / culture / country / Africa / world in which there is respect for, protection of and full enjoyment of social justice; freedom from ill sexual health, new HIV and TB infections, stigma, HIV related deaths and the harmful impact of HIV and AIDS; equal access to education, food, information, diagnostics, health care services including treatment, social justice and opportunities; equitable and adequate distribution of resources; and a political culture that places clear constitutional obligations to realise rights and reduce inequality at the forefront of all policy- and law-making. Respondents also mentioned envisioning an environment in which Civil Society Organisations (CSOs) have the capacity to support delivery of sustainable quality health service and work together with other stakeholders in service of humanity and for empowered citizens, regardless of race, culture, age, religion, sexuality, social or economic status/class, gender and geographical location. A special focus is placed on ensuring that

people living with HIV; women and girls and other marginalised groups are free from gender oppression; all forms of abuse; institutionalized, societal discrimination; new HIV infection; gender-based violence. Further, a vast number of partners envisioned that their countries and the region have HIV, TB and malaria responses led by a strong, coordinated and harmonised network of civil society at the national and regional levels grounded in community approaches, which are built on the foundation of upholding principles of human rights, scientific research, the promotion of development, public health, civil society engagement and human security.

In addition to the values congruent with ARASA's values, several respondents mentioned diversity, innovation, confidentiality, sustainability, loyalty, unity/ solidarity, sustainability, Botho (humanness), equality, collaboration and partnership as key values of their organisation.

More than half of the responding organisations (61) have between 1 and 10 staff full time staff members in their employment while 39 organisations have more than 11 full-time employees. 80 respondents reported having part-time employees - 65 of which have between one and five part-time staff and 16 of which have more than six part-time staff. The part-time status of staff members was most frequently informed by the availability of funding. The vast majority of partners (90) have volunteers, and only ten partner organisations do not have volunteers supporting their work. 32 organisations reported that they have between one and five volunteers, 38 organisations reported having between six and 50 volunteers, and 20 organisations reported having 50 or more volunteers. The majority of respondents reported that the communities they serve are represented in the organisation's staff (94%), management structure (90%) and governance structure (90.8%).

The majority of respondents (69 out of 95 responses) reported that the number of staff employed by their organisation changed between 2012 and 2017, with 52 partners reporting that their staff size has increased since 2012 and 10 partners reporting that their staff size has decreased. Increases in staff size were due to new positions having been created to help absorb the workload due to new programmes, along with an expansion of activities to new geographical areas. Funding from partners such as the Global Fund for AIDS, TB and Malaria, the United States President's Emergency Fund for AIDS Relief (PEPFAR), and Amplify Change were credited for contributing to the increase in staff size and reach of the majority of organisations. ARASA was also mentioned as having contributed to an increase in human resource capacity in partner organisations. Several of the 10 partners who reported a reduction in staff size, mentioned that a decrease in funding support and subsequent reduction of programmes/projects was the main reason for the reduction in staff size since 2012.

The respondents reported that capacity strengthening activities target, amongst others, service providers, policy makers, other civil society organisations, media, faith-based organisations and the faith community, tradition leaders, staff and members of their organisation as well as support group members, detainees and ex-detainees, students, teachers, parents, employers, employees, refugees, Members of Parliament, people visiting healthcare facilities and government officials and the judiciary. A minority of partners (1 each) reported that they also target employers/employees, students, family and friends of LGBTI, key populations, persons with disabilities, prisoners and pre-trial detainees in police cells.

All respondents reported that they conduct advocacy activities on some aspect of sexual and reproductive health and rights (SRHR); women's rights; gender equality; policy and legal environment; children's rights; HIV, TB, and human rights in prisons; sex work; TB; sexual orientation and gender identity; criminalisation of HIV transmission; financing for health; drug use/harm reduction; migrants; refugees; rights of persons with disability. In addition, a small number of partners (1 each) reported advocating on non-communicable diseases; alternatives to imprisonment for drug offenders;

hepatitis; intellectual property rights; ending child marriage; access to education and empowerment opportunities and the rights of persons with disabilities.

The majority of the 96 respondents (58) joined the ARASA partnership during between 2012 and 2017. Amongst others, access to capacity strengthening opportunities (51); networking (26); solidarity for advocacy (15); exposure to regional and international platforms (9); and access to funding (9) were mentioned as motivations for joining the partnership. Sixteen respondents mentioned that they were attracted by the congruency between the purpose and values of their organisation and ARASA. Respondents mentioned:

*“The vision and mission of ARASA influenced us more than anything else.”*

*“We joined ARASA because we are fighting for the same cause and it was an opportunity for networking with other like-minded organization and share experiences.”*

*“Because we share same targets about human rights, so, we believe that together more and better.”*

Other respondents mentioned that they saw joining the partnership as an opportunity to increase the visibility of the HIV, TB, SRH and human rights related realities faced by their communities; and to formalise a long-standing informal relationship with ARASA.

The unity, collaboration and solidarity behind ARASA’s advocacy efforts was another factor which attracted respondents to the partnership. About 15 respondents mentioned that they wanted to unite with other organisations to *“contribute to the national and regional human rights advocacy”; “advance our agenda”; “make a joint advocacy support at national and regional level”; “contribute to the regional movement”; “making more impact regarding the issues we work on”* and *“to attract their support for collective advocacy”*. A respondent stated that they wanted to: *“Participate with like-minded organisations for joint advocacy”* and another reported: *“we wanted to be part of the regional movements for advocacy”*.

Feedback from the 100 respondents indicated that the greatest benefits of being an ARASA partner are capacity strengthening; access to funding; networking; exposure / visibility; joint advocacy and access to information, updates and knowledge. Respondents mentioned how ARASA’s capacity strengthening interventions have contributed to their impact at the national level. One respondent explained: *“Skills in advocacy to an extent of winning a landmark judgement in the constitutional court for the right of prisoners and suspects to vote.”*

Partners also mentioned having benefited from exposure to regional and international audiences and experiences as well as having used their affiliation to a regional network of partners to elevate their profile and credibility in-country.

All 50 respondents to the question: “In which ways does your organisation contribute the ARASA partnership?” reported that they are contributing to the principles of the partnership by conducting joint advocacy with other ARASA partners in the country (46); promoting ARASA’s work and the values of the partnership in national, regional and international engagements (44); assisting in-country ARASA partners and other CSOs to conduct human rights, HIV, TB and SRH trainings/workshops (44); referring to being ARASA partners in funding proposals (43); and share information and guidance on key advocacy issues ARASA should focus on (41).

Thirty eight percent of 37 respondents stated that they do not use ARASA branding while the majority of partners at 62% responded that they do use ARASA branding during their events. The majority of respondents who did not use ARASA branding during events stated that they were unclear on terms of use or unaware that they could use the branding. A few respondents also explained that they use ARASA branding only for collaborative events.

The majority of the 92 respondents who responded to this question mentioned that key positive developments or changes they observed or experienced in ARASA in the past 3 years have included the growth in size, diversity, geographic reach and advocacy issues as well as increased support to financial sustainability of partners. Regarding access to financial resources for human rights programming and ARASA partners, one respondent explained: *“ARASA has managed to open opportunities for funding for its partners by providing good recommendations and guarantees for partners to access funding. ARASA has also provided technical assistance to help partners fund-raise and successfully respond to sophisticated and highly technical call for proposals.”* Another respondent stated: *“The capacity to fund more CSO in areas of removing legal barriers to create a favourable environment where the key populations can operate.”*

Respondents also mentioned that a positive development in the last 3 years has been an increase in the visibility of ARASA, the individual partners and the issues they work on at the regional and international levels. Other positive developments mentioned by several respondents include support to collaboration for advocacy at the national level (including through financial and technical support to the Country Programmes) and being willing to invest in nascent organisations as well as adjustments to its communication tools. The most frequently mentioned negative developments in the past 3 years include the limited capacity to communicate in French and Portuguese and limited support to strengthening national collaboration in countries that do not host Country Programmes. Several respondents mentioned that the growth of the partnerships in the last 3 years has not always resulted in increased visibility for ARASA in-country. Several respondents mentioned that there was an unequal distribution of attention to partners by the ARASA team: *“Secretariat not representing all countries even where opportunities are available”; “Not including more partners in activities”; “Dominance by strong and well-funded organisations while smaller and underfunded organisations have little influence”; and “Organisations that may not directly provide services for LGBTI excluded from technical and especially financial support from ARASA”.*

Of the 84 respondents to the question: “How has ARASA’s profile and reputation changed the past 3 years?”, 65 reported having seen positive changes in ARASA’s profile and reputation in the last 3 years, 13 reported no change or not being able to tell and 3 reported negative changes. The positive changes were explained as largely being due to the growth of the partnership, which has contributed to visibility of ARASA at national, regional and international levels; fostering close relationships with its partners and being seen as credible, accessible and accountable. Two respondents referred to a positive change being that ARASA is seen as “dependable”, “credible”, “accessible” and “accountable”. The majority of the 13 respondents who reported not having seen any changes attributed this to the fact that they had joined the partnership recently and had not been around long enough to respond to this question. In addition to this, 3 respondents reported that the question was not applicable to them.

The majority of the 100 respondents reported that ARASA can strengthen its capacity strengthening interventions; collaboration with and between partners; efforts to increase access to funding for the partners; various elements of its advocacy efforts; communication with partners and networking. Two of the 3 respondents who reported having witnessed negative change linked this to a reduction in ARASA’s visibility. Several respondents mentioned that the demand for the ToT is increasing and suggested that the number of people recruited for the ToT should be increased or that the number of

intakes of trainees per year should be increased. Other respondents suggested that ARASA strengthen the focus on specific topics including “legal technical assistance” and “organisational development with a focus on resource mobilisation, grants management, programme / project management and monitoring and evaluation”. Follow-up on the impact of the ToT and how to continue supporting alumni were mentioned several times along with strengthening collaboration. The majority of respondents reported that ARASA should strengthen efforts to facilitate and strengthen collaboration between partners at the national level.

Analysis of the organisational positions on a number of policy issues showed that the policy issues which resulted in the highest number of incongruent responses between ARASA’s position and that of the partners were criminalisation of HIV transmission, exposure and/or non-disclosure; laws that legalise child marriage; decriminalisation of drug use and possession of drug paraphernalia for personal use; and decriminalisation of all elements of adult sex work.

Half of the 14 organisations with policy positions that were contrary to ARASA’s position, joined prior to 2012, whereas the other half joined between 2012 and 2018. Policy issues with the highest number of unsure / no position responses were drug use and possession of drug paraphernalia for personal use; the decriminalisation of abortion; and decriminalisation of all elements of adult sex work. All responses that were unsure or had no position were from organisations that joined the partnership between 2012 and 2018.

We acknowledge that there may have been a number of factors, which influenced responses to the policy positions, which may have affected the ability of partners to understand and interpret the question correctly or to have positions that were incongruent with ARASA’s position. These include staff turnover within partner organisations and the related departure of employees who may have been exposed to ARASA’s interventions. Further, a junior staff member, who is unaware of the organisation’s position on specific policy issues may have been delegated to complete the survey. We also recognise that the majority of staff working for ARASA partner organisations are not first language English speakers with varying levels of literacy, which may have impacted on the misinterpretation or misunderstanding of these questions.

The results of the audit will be used to inform a new partnership statement and a review of the composition of the partnership as well as the partnership application, vetting and selection processes with the aim of ensuring that the ARASA partnership is fit for purpose in the changing context.



## Background

ARASA is a partnership of 115 non-governmental organisations (NGOs) working in 18 countries across southern and east Africa to promote a human rights-based response to HIV and TB through capacity strengthening and advocacy activities implemented at the regional and national levels.

*See Annexure A for a list of ARASA partners as at 31 May 2018.*

The number of partners has grown from five at ARASA's inception, to 28 in 2008 to 52 in 2010, to the current total of 115 partners, who comprise a mix of more and less well-established organisations representing networks of people living with HIV, key population groups, legal aid organisations, youth groups, women's organisations and AIDS service organisations. The partners are also diverse in their scale, focus and expertise, which fuels ARASA's operational strategy of facilitating the effective sharing of expertise between partner organisations.

The ARASA partnership is based on responsibility and solidarity for advancing social justice. All partners share a commitment to supporting all people living with and affected by HIV and TB to achieve their right to health.

The following values, adopted at our inception, are 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
- 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

In 2017, ARASA conducted an external evaluation<sup>1</sup> of its 2013 – 2017 Strategic Plan, which aimed to draw lessons for effective and efficient implementation for the remaining phase of the strategic plan and to inform the development of the new strategic plan for the period 2018 to 2022.

The evaluation focused on a management/institutional review, a programme review as well as partnership review, which considered the strengths, weaknesses, opportunities and threats of the ARASA partners and of the partnership concept per se. It also examined ARASA's comparative advantage in the region as a regional partnership of non-governmental organisations promoting a rights-based response to HIV and TB as well as strategies for dealing with the growth and sustainability of the ARASA partnership. The evaluation made recommendations on areas required to enhance the efficiency of the ARASA partnership.

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<sup>1</sup> [http://www.arasa.info/files/3014/9518/5968/ARASA\\_2013-2017\\_Strategic\\_Plan\\_\\_Evaluation-2.pdf](http://www.arasa.info/files/3014/9518/5968/ARASA_2013-2017_Strategic_Plan__Evaluation-2.pdf)

## Why a partner audit?

One of the key partnership-related recommendations of the external evaluation was to conduct an intensive audit of the partners and their respective policy positions and other advocacy activities in order to help ARASA to assess the composition of the its partnership (including gaps in representation, the extent to which partner organisations share ARASA's agreed values and principles and the specific capacity strengthening needs of partners).

## Becoming an ARASA partner

Interested organisations can join the ARASA partnership by completing an application form and endorsing the declaration of shared principles (see below). Organisations who want to become ARASA partners have to meet the following criteria:

- be an audited non-governmental organisation;
- be working within the field of HIV and/or TB, directly or indirectly;
- be engaged with human rights questions related to the HIV and/or TB and equitable public health outcomes;
- agree to appoint a staff member as a person responsible in the partner organisation for liaison with ARASA, attending annual partnership forum meetings and rendering such other assistance to ARASA as may from time to time be requested;
- agree to share information with ARASA on its work as well as on the human rights situation in the country in the context of HIV and TB; and
- subscribe to ARASA's vision, purpose and values by signing the ARASA Declaration of Principles.

Once a completed application form has been received by the ARASA team, the application is forwarded to partners in the applicant's country of origin for vetting by ARASA partners in the country. Partners are invited to comment on whether they know the applicant and would recommend them to be welcomed to the partnership. If partners in the country express their support for the organisation to be welcomed to the partnership, the ARASA team writes to the organisation to inform them that their application was successful and writes to the existing partners to welcome the new partner.

## Declaration of shared principles

All ARASA partners are required, on joining the partnership, to endorse a declaration of shared principles (Annexure B) which provides clarity on the shared values to which the partnership subscribes and the guiding principles that form the basis upon which the ARASA partnership operates. ARASA partners commit to working in a collaborative spirit of support and mutual accountability to advocate for social justice, especially in the context of public health.

Through the declaration of shared principles ARASA partners commit to:

- Promoting a rights-based approach to HIV and TB that recognises that public health can never be achieved where human rights violations go unchallenged and that the protection of and respect for human rights are critical to a successful response to HIV and TB;
- Finding solutions to social injustice by working towards amending laws and policies that increase vulnerability to HIV/ TB by criminalising and persecuting certain groups and key populations and by supporting initiatives to ensure access to justice for people whose rights have been violated;
- Sharing information on and supporting each other in addressing human rights violations in our respective countries; and

- Creating networks of influence in our respective countries and in the region, in order to mobilise a broad-based civil society movement in southern and east Africa committed to championing human rights and social justice.

## Annual Partnership Forum

An Annual Partnership Forum (APF) of trustees and partner organisations is held annually to provide a platform for the staff and trustees of ARASA to report to the partners on the activities of the Trust and to deal with any other business raised or referred to it by any trustee or partner. Partners are also afforded an opportunity to share information on the work that they are engaged in and on specific HIV-related human rights challenges that they are facing in their own countries, as well as to collectively agree on advocacy priorities for ARASA for the following year. Partners are able to network, share lessons learned, identify key human rights challenges to be addressed by the partnership and to build consensus on these issues and ways in which ARASA can - in the context of available resources - support efforts in-country.

Traditionally, the host country for the ARASA-supported HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programme is selected during the APF and previous Country Programmes present their achievements and challenges.

On the evening of the last day of the APF, the ARASA HIV, TB and Human Rights Award, which recognises an ARASA partner who is implementing critical and ground-breaking work, often in challenging political climates, is granted. The award is accompanied by a grant of USD 10, 000 to further the work of the award winner in promoting rights-based responses to HIV, TB and SRH.

The 2017 external evaluation found that the APF is highly valued by the partners. Approximately 77% of those surveyed indicated that they mostly valued the opportunity to learn from other partners, 70% appreciated the opportunity to network with other partners on areas of common interest and emerging issues and 68% liked the opportunity to identify and explore common themes and issues in the region.

## Relevance of the ARASA partnership

The current context within southern and east Africa where ARASA operates, is characterised by persistence (and in some cases escalation) of systemic rights violations in the context of HIV, TB and SRH, especially against key populations; inadequate access to HIV, TB and SRH services; lack of structural and rights-based responses to HIV, TB and SRH; reducing funding for HIV responses and civil society, especially for middle-income countries, partly as a result of volatile political environments in key donor countries; shrinking space for civil society due to the challenging legal, political and financial context; shifting of political will and leadership away from HIV and TB responses; as well as a broad-based SDG framework that demands integrated action on health.

Now more than ever before, the contribution of civil society is key for driving and influencing the policies, laws and financial allocations needed to respond to the HIV, TB, SRH and human rights needs of communities and uphold the right to health in southern and east Africa. A recent study by CIVICUS<sup>2</sup> has found that membership-based organisations, or those with the largest networks of allies, seem to generally be the most resilient because of the financial, legal or campaign-related support and

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<sup>2</sup> CIVICUS. Does greater accountability mean greater resilience? Findings from our research so far. <https://www.civicus.org/index.php/media-center-2/news/civicus-blog/3393-does-greater-accountability-mean-greater-resilience-findings-from-our-research-so-far>

solidarity they are able to draw on, especially in times of crisis. In their 2017 report titled: “Civil society at a crossroads: Exploring sustainable operating models”, the Center for Strategic and International Studies states that, key to the legitimacy and sustainability of membership-based organisations – both fee-based and non-paying members - (partnership in ARASA’s case) is their grassroots membership. MBOs form around the common interests, needs, and priorities of members and seek to leverage the size, diversity, and influence of their membership base to advance shared policy objectives. The report further states that most researchers and practitioners engaged on the issue of closing space agree that developing constituencies for civil society and mobilizing the public are essential to protecting individual organisations and to defending democratic values more broadly. It adds that membership / partnership-based organisations, including social movements, provide important avenues to reclaim the rights of association, assembly, and expression and to build more inclusive societies. Without a strong and vocal constituency for their work, civil society is unlikely to be able to withstand the deluge of government restrictions and repression in this era of closed, closing, and shifting space.

As the only regional organisation that is structured in the form of a partnership of country-based civil society organisations working together to promote human rights and health in the context of sexual and reproductive health and rights (SRHR), HIV and TB in southern and east Africa, ARASA is well placed to mobilise and support civil society in the region to engage in efforts to respond to these challenges.

An external evaluation conducted in 2017 found that ARASA’s broad constituency base and geographic reach and connection to community-based organisations in southern and east Africa is unparalleled by any other organisation that operates in the region. 61% of respondents reported that they had experienced good benefit in terms of strengthening their regional voice. The evaluation further stated that ARASA has successfully “kept their fingers on the pulse” on emerging issues in the region, such as the rights of people who use drugs and harm reduction.

*“ARASA are an integral partner that contribute to the regional SRHR’s work on human rights for LGBTI persons and also contribute to systems strengthening through advocacy and accountability as they build the capacity of civil society. We are at a stage where CSOs needs to stand up even stronger and seek accountability through informed or developed tact/skill. ARASA provides this platform through its partnership of CSOs which is adequate enough to create traction at national and regional level.”*

The evaluation confirmed that ARASA’s approach to ensuring that it partners with truly grassroots organisations, that are community-led, ensures that it retains its credibility and links to affected communities including people living with HIV, TB and key populations. Moreover, the partnership provides the opportunity to strengthen solidarity in response to emerging and sensitive human rights issues – as evidenced by ARASA’s petitions and alerts.

It was found that, through its partners, ARASA readily has access to realities on the ground and elevates these realities to influence regional and international policy platforms. Further, ARASA’s ability to convene national partners around shared issues relating to HIV, TB, human rights and other social policy issues (for instance, drug policy) is recognised as quite unique for the region and as having a particular strength.

The evaluation also states that the peer learning, shared regional context, ability to build consensus and mobilise communities around common concerns offers a powerful advocacy platform and that the continued demand from organisations to become partners suggests a continued comparative advantage.

### Partner responses to the question: “What does being an ARASA mean to you?”

*“ARASA is an inclusive network and partnership and is a true human rights organisation. It is unique in its symbiotic relationship. The partnership is based on equality, even though some people [and organisations] have more experience: we are a true family where we learn from each other. I see ARASA as a think tank and the secretariat is capable. Being a partner allows us to contribute to achieving collective goals, so that as a region we can make a concerted impact.”*

*“As an ARASA partner, we have benefited enormously, as we tap into the expertise of the ARASA secretariat often. Our capacity has also been strengthened through the online and face-to-face training, so that we are now a force to be reckoned with nationally. ARASA has also allowed us to tap into a regional structure that as a national organisation we would not be able to access, such as SADC, the African Union and other structures.”*

*“We have gained a lot in terms of visibility of our work and credibility of our organisation from being an ARASA partner. ARASA has been providing a platform where we can share experiences, we have received a number of opportunities, as well as a space for networking.”*

## Challenges faced by the ARASA partnership

Although all respondents to a survey conducted for the external evaluation in 2017 stated that they experience some benefit as a result of participation in the partnership, the external evaluation raised concerns related to the partnership including the significant size of the partnership and the fact that there is no process to restrict inactive partners or partners that do not share ARASA’s principles and vision.

The evaluation found that:

- the engagement of ARASA partners in the programmes and advocacy activities is not consistent, and some partners are dormant or are completely disengaged. This might have occurred as a result of the different capacities, the needs amongst partners leaving some of the partners feeling alienated, their own lack of capacity and or that they have some dissenting views about ARASA’s broad human rights agenda, specifically in the context of key populations and LGBTI; and
- the lack of external visibility of ARASA’s role in its contribution to the successes of ARASA partners at national and regional levels could have longer term impact, especially in an environment where funding for HIV, human rights and community advocacy are dwindling.

The evaluation also cautioned about the rapid growth in the size of the partnership, especially given that ARASA has a fixed capacity to manage the relationship with all its partners, even while the partnership is expanding. Indeed, while consistently communicating in emails, ARASA contact with its partners is uneven from one to the next. Some partners expressed their concern that ARASA cannot adequately support all partners or respond to all partner queries in a timely fashion given the workload and the staff composition. For instance, the relatively unrestrained growth of the partnership may threaten ARASA’s ability to host the Annual Partnership Forum, as the cost will eventually become prohibitive.

*“The exponential growth of the ARASA membership will be problematic if not properly managed. There is a great advantage of having so many partners: you can speak with much credibility and clearly have a mandate (and many global and regional organisations have lost that mandate) but it needs to be*

*managed and, in my view, some of the ways that the organisation operates have to be adjusted to this growth in membership.”*

Further:

*“ARASA needs to limit the number of country level members for its limited resources to make impact was a concern that was repeatedly raised by partners and board members, alike.”*

While partners clearly saw value in the APF, they expressed specific concerns about the large number of attendees, the cost implications of such a large meeting and the location of this meeting. The interviews and the survey of the partners indicate that this space is highly valued. Approximately 77% of those surveyed indicated that they mostly valued the opportunity to learn from other partners, 70% appreciated the opportunity to network with other partners on areas of common interest and emerging issues and 68% liked the opportunity to identify and explore common themes and issues in the region.

ARASA partners raised concerns about potential gaps in the partnership, such as less established organisations, associations of lawyers, or media that share ARASA’s principles. Furthermore, partners have expressed that the Sustainable Development Goals (SDGs) provides an impetus for ARASA to extend its mandate, using HIV as an entry point to broader health goals, and to create new partnerships that are critical to regional issues (APF 2014).

ARASA’s ability to hold its partners accountable, engaged and to monitor how they abide to the ARASA’s core principles are limited as partners are not necessarily accountable or beholden to ARASA beyond project/budget specific outcomes. ARASA always consults with all ARASA partners in a particular country as to the appropriateness of an organisation seeking to join the partnership and only approve applications in such instances if the other country partners agree. However, partners have expressed their concern that the process to include new partners still is not rigorous enough to attract the types of partners who share our values. While partners are expected to adhere to the Declaration of Principles, no partner has even been asked to leave, nor has a situation arisen in which the ARASA team have felt this necessary.

## Recommendations from the 2017 external evaluation and ARASA’s responses

The 2017 evaluation of ARASA’s 2013 – 2017 Strategic Plan included a partnership review, which considered the strengths, weaknesses, opportunities and threats of the ARASA partners and of the partnership concept per se. It also examined ARASA’s comparative advantage in the region as a regional partnership of non-governmental organizations promoting a rights-based response to HIV and TB as well as strategies for dealing with the growth and sustainability of the ARASA partnership.

The evaluation made the following recommendations for strengthening the efficiency of the ARASA partnership.

- *An intensive audit of its partners and their respective policy positions and other advocacy activities would help ARASA to make an informed decision about the composition of the partnership (gaps in representation, organisations that do not share ARASA’s principles etc.).*

ARASA’s response: A discussion on this recommendation was facilitated during the 2017 APF. While the partners supported the idea of conducting audits on the respective policy positions and other advocacy activities of partner organisations to enable ARASA to make an informed decision about the composition of the partnership (gaps in representation, organisations that

do not share ARASA's principles etc.) they cautioned that this should be done in a way that 'nurtures the partnership' and consider ARASA's approach of 'bringing partners along' on issues they have not traditionally worked on to be important. They acknowledged that ARASA has traditionally met partners where they are and has supported partners to grow and build incrementally. This report documents the outcomes of the partner audit.

- *ARASA should consider developing a fully fleshed out document that articulates in detail the legal and human rights conditions the partnership seeks to achieve for the region. The consensus statement should involve a consultation process with ARASA's full membership and needs to be endorsed by all existing and new partners*

ARASA's response: The ARASA team has agreed that a consensus statement on the legal and human rights conditions the partnership seeks to achieve for the region could contribute to strengthening the commitment of partners to the partnership and will further help clarify the goals of the partnership and the impact we aim to achieve in the region. In light of this, ARASA will engage partners in the development of a position paper in 2018. The final document will be communicated widely to external partners and will form part of the application / induction package for new partners applying to join the partnership from 2018 onwards.

- *ARASA might consider developing an accreditation process for becoming an ARASA partner. The accreditation would be based on partner organisations upholding and promoting core principles and to comply with the standards associated with each principle. The accreditation system should be done in a respectful and empowering way, that strengthens the partnership.*

ARASA's response: During the 2017 Annual Partnership Forum, we facilitated a discussion on developing an accreditation process and strengthening the screening process for becoming an ARASA partner. Partners agreed that the accreditation/ screening of organisations interested in joining the partnership could be strengthened to go beyond the current process of electronic vetting and getting input / recommendations from current partners in that country on the applicant organisation. They suggested that ARASA consider including in-country face-to-face visits / spot checks either by the ARASA team or current partners in that country to verify the existence and legitimacy of the organisation and learn more about the organisation and their work. They also suggested that the ARASA team track the certification of organisations through relevant structures, including regulatory bodies such as NGO Boards and other forums, in the country. Partners also suggested that ARASA sign a Memorandum of Understanding with each partner, which would outline expectations, including how conflict will be handled. Partners also suggested that this task could be enhanced if there is better coordination between ARASA partners at the national level. This could include face-to-face meetings of ARASA partners in-country, at least once a year, to prepare, amongst others, reports to the APF on challenges and achievements of ARASA partners work in the country. Given the above, ARASA is committed to reviewing the partnership application process, including the required supporting documents and motivation as well as the screening process, before the end of the first quarter of 2018, keeping in mind that physical visits to the offices of the applying organisations will have financial and other implications.

- *ARASA should employ a partner liaison officer (with language skills) to increase its capacity to regularly engage and understand the emerging policy and capacity building needs of its partners*

ARASA's response: In the short term ARASA will investigate whether this role can realistically be taken on by one or more of its existing staff complement. In the longer-term consideration will



be given to the creation of a new post, should this role not realistically be able to be taken on by existing staff.

- *ARASA might consider instituting a sliding scale membership fee (including some members who would be exempt from paying a fee because of their small budget), an application process that is accompanied by an interview, an accreditation process that ensures that the organisations that acquire membership meet specific standards as articulated in the principles of declaration, and that organisations applying for membership must be known and approved by existing partners (as is currently the case).*

ARASA's response: During the 2017 Annual Partnership Forum, ARASA also discussed the issue of a membership fee with the partners and the vast majority of partners (3 out of 4 working groups) recommended that ARASA not introduce a membership fee. The argument for this was that given the challenging funding environment, this may be a serious deterrent to nascent organisations, who need the support offered by the partnership the most. Partners felt that this may exclude organisations who are not as well developed or resourced as others, even if a tiered membership fee structure was considered. Partners also felt that there were other ways of dissuading partners who do not have a strong commitment to the partnership, such as renewing 'membership' / issuing an annual 'membership' certificate each year based on reports submitted by the partners or an audit or mobilising funding for their organisation. Partners also agreed that instituting a membership fee had many considerations, including what the benefits would be for partners if they paid a membership fee (i.e. what else would they be offered once they are paying members that they are not currently getting as partners). In addition, partners felt that paying a membership fee might raise the expectations of paying members in regards to what they could receive from ARASA. For example, all members would then feel entitled to accessing grants to support their work or having a say in the operations / management of the organisation. Partners also cautioned that instituting a membership fee would potentially change the nature of the organisation from a partnership to a membership organisation, which is administered in a different manner from a partnership (which includes an additional administrative burden) and also implies a different relationship between members and the ARASA team. In light of this, ARASA will not be instituting a membership fee during this Strategic Plan period.

Also see ARASA's response to recommendation 2 above on the application, accreditation and screening process.

- *ARASA should develop a communication strategy that ensures that its efforts are targeted and achieves the result of a better engaged constituency.*

ARASA's response: We have commenced work to develop a communications strategy and intend to launch the new communications strategy before the end of 2018. The communications strategy will focus on identifying key internal and external target audiences for our communication and will present tools, platforms and other approaches to increase the visibility of the organisation's impact and the work of its partners. A key component of the communications strategy will be identifying the communications needs and expectations of ARASA and its partners and presenting mechanisms to enhance 2-way communication between the ARASA team and its partners. During the 2017 Annual Partnership Forum, we facilitated a discussion on how partners can contribute to increasing the visibility of ARASA's work and its impact. Partners agreed that they can play an active part in strengthening the visibility of ARASA's achievements at the national level. They agreed with the external evaluation recommendation that ARASA should develop a communications / branding strategy that would articulate how the partnership can ensure that ARASA's impact is better showcased. Partners suggested that the strategy include



provisions encouraging partners to display ARASA's logo prominently on materials developed or meetings / workshops hosted with ARASA's support. They also suggested that partners acknowledge the support offered by ARASA in their annual and other reports and create a link to ARASA's website on their own websites and other electronic platforms. It was also suggested that partners reference being an ARASA partner in their funding proposals. We will include a partner communications needs assessment as part of the process for the development of the communications strategy to gain a better understanding of the communications needs and capacity of the partners as well as to assess how we can support them to increase their communication with the ARASA team and other partners.

- *ARASA might consider developing:*

- *Partner issue "clusters" bring members together to focus on specific human rights issues;*

ARASA's response: Although this may not be documented or formalised, ARASA has worked with "clusters" of partners for advocacy focused on specific human rights issues during the previous Strategic Plan period. For example, the ARASA team has identified core groups of partners to work with for the implementation of most of its advocacy activities, including those focused on prisons, TB, drug policy / harm reduction as well as sexual orientation and gender identity. The partners in the various clusters are identified based on the work they are have already been doing on this issue or an interest they have expressed to work on this issue. The interaction with the various 'clusters' has also been based ARASA's operational strategy of linking less established partners with more established partners for capacity strengthening. In this way, ARASA has linked the partners who have an interest, but less experience working on a particular advocacy issue such as drug policy / harm reduction, with partners who have more experience and expertise on this issue. Platforms for this exchange of skills has been facilitated through the regional advocacy meetings, the Annual Partnership Forum, skills exchange internships as well as the regional Training of Trainers Programme. The ARASA team values the contribution of these "clusters" to the effectiveness of our regional advocacy and advocacy activities implemented by partners at the national level. In light of this, ARASA will formalise the clusters and this way of working as an operational strategy for our advocacy work for the next Strategic Planning period and the development of the 2018 annual work plan.

- *Country chapters to create more regular interactions between partners in a particular country as well as between those partners.*

ARASA's response: During a discussion facilitated during the 2017 Annual Partnership Forum, a few partners agreed with the recommendation to establish country chapters in order to strengthen more regular interaction between partners in a particular country. They also suggested that this may assist with the screening of new partners and could possibly help reduce the cost related to the APF, as partners could meet at the national level on an annual basis and the APF could then be convened only every other year. Although the ARASA team appreciates the positive ways in which this could contribute to the strengthening of the partnership, we are also cognisant of the financial and administrative implications of establishing and supporting 18 country chapters. Working with 18 separate country chapters may also impact negatively on the ability of individual partners to engage with the ARASA team and may also challenge the ability of partners working on similar issues in different countries to network and share experiences. In light of this, ARASA does not intend to establish country chapters during the next Strategic Planning period.

## 2018 Partner audit

In line with the recommendation of the 2017 external evaluation, ARASA conducted a partner audit in late 2017 / early 2018. At the outset of the audit, partners were assured that the information collected from the audit will not be used to exclude partners who are not as well versed on some issues as others may be, but rather to explore how we can support and strengthen the knowledge, skills and understanding of these partners on key advocacy issues.

### Objectives

The partners audit had the following objectives:

1. To map the diversity of partners in the ARASA partnership – not only in terms of focus areas, but also in terms of organisational set-up, size, capacity and reach;
2. To map the programmatic focus and needs of partners (related to HIV, TB and sexual and reproductive health and rights capacity strengthening and advocacy) in order to assess how the ARASA team can better tailor its capacity strengthening support to partners and enhance our ability to engage partners more strategically in our advocacy work;
3. To map any institutional changes that have happened within partner organisations since the beginning of the previous strategic plan period in 2012, including which partner organisations are no longer functioning or in existence; and
4. To assess the extent to which ARASA partners are committed to shared values which will enable them to contribute to the mission, vision and overall goal of ARASA and map any misalignment in values and policy positions between individual partners and the collective partnership and strategise on ways to address this.

### Methodology and limitations

The partners audit was conducted by way of an electronic questionnaire using Google Forms (see Annexure C). The initial survey was circulated to partners in English on 23 November 2017 with a response deadline for 18 December 2017.

The survey was translated into Portuguese and French and circulated again to partners in December 2017 with an extended deadline. By the deadline of 29 January, only about 65 responses out of 115 were received. In May 2018, an effort was made to reach out to the remaining partners to confirm their status and whether they had received the message. Several requests were also received to submit the form as a Word document due to challenges faced in completing the electronic form.

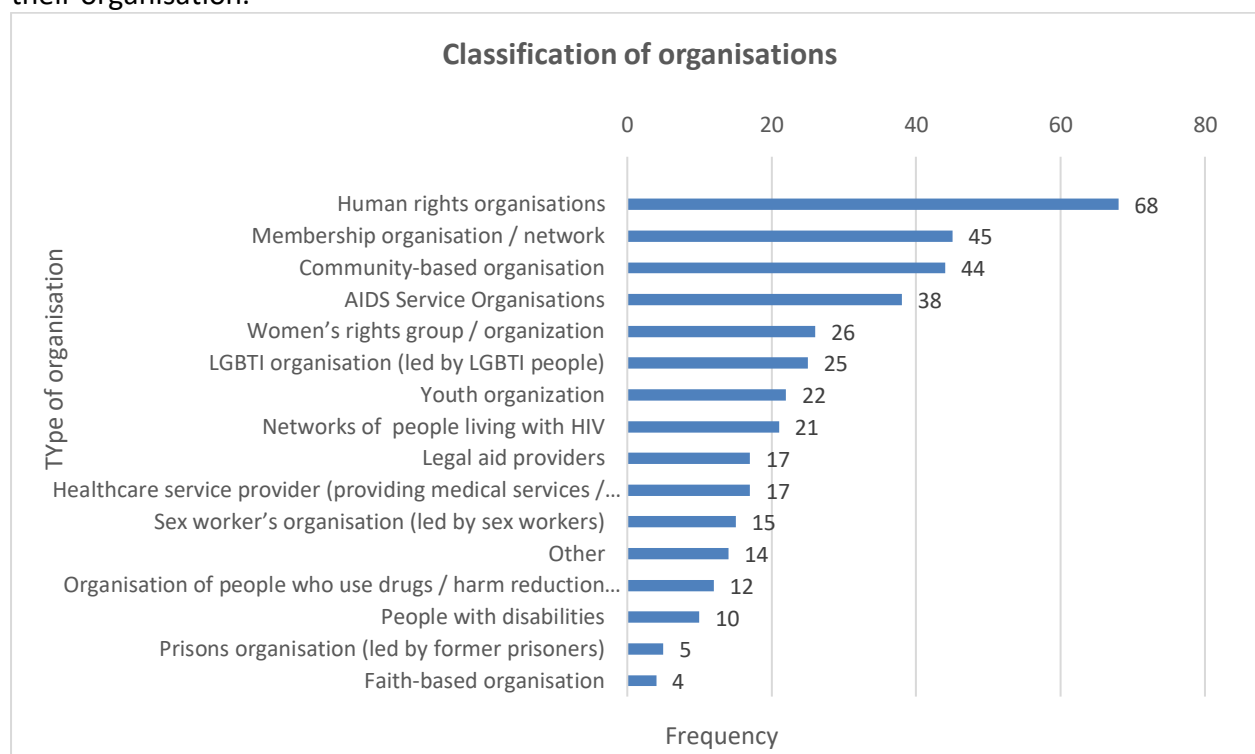
An additional challenge was that more than 20 email addresses to whom the messages were addressed bounced back due to the contact people having left the organisation without notifying the ARASA team, the organisation having changed its email host without notifying ARASA or incorrect spelling of the email addresses. To address this, the ARASA team searched for alternative email address and called the relevant organisations to identify the correct addresses. In the end all 115 ARASA partners were reached.

### Results

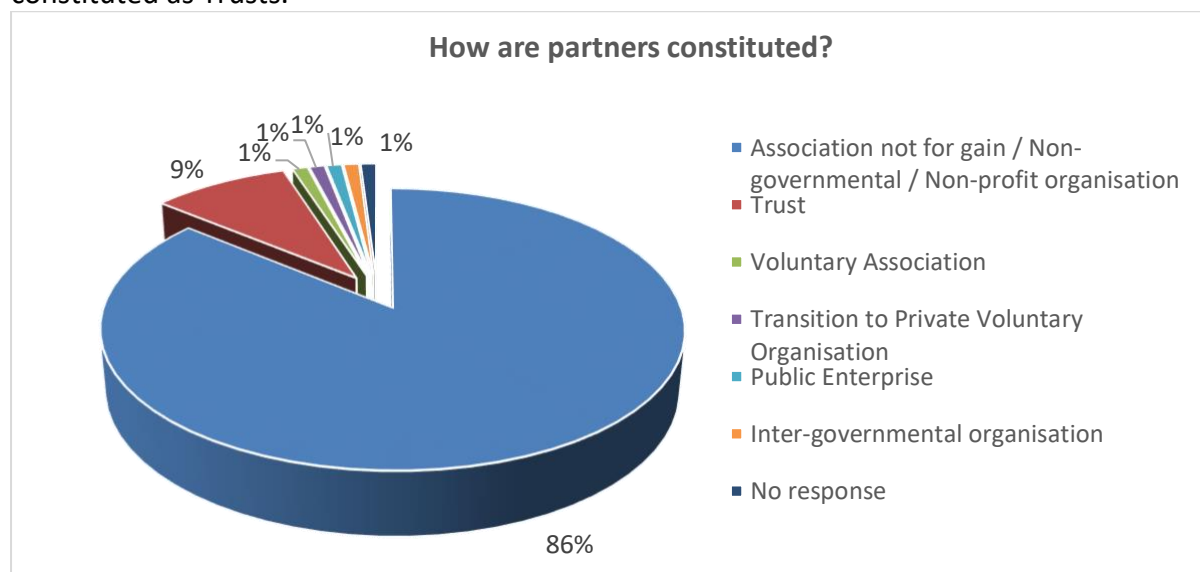
By the final deadline of 8 June 2018, 100 responses were received (see Annexure C: List of respondents). The results of those responses are captured and analysed below.

## Organisational profile:

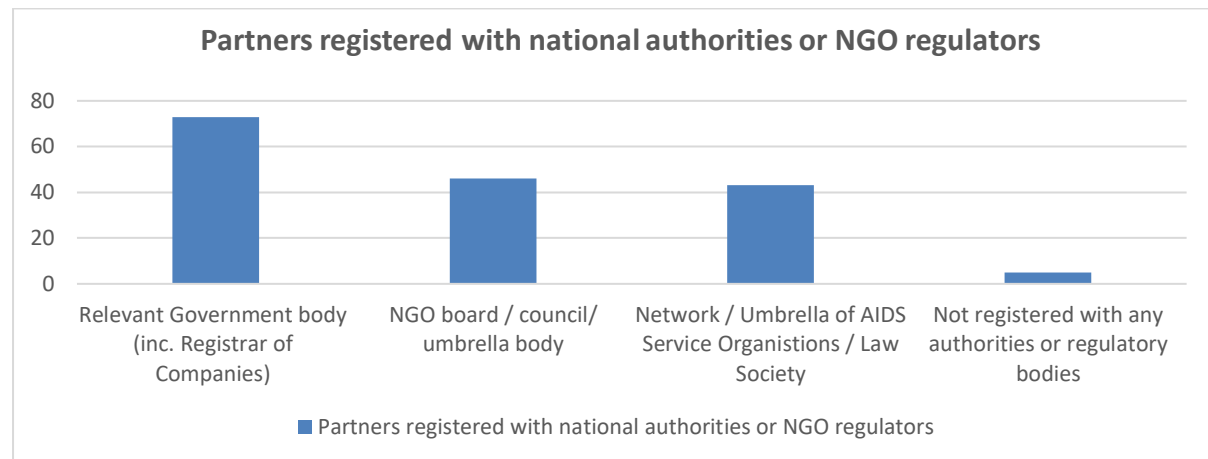
The majority of responding organisations identify as human rights organisations, followed by membership organisations/networks, community-based organisations, AIDS service organisations, women's rights organisations, LGBTI organisations, youth organisations and health service providers and legal aid providers. As illustrated in the chart below, 21 organisations are networks of people living with HIV or focusing on addressing the needs of people living with HIV. Note that respondents could choose more than one option to describe their organisation.



As illustrated in the chart below, the majority of ARASA partners (86%) are constituted as associations not for gain or non-profit / non-governmental organisations and a further 9% are constituted as Trusts.

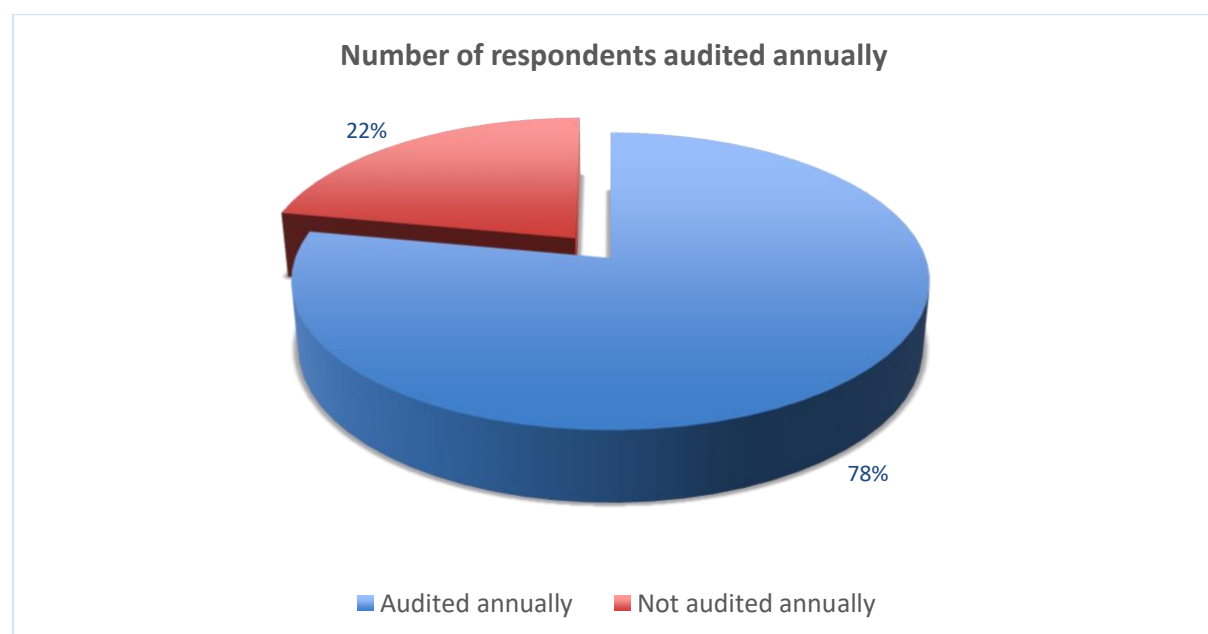


Further, the majority of ARASA partners (95%) are registered with various national authorities and/or NGO regulators, including the relevant Government institutions such as the Registrar of Companies, the NGO board / council or the national Network of AIDS Service Organisations.



As illustrated in the graph above, only 5 partners reported that they are not registered with any formal structure or regulator. “The government does not want to register [us] because of [we] work on sex work advocacy. The government [says] we are promoting activities that are criminalized and the fact that we work with men who sex with other men, that puts us at disadvantage.” Another partner explained that: “It is not registered yet because we were going through [a situation of having no funding and] we couldn't pay for the registering expenses, but now we have already started the process soon we'll be registered.”

The chart below shows that more than 70 respondents reported that their financial statements are audited every year.



## *Mission, vision and values*

All respondents included one or more of the following key phrases in their mission:

- Raising awareness, empowering communities and enhancing / strengthening capacity, skills and knowledge on HIV, Hepatitis, TB, human rights of civil society organisations, faith leaders, people living with HIV, sex workers, LGBTI persons, people who use drugs, prisoners, women, youth, children and persons with disabilities to be agents / leaders of change;
- Advocating for social justice, legal advancement and protection / fulfilment of (amongst others) the rights to health, equality and freedom from discrimination of various groups of people including people living with HIV, TB and hepatitis, sex workers, LGBTI persons, people who use drugs, prisoners, women, youth and persons with disabilities;
- Facilitating safe spaces, leadership, voice, contribution, visibility, participation, influence, meaningful engagement, representation and inclusion of people living with and at risk of HIV in decision-making platforms;
- Coordinating networking, cooperation, best practise sharing and solidarity between groups of people or other civil society groups;
- Addressing stigma, discrimination, shame, denial, inaction and mis-action to remove structural barriers and create an enabling legal and social environment;
- Advocating for access to treatment, care and other health services and commodities;
- Holding duty bearers accountable and providing oversight for good governance at national, regional and global levels;
- Promote, protect and defend human rights (including SRHR), dignity and respect for diversity through art, education, social mobilisation, community engagement, animation, psychosocial support, mentoring, inspiring, motivating, raising consciousness, movement building, information dissemination, law reform, research, litigation, policy engagement, legal advice, representation and lobbying;
- Providing friendly, evidence informed, equitable, pro-poor, judgment-free, gender sensitive, ethical and rights-based services to various groups of people including people who use drugs, LGBTI people and youth;
- Partnership with government, development agencies, media, private sector and regional and international organisations; and
- Advocating for sustainable systems of community development, productivity, livelihoods, social well-being and quality of life

Although articulated in different ways, there appears to be unity of purpose amongst the respondents as the majority of ARASA partners include reference to the following in their vision:

An inclusive, vibrant, just and free society / community / culture / country / Africa / world in which there is:

- respect for, protection of and full enjoyment of social justice, protection under the law, health, human rights (including social, economic, sexual and reproductive rights)
- respect for the values of democracy, diversity, dignity, human rights and gender equality;

- improved quality of life and gender equity;
- freedom for all respect for the rule of law for a just and democratic society;
- where justice is equitably accessed, claimed and enjoyed;
- where diversity is celebrated;
- freedom from ill sexual health, new HIV and TB infections, stigma, HIV related deaths and the harmful impact of HIV and AIDS;
- respect and value of human diversity and upholds social justice and wellness for all;
- equal access to education, food, information, diagnostics, health care services including treatment, social justice and opportunities;
- where stigma, shame, discrimination, denial, inaction and mis-action are defeated and are controlled;
- equitable and adequate distribution of resources;
- a conducive environment where law- and policy-making is open, accountable and consultative; and
- a political culture that places clear constitutional obligations to realise rights and reduce inequality at the forefront of all policy- and law-making

CSOs have the capacity to support delivery of sustainable quality health service and work together with other stakeholders in service of humanity and for empowered citizens, regardless of race, culture, age, religion, sexuality, social or economic status/class, gender and geographical location. A special focus is placed on ensuring that people living with HIV; women and girls; children; adolescent women; young people; workers; people who use drugs; transgender people; sex workers; men who have sex with men and other sexually diverse people; detainees; lesbian, bisexual and queer women; intersex people and religious leaders living with HIV can be free from:

- gender oppression;
- any form of abuse;
- institutionalized, societal discrimination;
- barriers to healthy living;
- new HIV infection;
- conflict;
- AIDS-related stigma and discrimination;
- HIV, gender-based violence and TB, and their inter-linkages with other health and developmental issues.

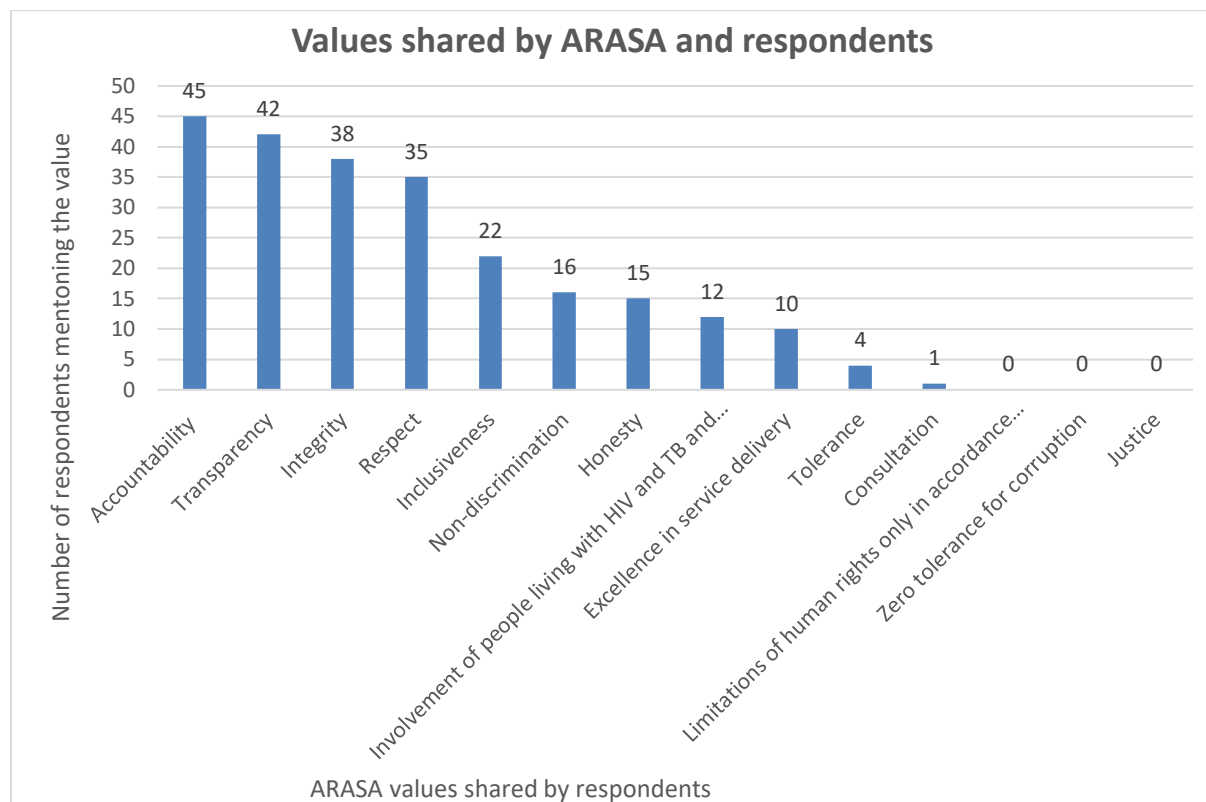
in the family, in the community, in employment and in society in general.

They also envision that all citizens, and the above-mentioned groups in particular can:

- access inclusive health care and education on HIV, TB and hepatitis without fear of stigma and discrimination;
- actively participate in governance and cooperative sustainable development initiatives to effectively break the cycle of poverty and ill-health, contribute to development and challenge gender norms;
- be healthy, empowered, capacitated, safe, valued, accepted, included, respected and can freely express their innate identities;
- be free of all forms of violence, harmful practices related HIV, moral prejudice and discrimination;
- live long, vibrant, positive, healthy, equal, dignified, quality and productive lives;

- be empowered and resilient with agency and a sense of belonging;
- be socially and economically empowered and have their rights fulfilled;
- have opportunity to access and control resources and power;
- actively participate at all levels of decision making, particularly in regard to efforts to improve their lives;
- believe in their self-worth and are well-informed, smart decision-makers, leaders and change-makers in their own communities
- utilise the legal framework to challenge corruption and the misuse of public resources

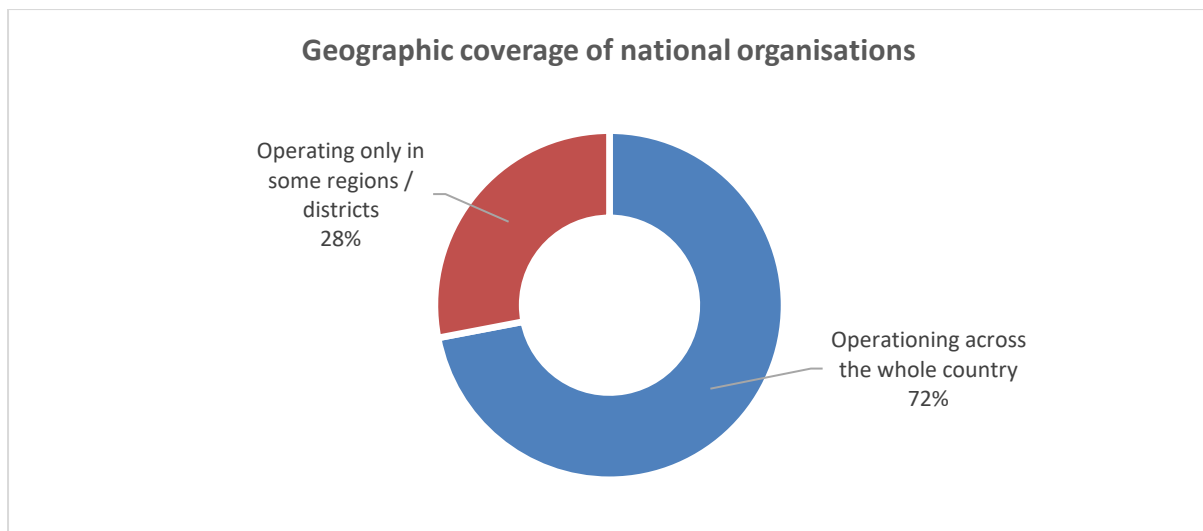
Further, a vast number of partners envisioned that their countries and the region have HIV, TB and malaria responses led by a strong, coordinated and harmonised network of civil society at the national and regional levels grounded in community approaches, which are built on the foundation of upholding principles of human rights, scientific research, the promotion of development, public health, civil society engagement and human security.



In addition to the values congruent with ARASA's values, which are captured in the chart above, several respondents mentioned diversity, innovation, confidentiality, sustainability, loyalty, unity/ solidarity, sustainability, Botho / humanness, equality, collaboration, partnerships as key values for their organisation.

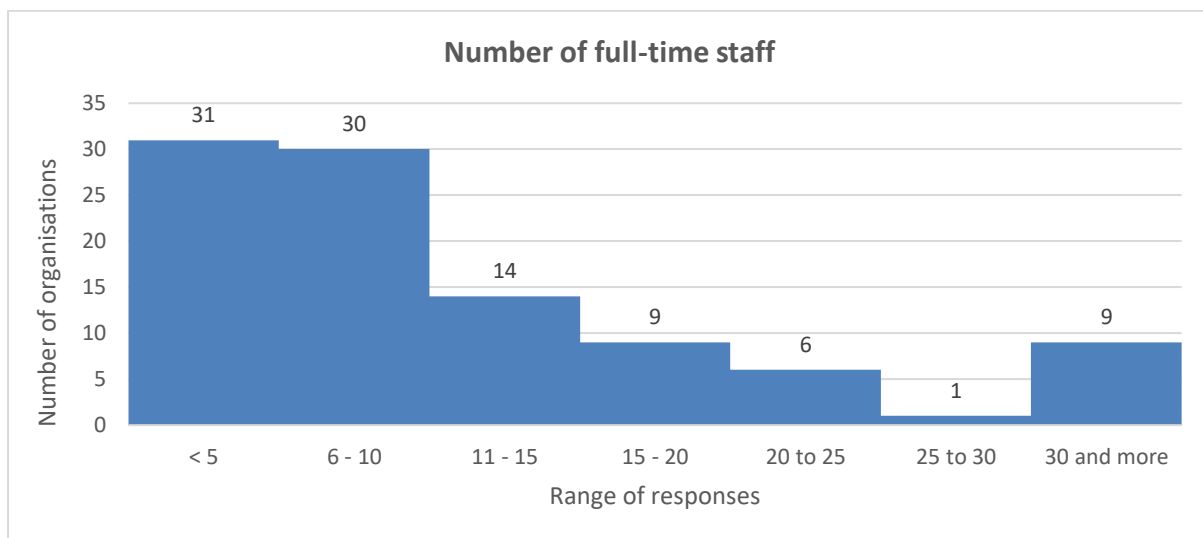
### *Geographic coverage*

Out of 93 respondents, 72% stated that their organisation operates nationally in their country, while 28% stated that they only operate in some districts or regions.



#### *Human resource capacity*

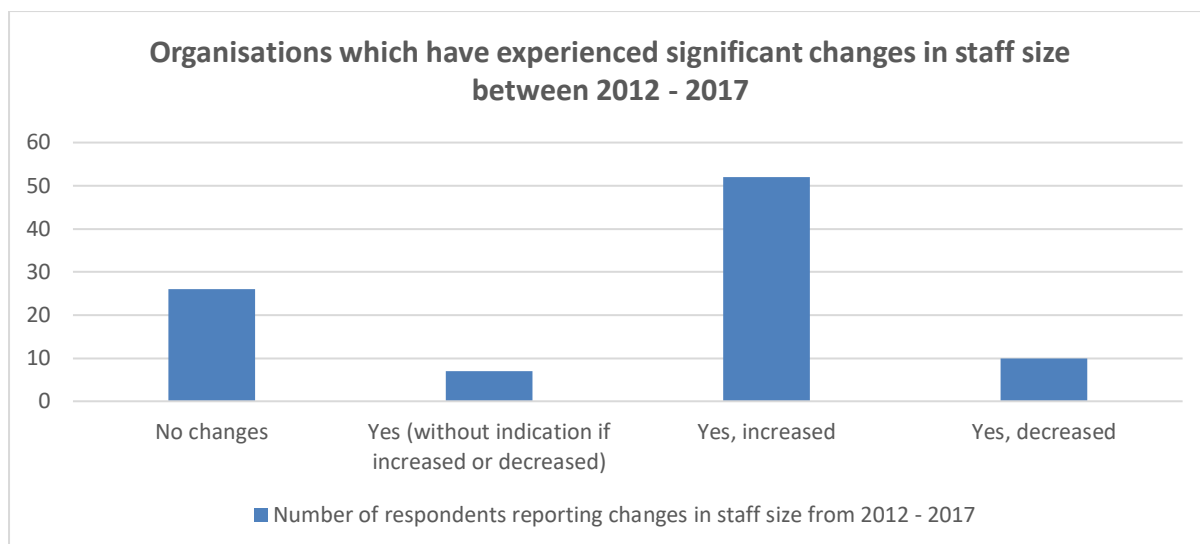
As illustrated in the histogram chart below, more than half of the responding organisations (61) have between 1 and 10 staff full time staff members in their employment while 39 organisations have more than 11 full-time employees. Below is a graph illustrating the range of the number of full-time staff in partner organisations.



80 respondents reported having part-time employees - 65 of which have between one and five part-time staff and 16 of which have more than six part-time staff. According to one respondent, "Most staff members are contracted on part-time basis depending on the availability of funding."

The vast majority of partners (90) have volunteers, and only ten partners organisations do not have volunteers working for their organisation. 32 organisations reported that they have between one and five volunteers, 38 organisations reported having between six and 50 volunteers, and 20 organisations reported having 50 or more volunteers.





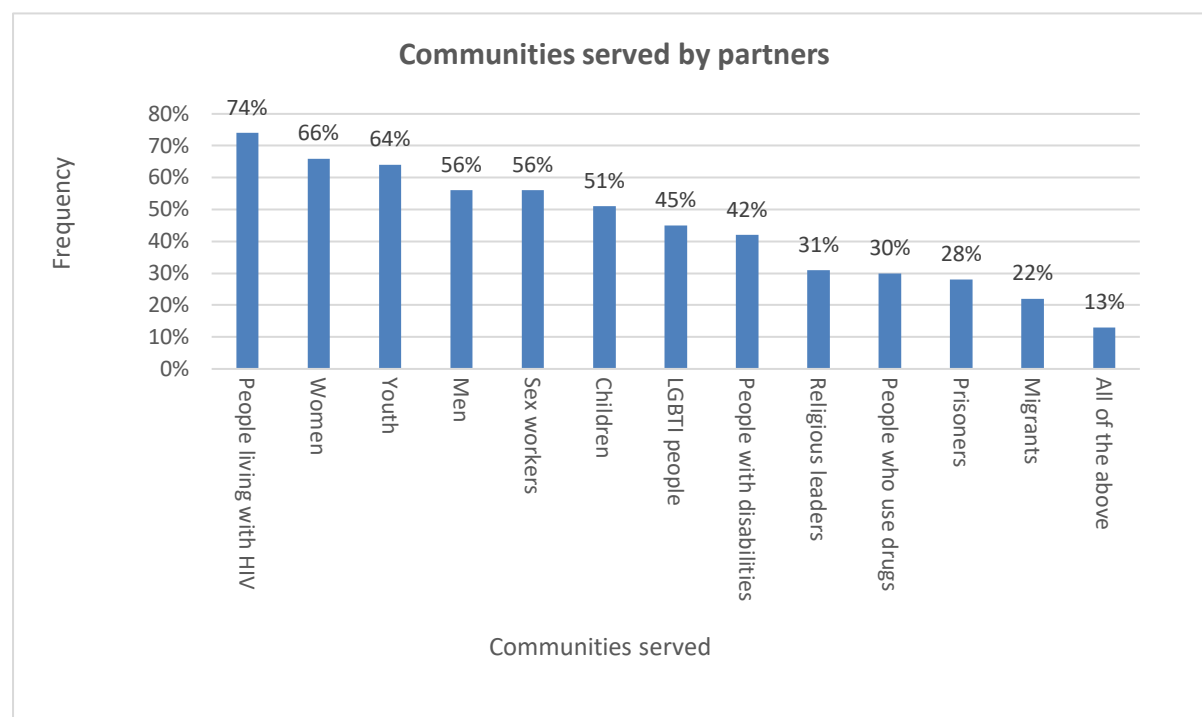
The majority of respondents (69 out of 95 responses) reported that the number of staff employed by their organisation changed between 2012 and 2017, with 52 partners reporting that their staff size has increased since 2012 and 10 partners reporting that their staff size has decreased. Increases in staff size were due to new positions having been created to help absorb the workload due to new programmes along with an expansion of activities to new geographical areas. According to one respondent: “This has been due to the increase in the workload which necessitated the recruitment of more officers. The increase in funding also enabled us get more staff on board.” Another partner responded: “Yes. During the operational year of 2012, we had 6 staff members and this number has doubled to date. This is due to the significant growth in the scope of the work of the organization, hence the need to bring on new staff members.” Funding partners such as the Global Fund for AIDS, TB and Malaria, the United States President’s Emergency Fund for AIDS Relief (PEPFAR), and Amplify Change were credited for their funding support having increased the staff size and reach of various organisations. ARASA was also mentioned as having contributed to an increase in human resource capacity in partner organisations.

The partners who reported a reduction in staff size, mentioned that a decrease in funding support and subsequent reduction of programmes/projects was the main reason for the reduction in staff size since 2012. A respondent explained that: “Yes, it has been reduced due to end of funding for main programmatic activities.” Another respondent explained: “There has been high staff turnover due to inadequate financial support to cover the salaries”.

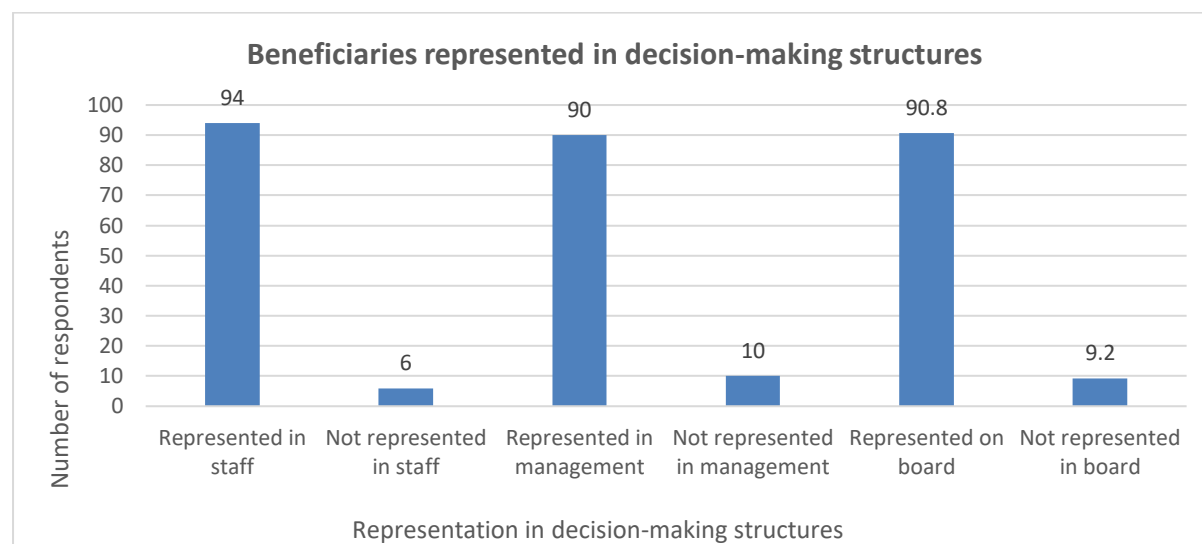
### *Communities served and representation of beneficiaries in decision-making structures*

The responding organisations reported that they work to serve the needs of people living with HIV; religious leaders; persons with disabilities; sex workers; people who use drugs; LGBTI

people; prisoners, women, youth, children and migrants amongst others. The bar chart below illustrates the percentage of partners which respond to the needs of the various groups.



As illustrated in the bar chart below, the majority of respondents reported that the communities they serve are represented in the organisation's staff, management structure and governance structure.



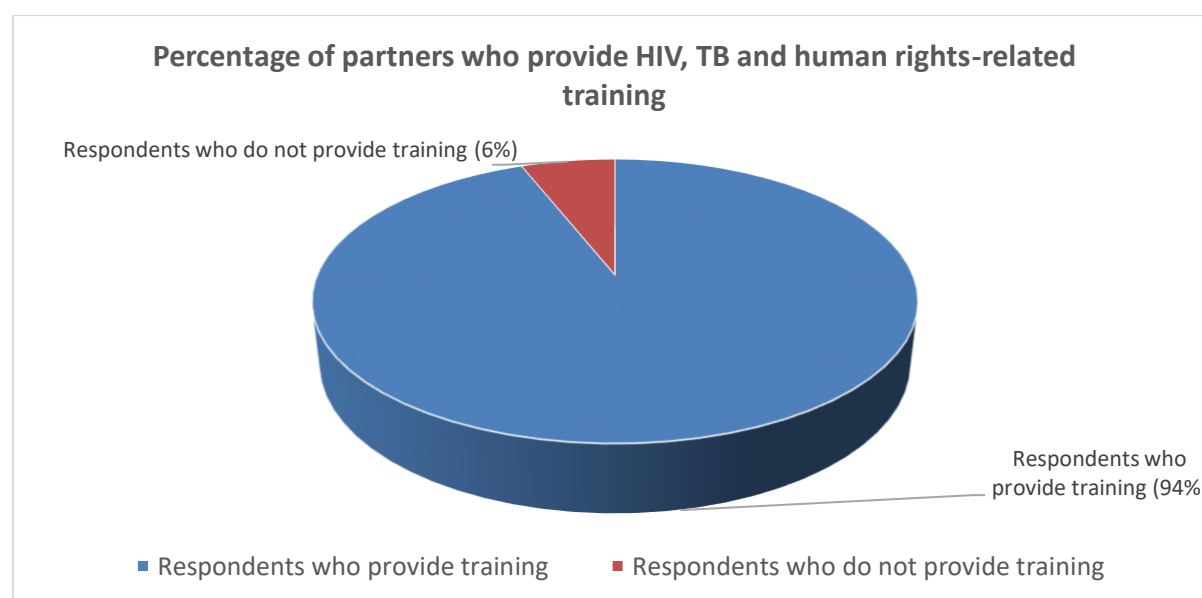
### Programme activities of respondents

The section of the survey which focused on programmatic activities explored the capacity strengthening and advocacy activities of ARASA partners. The respondents reported that, depending on the aim of the intervention, their activities target, amongst others, service providers, policy makers, other civil society organisations, media, faith-based organisations

and the faith community, tradition leaders and the judiciary. A minority of partners (1 each) reported that they also target employers/employees, students, family and friends of LGBTQI, key populations, persons with disabilities, prisoners and suspects in police cells. The chart below illustrates the groups targeted by the majority of respondents.



The respondents reported that, in addition to the target groups identified above, capacity strengthening activities also target staff and members of their organisation as well as support group members, detainees and ex-detainees, students, teachers, parents, employers, employees, refugees, Members of Parliament, people visiting healthcare facilities and government officials.



All respondents reported that they conduct advocacy activities on various topics as illustrated in the chart below. In addition, a small number of partners (1 each) reported advocating on non-communicable diseases; alternatives to imprisonment for drug offenders; hepatitis;

intellectual property rights; ending child marriage; access to education and empowerment opportunities and the rights of persons with disabilities.

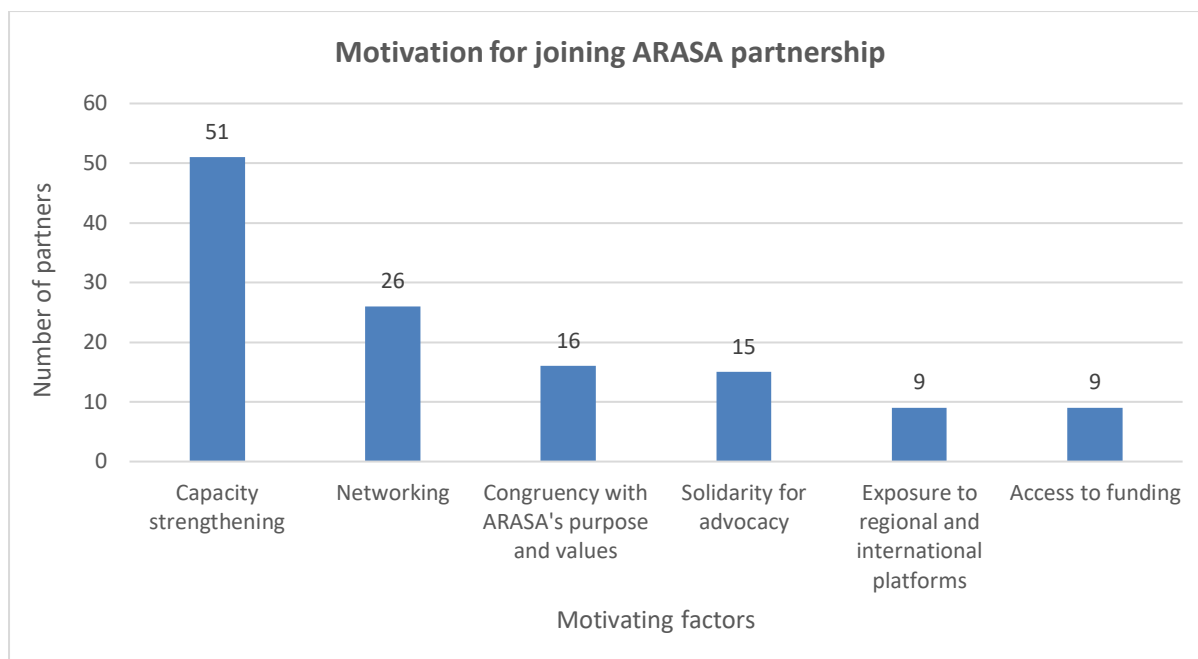


#### Engagement with ARASA partnership and programmes

The majority of the 96 respondents (58) joined the ARASA partnership during between 2012 and 2017.



Various factors motivated the respondents to join the ARASA partnership. Apart from those captured in the bar chart below, the opportunity to increase the visibility of the HIV, TB, SRH and human rights related realities faced by their communities; and formalising a long-standing informal relationship motivated the respondents to join the partnership.



Fifty-one respondents reported that they joined ARASA to gain access to capacity strengthening opportunities and technical support related to human rights, including SRHR, TB, intellectual property rights issues, organisational development, advocacy skills and resource materials. ARASA's regional Training of Trainers Programme was mentioned by a few respondents as being their introduction to the partnership. Several respondents reporting wanting to learn from other partners in the partnerships as well as wanting to share their knowledge and resources (including research findings and good practice in advocacy). One respondent explained: "We had absolutely no knowledge about many issues hence our organisation partnering with ARASA, however, since we started working with ARASA we have learn a lot and we are not ignorant anymore."

The networking opportunities presented by the ARASA partnership were mentioned by 29 respondents, who explained that they were attracted by the opportunity to "interact with like-minded organisations" and "work with others for the common goal" share lessons. Other respondents mentioned that they wanted to share experiences, knowledge, skills, best practises and ideas with other national and regional organisations. One respondent explained: "Therefore, to improve knowledge and advocacy skills around HIV and the law, ARASA became the most relevant platform for WLSA to learn and share good practises and network in the region." Another added that: "We were encouraged by local partners to join the ARASA partnership and were interested to develop new partnerships in the region, share best practices and learn from other countries experiences." Another added that: "To join a very strong network to better advocate for positive change in HIV and drug policy". Finally, another partner reported: "The organisation felt a need to be part of the joint voices in addressing issues of HIV, TB and human rights at regional level and ARASA has been doing a perfect job in creating a space for learning and sharing, coordination of regional voices."

Congruency between their own and ARASA's values was an attraction for at least 16 respondents who found that their goal and values and ARASA's were well aligned. Below are responses from some of the respondents:

*“The vision and mission of ARASA influenced us more than anything else.”*

*“Since African Young Positives Network and ARASA are both pushing for the same agenda we found it ideal to join the partnership.”*

*“We joined ARASA because we are fighting for the same cause and it was an opportunity for networking with other like-minded organization and share experiences.”*

*“We believed that the values and core work of ARASA was well aligned to the SRC ambitions and work.”*

*“It should also be recalled that ICWEA’s vision and mission shares a lot in common with ARASA’s purpose which is to promote the rule of law and respect for human rights to safeguard the health status of all, especially of people living with HIV and TB and key populations at higher risk of HIV and TB, including Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people, sex workers, people who use drugs and prisoners. To that end, ICWEA realised the dire need for a strong partnership with ARASA.”*

*“Because we share same targets about human rights, so, we believe that together more and better.”*

*“[ARASA] has greater interest in tackling HIV and TB by advocating for human rights and this is the same reason COWLHA was founded for: to safeguard, protect, promote women's rights as one way of tackling HIV and TB issues.”*

The unity, collaboration and solidarity behind ARASA’s advocacy efforts was another factor which attracted respondents to the partnership. About 15 respondents mentioned that they wanted to unite with other organisations to *“contribute to the national and regional human rights advocacy”; “advance our agenda”; “make a joint advocacy support at national and regional level”; “contribute to the regional movement”; “making more impact regarding the issues we work on”* and *“to attract their support for collective advocacy”*. A respondent stated that they wanted to: *“Participate with like-minded organisations for joint advocacy”* and another reported: *“we wanted to be part of the regional movements for advocacy”*. Others stated:

*“To work together in strengthening the human rights response to HIV and TB as well as other health developmental concerns”*

*“The partnership provides opportunities for collaborative efforts necessary to achieve meaningful results in our respective advocacy work”*

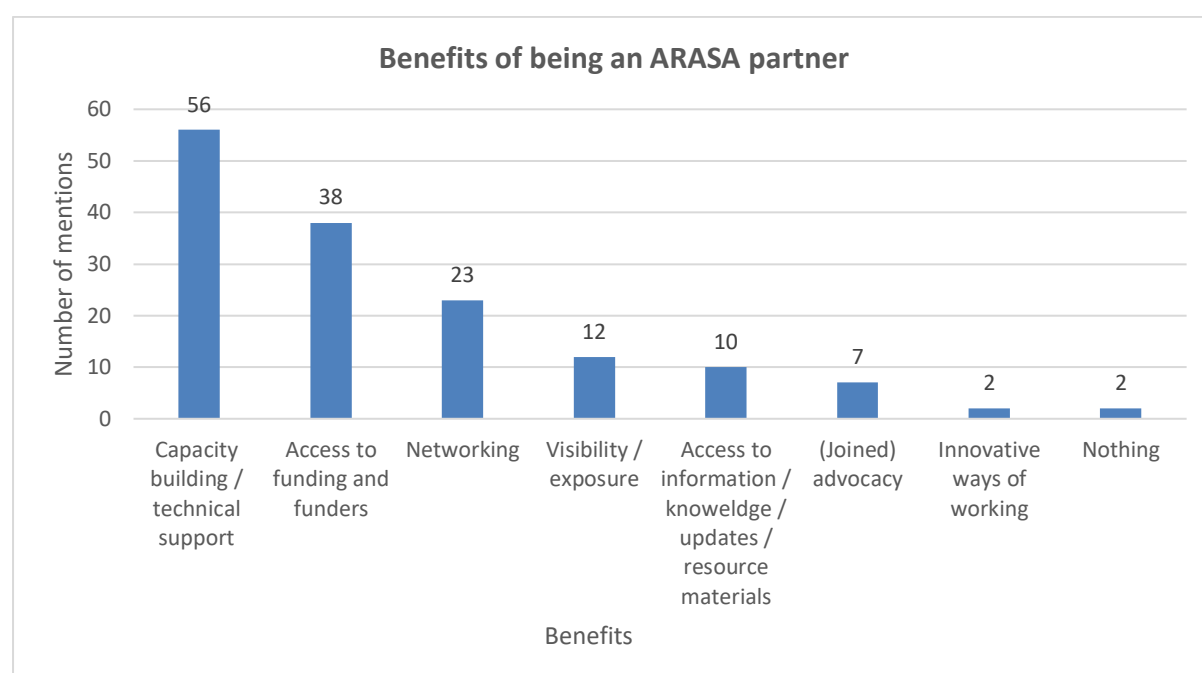
*“To be able to interact with like-minded organisation at a regional level thereby making more impact regarding the issues we work on.”*

Nine respondents mentioned that they wanted to expand their scope and gain access and exposure to regional and international perspectives, expertise and knowledge on HIV, SRH, TB and human rights. They also mentioned being attracted to the opportunity to *“raise their voice”* regionally and internationally through ARASA’s access to regional and international platforms. One respondent stated that they were attracted by the: *“International platforms created through the ARASA meetings with other international organisations”*. Another stated that they wanted: *“To have an understanding of issues from regional and global perspective as opposed to national level only.”*

Access to financial resources was also a key factor for nine respondents who mentioned that they joined the partnership to *“[be] able to access funding”* and for *“linkage to funding opportunities”*. A respondent reported that: *“ARASA was one of our first donors, helping us set up when we were still just a group of volunteers with a dream.”*

### *Greatest benefit of being an ARASA partner*

Feedback from the 100 respondents indicated that the greatest benefits of being an ARASA partner are capacity strengthening; access to funding; networking; exposure / visibility; joint advocacy and access to information, updates and knowledge.



Respondents mentioned how ARASA’s capacity strengthening interventions have contributed to their impact at the national level. One respondent explained: *“Skills in advocacy to an extent of winning a landmark judgement in the constitutional court for the right of prisoners and suspects to vote.”*

Others mentioned:

*“The organization has built confidence in programme management, financial management and governance. TNW+ has been a champion in advocacy on human*

*right issue for key and vulnerable population and very active on country dialogue regarding funding for CSO and KP, health finance and policy changes.”*

*“Through capacity building initiatives MANERELA+ has improved programming skills in as far as HIV and Human Rights is concerned. One of our project officers went through TOT training and is now key to programming and advocacy initiatives. The periodic meetings that ARASA organizes with partners has helped MANERELA+ to be a key player at national advocacy forum.”*

*“Through the training and grants received, CDF has been able to raise awareness to the community on issues around HIV and human rights and now people are reporting to the respective authorities when a certain right is violated. Moreover, the rate of discrimination to people living with HIV/AIDS has reduced. The staff who have been trained on HIV, TB and human rights are increased their capacity in facilitating the same.”*

*“We've had the benefit of having staff members trained in the TOT which is turning around the organization where our advocacy work is concerned.”*

*“Our staff and volunteers have either graduated from the ToTs and gone on to be outstanding facilitators or have participated in country rollouts as community health advocates and are now peer promoters.”*

Partners also mentioned having benefited from exposure to regional and international audiences and experiences as well as having used their affiliation to a regional network of partners to elevate their profile and credibility in-country: *“Being associated with a reputable regional HIV and Human Rights organisation has brought ZACRO increased credibility and visibility both locally and regionally as well as among donors.”* Another respondent explained: *“TNW+ is recognized by partners in regional as well as global. It has made the organization to be of high integrity and attract partners to work within and outside the country.”* Others stated:

*“Being a partner to ARASA has exposed us to many opportunities which has helped us to strengthen our partnership and collaboration beyond ARASA. Every Annual Partnership Forum meeting, we get that extraordinary opportunity of learning from colleagues how differently certain things are done in their organisations and Countries and because of such interactions, we have been able to have new partners on board.”*

*“The organisation now more than ever identifies as a human rights organisation and has received recognition at national level especially on working with key populations.”*

*“Belonging to a regional body increased our credibility at national level exposure.”*

*“Support and technical assistance at the ACHPR, which has had significant impact for our work in the region and in- country.”*

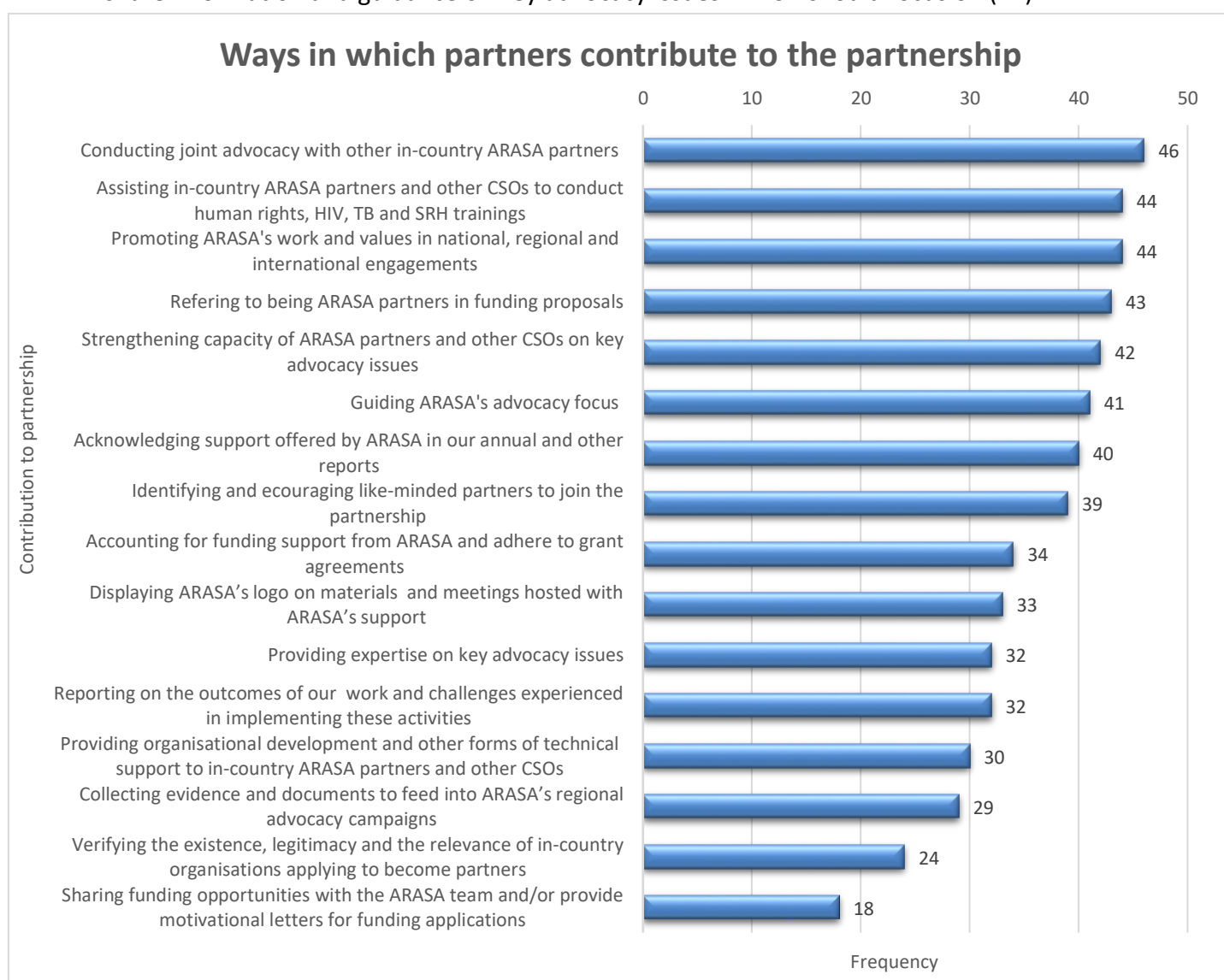


*“Le statut d'organisation membre d'un réseau régional (The status of member organization of a regional network).”*

Several respondents mentioned the Annual Partnership Forum as a critical networking platform, which is a key benefit of being an ARASA partner. One respondent explained: *“Getting to learn about what other organisations are up to and also connecting other organisations. Exchanging knowledge and learning new strategies from the successful stories we hear especial during annual meetings.”*

### *How do partners contribute to the partnership?*

All 50 respondents to this question reported that they are contributing to the principles of the partnership. The majority stated that they contribute by conducting joint advocacy with other ARASA partners in the country (46); promoting ARASA's work and the values of the partnership in national, regional and international engagements (44); assisting in-country ARASA partners and other CSOs to conduct human rights, HIV, TB and SRH trainings/workshops (44); referring to being ARASA partners in funding proposals (43); and share information and guidance on key advocacy issues ARASA should focus on (41).



41 Respondents reported that there were other ways in which they were currently, or could in the future contribute to ARASA and the ARASA partnership, including supporting the implementation of ARASA-supported HIV, TB and Human Rights Capacity Strengthening and Advocacy Country Programmes and contributing to strategic planning processes. “We contribute to the review process of ARASA Strategic plan when consulted,” explained one respondent. Another respondent stated that they contribute to the positive image and credibility of ARASA in their country: *“We will continue to ensure that ARASA is given a conducive and enabling environment to operate in Zimbabwe and dispel myth and misunderstanding that they support anti-government organizations. We will continue to lobby that ARASA get more funding and that they are a good example of an organization that is accountable to their partners and funders because of their transparency and inclusiveness of organizations in their diversity”.*

Other suggestions included:

*“We have a pool of expertise such as legal, policy and SRHR which we believe ARASA should tap into.”*

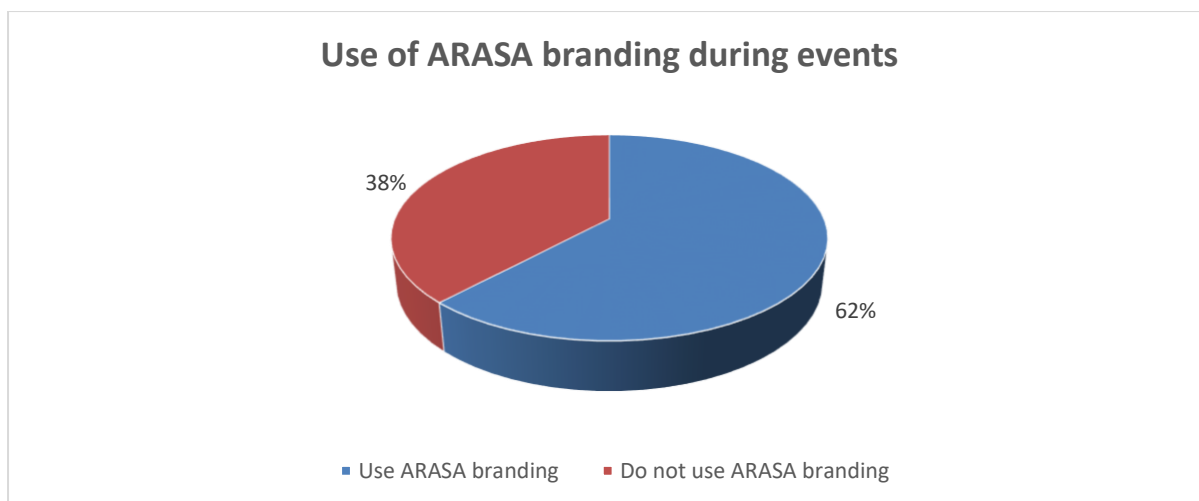
*“We could lead in joint country forums to set Lesotho's priorities and share with ARASA. It is also important to invite ARASA staff to some of our activities in country.”*

*“Having in country ARASA partnership quarterly meetings for review and updates of the ARASA ongoing projects in the country and give feedback to ARASA”*

*“By making sure we mention ARASA whenever when the need or place of advocacy turns out as we know many of the world’s leaders and CSOs or decision makers and opinion leaders knows how ARASA are good on defending the rights of communities so when the chance appears we mention that we shall report to ARASA or we will share our reports with ARASA and by this ARASA name keeps growing and also be understood better of its good work of supporting and advocating for communities.”*

#### *Use of ARASA branding*

Thirty eight percent of 37 respondents who responded to this question stated that they do not use ARASA branding, while the majority of partners at 62% responded that they do use ARASA branding during their events.

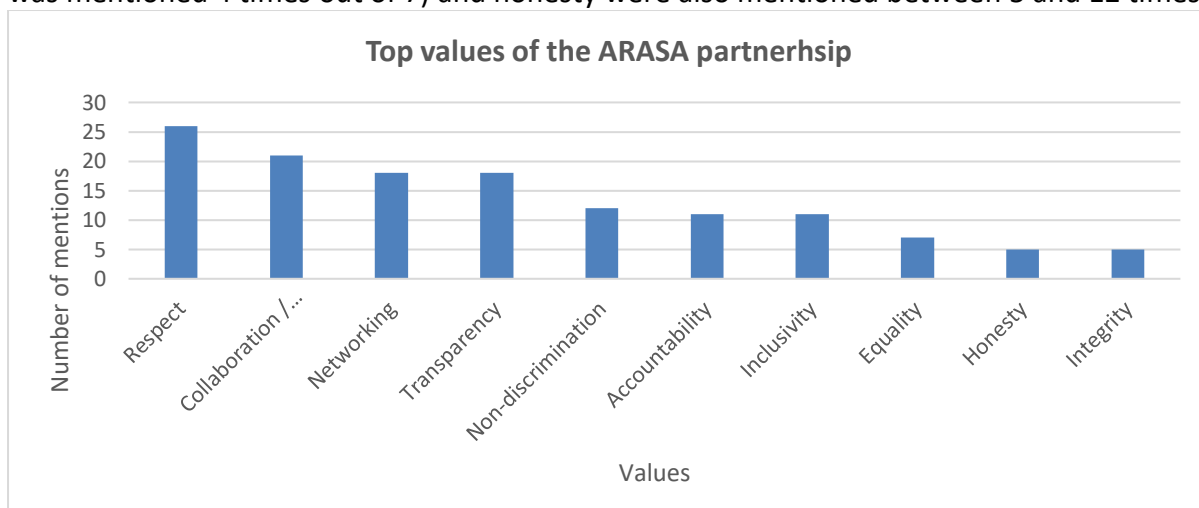


The majority of respondents who did not use ARASA branding during events stated that they were *“unclear on terms of use”* or *“were unaware we could”*. Several other respondents explained that they did not have resources for events and materials and therefore did not have an opportunity to use the branding. A few respondents also explained that they use ARASA branding only for *“collaborative events”*; *“We use it when relevant - e.g. when it's an event that we could not have pulled together without ARASA's support”* and *“We have not received any financial support from ARASA for any of our recent projects.”*

Two respondents suggested: *“It would help to have specific guidelines on how and when use to use the branding”* and *“We are not sure how to use ARASA branding, we would love to. School us on how to go about this.”*

### Top values of the partnership

The top 3 most frequently mentioned values of the ARASA partnership as observed by partners are respect (for partners, diversity, individuals, human rights, key populations, people living with HIV, life); collaboration / partnership / unity and transparency and networking, the latter of which were both mentioned 18 times. In addition to these, accountability, non-discrimination, inclusivity, equality (particularly gender equality, which was mentioned 4 times out of 7) and honesty were also mentioned between 5 and 12 times.



Other values that were mentioned one or more times include: confidentiality, trust, reliability, responsiveness, availability, adaptability, empathy, commitment, dignity, consultation and ethical. In addition, the strategies of sharing (information, resources, opportunities, knowledge etc), capacity strengthening, advocacy for human rights and social justice and meaningful engagement and involvement of people living with HIV and key populations was also mentioned repeatedly.

### *Key developments or changes in ARASA in the past 3 years*

The majority of the 92 respondents who responded to this question mentioned that key positive developments or changes they observed or experienced in ARASA in the past 3 years have included the growth in size, diversity, geographic reach and advocacy issues as well as increased support to financial sustainability of partners.

In regard to the growth of the partnership, respondents stated:

*"The partnership has grown and so has its influence at regional and international level."*

*"Positive developments include increasing numbers of the partnership from the southern to east Africa and increased support and commitment of the ARASA team to support their country partners."*

*"Growth in partnerships along the region, especially with small organizations who need support to grow."*

*"ARASA has also integrated TB programming into HIV and AIDS response interventions."*

*"Positive: More focus on removing legal barriers than before."*

*"ARASA devient de plus en plus grand avec beaucoup de nouveau partenaires issus de diverses pays. (ARASA is getting bigger and bigger with many new partners from different countries.)"*

Regarding access to financial resources for human rights programming and ARASA partners, one respondent explained: *"ARASA has managed to open opportunities for funding for its partners by providing good recommendations and guarantees for partners to access funding. ARASA has also provided technical assistance to help partners fund-raise and successfully respond to sophisticated and highly technical call for proposals."* Another respondent stated: *"The capacity to fund more CSO in areas of removing legal barriers to create a favourable environment where the key populations can operate."*

Respondents also mentioned that a positive development in the last 3 years has been an increase in the visibility of ARASA, the individual partners and the issues they work on at the regional and international levels. Amongst others they stated:

*“Increasing awareness on the global front of the challenges being faced in different areas of where ARASA is being involved in.”*

*“Through networking platforms our visibility at regional level was increased.”*

*“The HIV strategic response at country level has embraced the human rights perspective at a pace and interest than realised before. We now have the National AIDS Council for example working on key populations and the national HIV strategic plan has for the first time included reference to key populations programming.”*

*“The positive developments we have experienced in ARASA is the ability to establish HIV as a human rights issues in SADC region. ARASA has been able to provide technical support and track the developments of HIV law in Africa. In particular, it has done great advocacy campaigns like on the decriminalization of HIV:10 reasons why criminalisation harms women.”*

*“The partnership has grown and so has its influence at regional and international level.”*

*“The work is well recognized.”*

*“It has still been a valuable partnership through other forms of support, like enabling us to go to the ACHPR to advocate, and assisting with shadow reporting, regional partnerships and in-country contacts useful for advocacy.”*

Other positive developments mentioned by several respondents include support to collaboration for advocacy at the national level (including through financial and technical support to the Country Programmes); being willing to invest in nascent organisations as well as adjustments to its communication tools. Respondents mentioned: *“The other positive is transformation of newsletter to web based electronic newsletter which has made it easier to access information from ARASA. ARASA continues to be rich in resource material, which material especially on advocacy has assisted us to improve our advocacy skills”* and *“The positive is that there has been consistent update by ARASA of the “happenings” around and beyond the region”*.

The most frequently mentioned negative developments in the past 3 years include the limited capacity to communicate in French and Portuguese and limited support to strengthening national collaboration in countries that do not host Country Programmes. *“Main disadvantage I have seen is that ARASA is doing little or less in advocating in Country contact and dialogue of members. It needs to try and enforce some sort of structure for each country so that organizations that would like to join ARASA could start from joining the local group before they are engaged on the international scene.”*

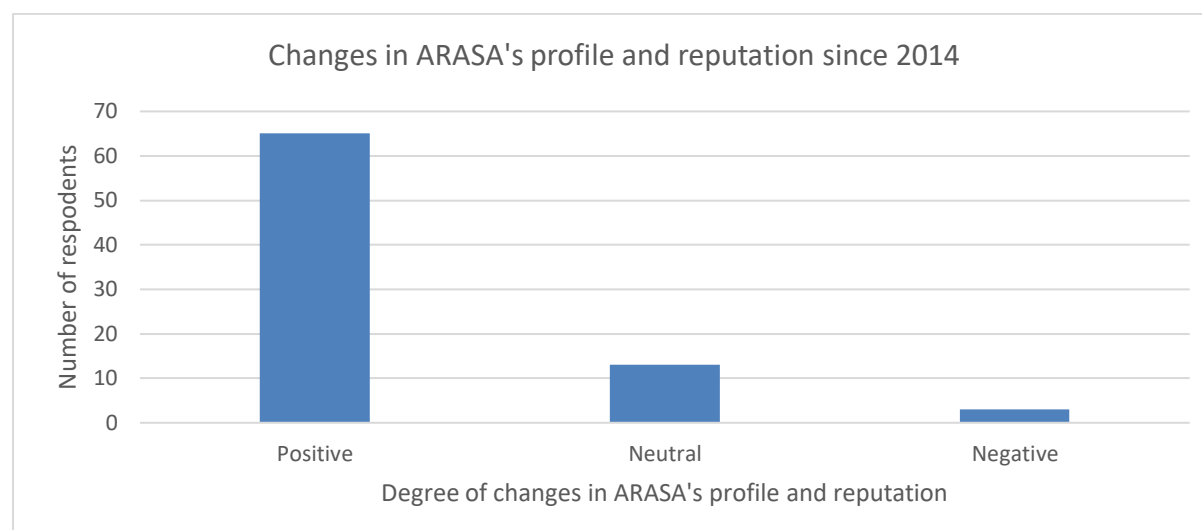
Several respondents mentioned that the growth of the partnerships in the last 3 years has not always resulted in increased visibility for ARASA in-country: *“One concern I would have is that the network is perhaps expanding too quickly and it is therefore difficult to showcase the true worth of the ARASA.”* Another explained that this may be *“because of lack of commitment*

among us as ARASA partner organisation. Therefore, I would suggest that ARASA facilitates in forming in-country ARASA committee organisations that will be able to coordinate others in increasing its visibility.” Two other respondents explained that they have noticed a decrease in engagement and interaction between the partners. *“The group members has increased and the space of sharing is somehow disappeared”*. Another stated that the *“APF less interactive”*.

Several respondents mentioned that there was an unequal distribution of attention to partners by the ARASA team: *“Secretariat not representing all countries even where opportunities are available”*; *“Not including more partners in activities”*; *“Dominance by strong and well-funded organisations while smaller and underfunded organisations have little influence”*; and *“Organizations that may not directly provide services for LGBTI excluded from technical and especially financial support from ARASA”*.

### *Changes in ARASA’s profile and reputation in the last 3 years?*

Of the 84 respondents to this question, 65 reported having seen positive changes in ARASA’s profile and reputation in the last 3 years, 13 reported no change or not being able to tell and 3 reported negative changes.



The positive changes were explained as largely being due to the growth of the partnership, which has contributed to visibility of ARASA at national, regional and international levels; fostering close relationships with its partners and being seen as credible, accessible and accountable. One respondent stated that: *“ARASA's profile and reputation has dramatically changed for the better because they know their partners and have managed to create a unique personal relationship with all their partners irrespective of size of an organization.”*

Other respondents explained:

*“ARASA reputation has changed in a positive way, while being able to reach out to community and civil society organisations in Southern and East Africa, providing*

*support to its partners, and being able to stand on behalf of the region and organisation members from national to international level.”*

*“Le statut d'ARASA au niveau de la région Afrique Australe est reconnu et valorisé lors des rencontres de niveau international (ex: IAS 2016 en Afrique du sud) / ARASA's status in the Southern Africa region is recognized and valued at international level meetings (ex. 2016 International AIDS Conference in South Africa)”*

*“Because of your commitment to stick to your values and principles in advancing human rights approaches in the fight against TB and HIV and AIDS in the Southern Region and beyond.”*

*“It's true that ARASA's membership has greatly increased and there is no doubt this is because of the good work that the organisation does. ARASA has continued to bring on board new and young activists and advocates from different organisations and countries through the Annual ToT programme on HIV and AIDS, TB and Human Rights and these give testimonies from time to time of how their journeys' changed after the completion of the ToT training.”*

*“ARASA gained more international attention and recognition. For example, in my country ARASA is well known among legal practitioners following the lawyers we came under ARASA to support the legal discussion on MSM rights.”*

*“The profile and reputation has changed quite much especially in the field of HIV and Human Rights. ARASA has been known to be the principal player at regional level with visibility at national levels through partnerships when it comes to championing HIV and AIDS issues from Human Rights perspective. ARASA has built the capacity of membership on HIV and AIDS programming from Human Rights perspective. This will have a long-term impact in the region.”*

*“The reputation precedes itself, ARASA is seen as a strong platform for advocacy.”*

*“...from a regional to a global rights player.”*

*“It has continuously gained trust from donors and its member organization the way it implements its activities and involve its members.”*

*“ARASA is becoming a force to be reckoned with where Human Rights issues are concerned.”*

*“They are fast gaining a lot of grown in the global development market. The profile of ARASA has changed in the sense that they have become a champion of human rights in Africa and across the Globe through gender and human rights sensitive programming.”*

*“ARASA reputation as a human rights defender has grown over the years and so has its influence in the region.”*

*“It has gone up and more groups regard it as a viable platform.”*

*“Moving from direct work to support in-country work was great move.”*

*“The reputation is generally very high among donors including the Global Fund.”*

*“Stronger credibility and act as an internal referral for Human Rights.”*

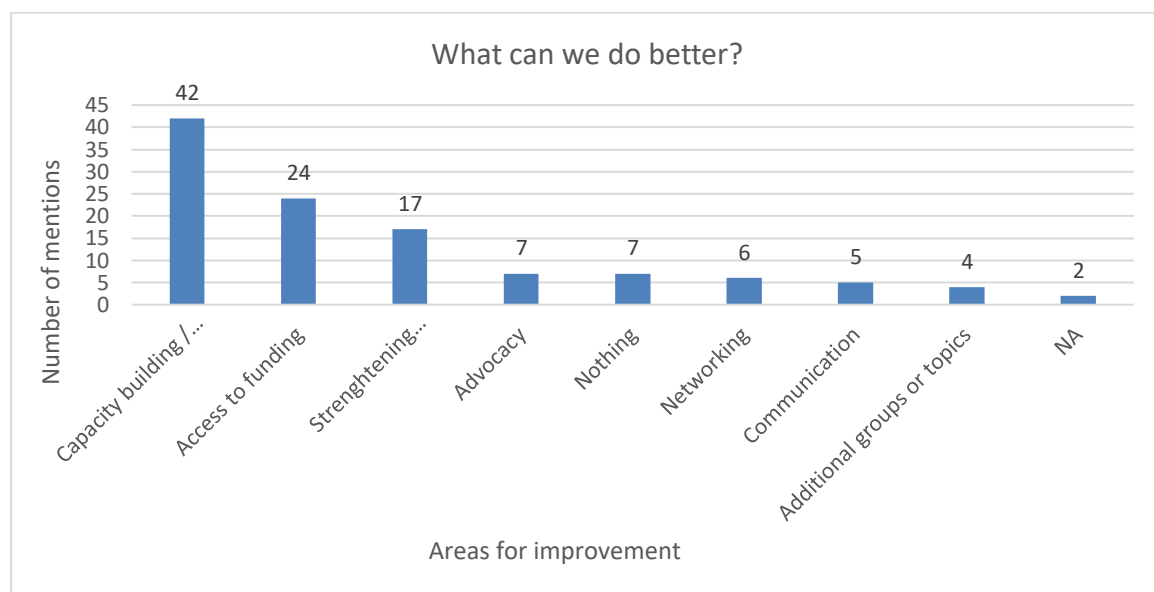
Two respondents referred to a positive change being that ARASA is seen as *“dependable”*, *“credible”*, *“accessible”* and *“accountable”*.

The majority of the 13 respondents who reported not having seen any changes attributed this to the fact that they had joined the partnership recently and had not been around long enough to respond to this question. In addition to this, 3 respondents reported that the question was not applicable to them.

Two of the 3 respondents who reported having witnessed negative changes linked this to a reduction in ARASA’s visibility: *“Lately there hasn't been much visibility”* and *“SECTION27 has not encountered ARASA in communities and forums in which we work, with the exception of SANAC. ARASA has become less visible.”* One respondent reported that ARASA has reduced its attention to issues affecting people living with HIV and more focus on LGBTI issues. *“Focus has been more on LGBTI rights to an extent that PLHIV felt a bit excluded of late.”*

#### *What can we do better?*

The majority of the 100 respondents reported that ARASA can strengthen its capacity strengthening interventions; collaboration with and between partners; efforts to increase access to funding for the partners; various elements of its advocacy efforts; communication with partners and networking.





Seven of the respondents stated that they are content, that there is nothing ARASA can do better and that their organisation is receiving what they expected to gain from the ARASA partnership. A respondent stated: *"ARASA has add great value to our organization and therefore, we have no expectation."* Others stated: *"Currently I am the happiest partner of ARASA and can only hope that ARASA can secure the necessary funding to sustain the momentum"; "Our plea will be for us and ARASA to maintain relationship we have" and "Keep the good spirit high as you do always."*

Several respondents mentioned that the demand for the ToT is increasing and suggested that *"the number of people recruited for the ToT be increased to at least 6 per country every year to include women living with HIV, young people, people with disability, LGTBI, sex workers and people who use drugs. These are the groups that are most vulnerable and working on the ground in different communities" and "Make two sessions of regional training because members have increased"*.

Other respondents suggested that ARASA strengthen the focus on specific topics including *"legal technical assistance" and "organisational development with a focus on resource mobilisation, grants management, programme / project management and monitoring and evaluation"*.

Follow-up on the impact of the ToT and how to continue supporting alumni were mentioned several times. A respondent stated: *"A dedicated training unit to follow up with trainings provided"* and other stated: *"Although the ToT just ended in November (2017), it would be good if there is monitoring of the way forward, though we also know it is our responsibility to reach out and seek support as they are always open to support their partners."*

In regard to strengthening collaboration the majority of respondents reported that ARASA should strengthen efforts to facilitate and strengthen collaboration between partners at the national level. Respondents explained that: *"We can try to do more joint activities in our respective countries as ARASA partners"* and *"The ARASA movement at national level is not functional/vibrant. If ARASA could support the functioning of such forum as such gatherings could even identify and advocacy opportunities and jointly map out how best to advance such initiatives"*. Other comments on collaboration at the national level include:

*"Working as a team and having a collective voice while advocating for an issue can help us achieve a lot other than working individually. We hope that ARASA can encourage the spirit of working as a team for its partners."*

*"Bring up a code for the partners or terms for membership to weed out idle or dormant partners."*

*"Perhaps facilitating more informal networking on a national level."*

*"Undertake conflict management of the ARASA Partners at country level."*

*"Fostering support for in country collaboration of ARASA partners."*

Other respondents stated that ARASA should increase direct engagement and collaboration with national partners. Respondents explained: *“More direct country support for ARASA partners through visits by ARASA technical staff in order to help address national challenges and provide advice on correct approaches”*; *“In country support of the work we do, visibility of ARASA staff”*; *“More contact and engagement”* and *“Institutionalised collaboration to include more frequent meetings, collaborative work planning among others.”*

Although respondents wanted *“ARASA to keep advocating for us and our work...”* several requested *“more engagement in ARASA programs e.g Advocacy issues”* and *“Greater collaboration in policy advocacy”* and *“More exchange of new advocacy strategies and coordinated regional advocacy on national and regional issues.”* Two respondents provided feedback on ARASA’s approach to the selection of advocacy issues: *“a more long-term focus on ONE advocacy issue, as compared to trying to cover a wide range at the same time”* and *“The annual thematic advocacy campaigns are not as effective. I expect more action in terms of coordination of activities even if it is by quarterly reminder for partners to update on what they have done in terms of the advocacy theme. I think there is more time need for articulation of thematic advocacy points at the APF to enable follow up.”*

Related to the strengthening of advocacy efforts and approaches, 4 respondents suggested that ARASA increase the focus on *“people within workplaces, and engage on Gender based abuses with a man focused approach”*; *“more engagement especially around the wilful or deliberate transmission of HIV”*; *“More consultations on people who inject and use drugs”* and *“Focusing on abortion as well since we are working closely to access to abortion advocacy issues”*.

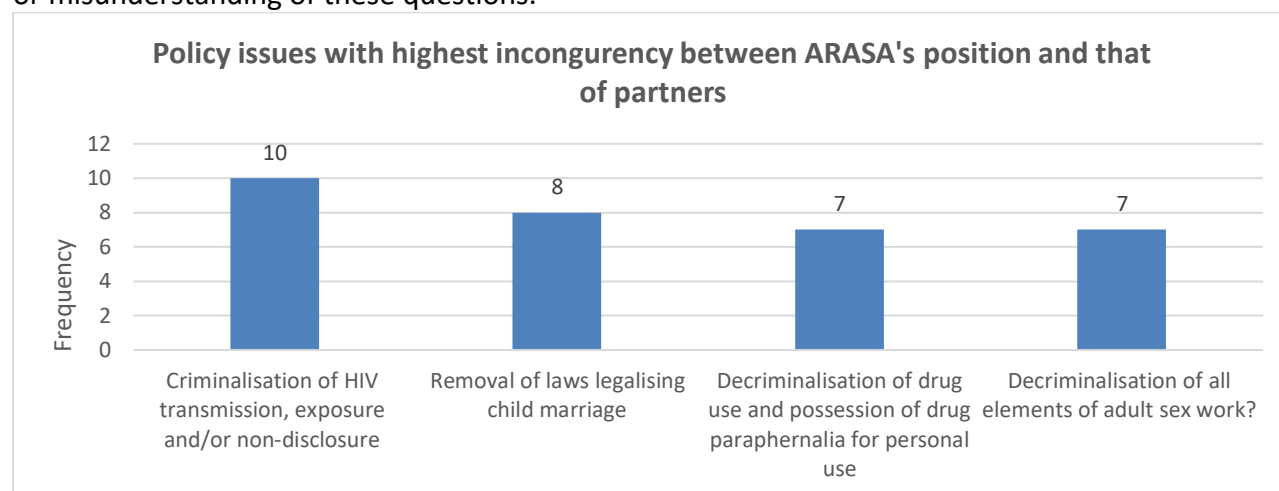
Five respondents reported that ARASA should strengthen its communication with partners. One respondent reported that the focus on communicating in English should be addressed: *“Communication is done in English which means that it is not easily accessible to our staff and to the community we serve. Some documentation and trainings are therefore not accessible to people who are interested in it. Systematic French translation would be of great help for us; translation in Mauritian Creole at trainings/conferences would be even better!”*

## Policy positions

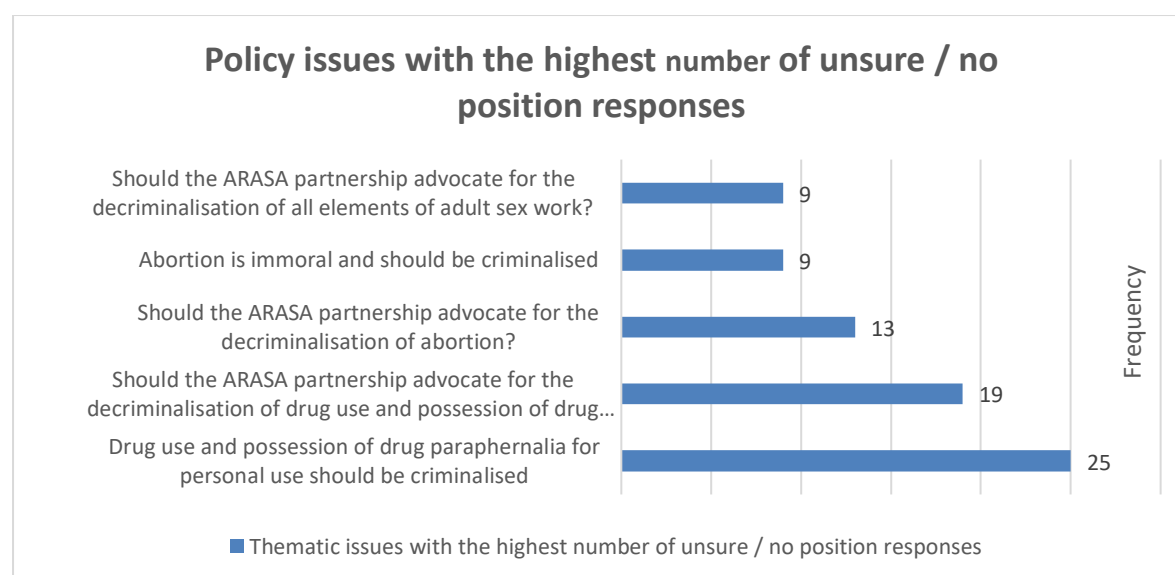
All 100 respondents were asked to share their organisational position on a number of policy issues. A scale of 1 to 5 was used to indicate the position which is closest to their organisational position - 1 indicated that respondent’s organisation strongly disagrees with the statement; 3 indicated that the respondent’s organisation has no position on this issue or is unsure while 5 indicated that the respondent’s organisation strongly agrees with the statement related to the policy issue.

As mentioned under limitations, there may have been a number of factors, which influenced responses to the policy positions, which may have affected the ability of partners to understand and interpret the question correctly or to have positions that were incongruent with ARASA’s position. These include staff turnover within partner organisations and the related departure of employees who may have been exposed to ARASA’s interventions. Further, a junior staff member, who is unaware of the organisation’s position on specific

policy issues may have been delegated to complete the survey. We also recognise that the majority of staff working for ARASA partner organisations are not first language English speakers with varying levels of literacy, which may have impacted on the misinterpretation or misunderstanding of these questions.

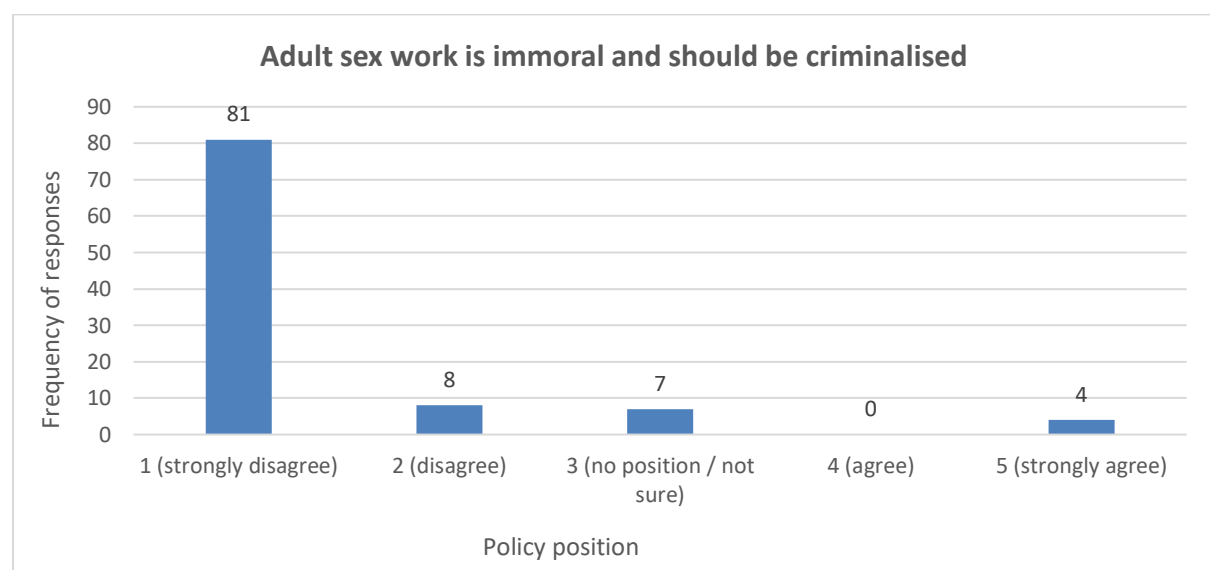
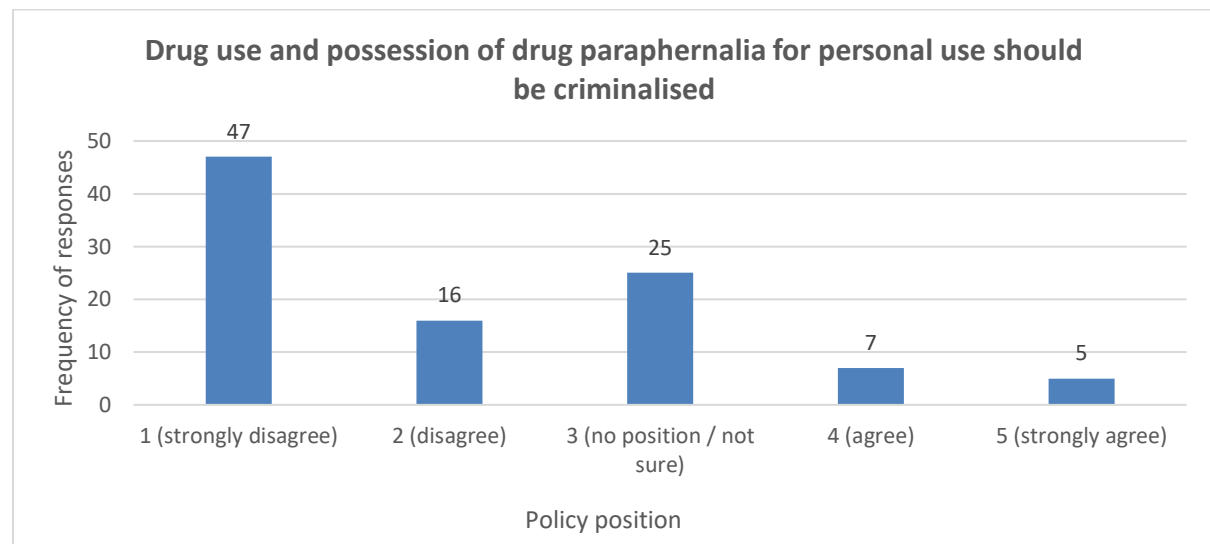
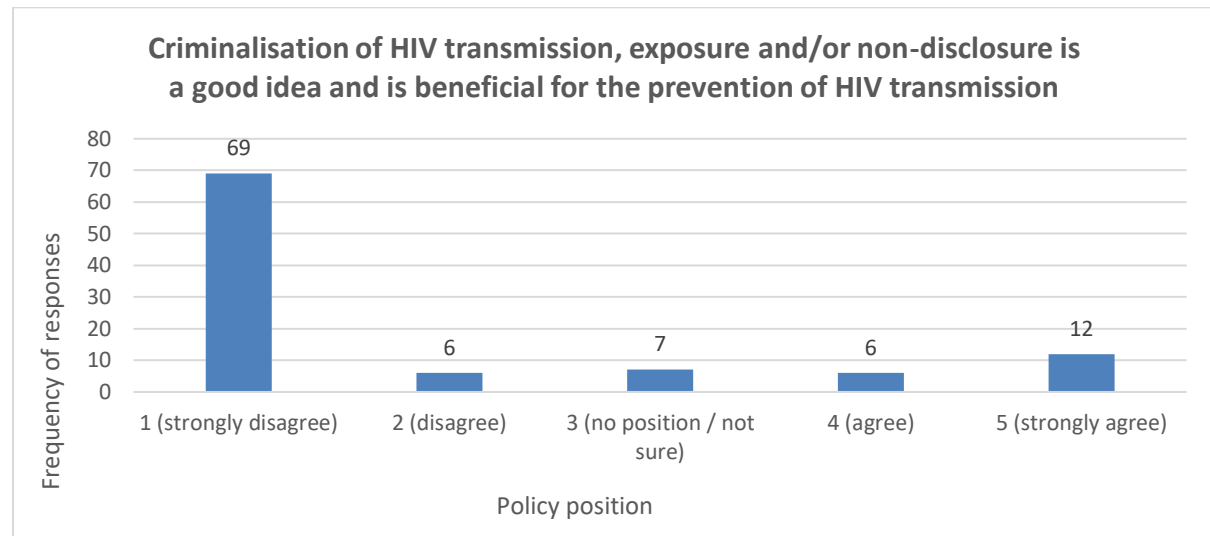


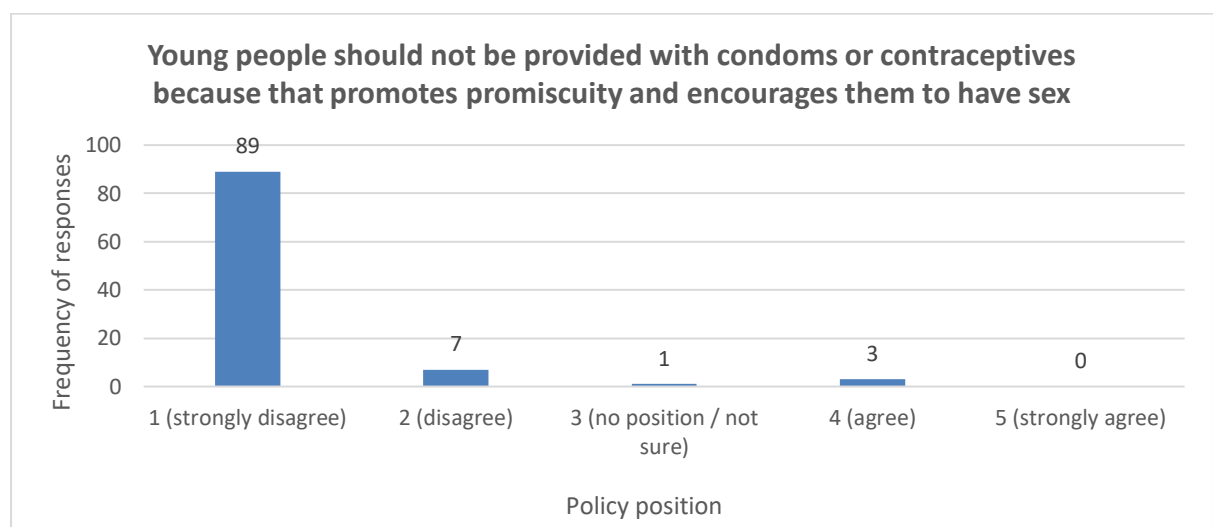
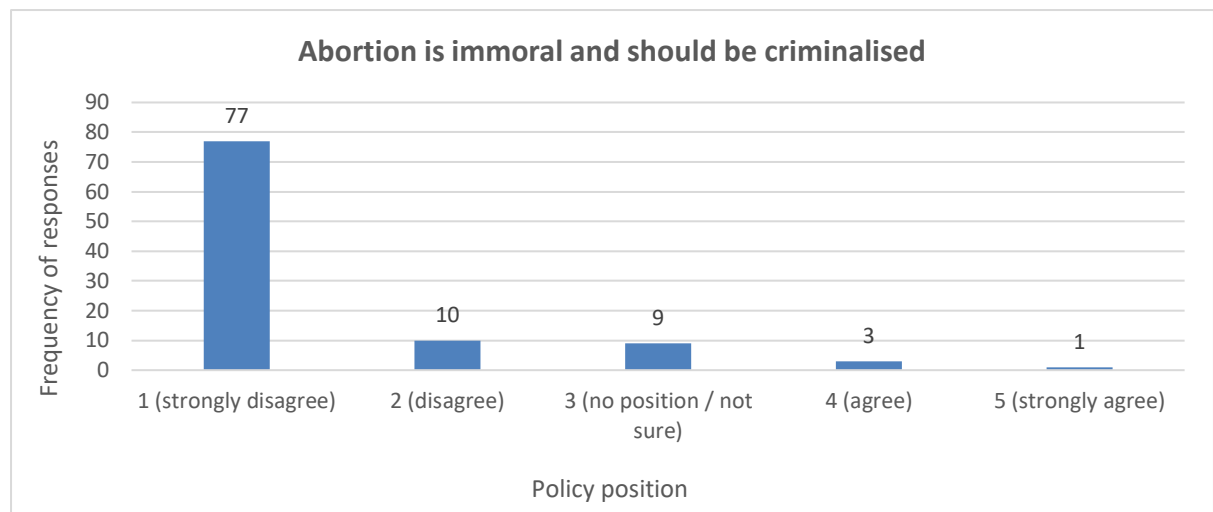
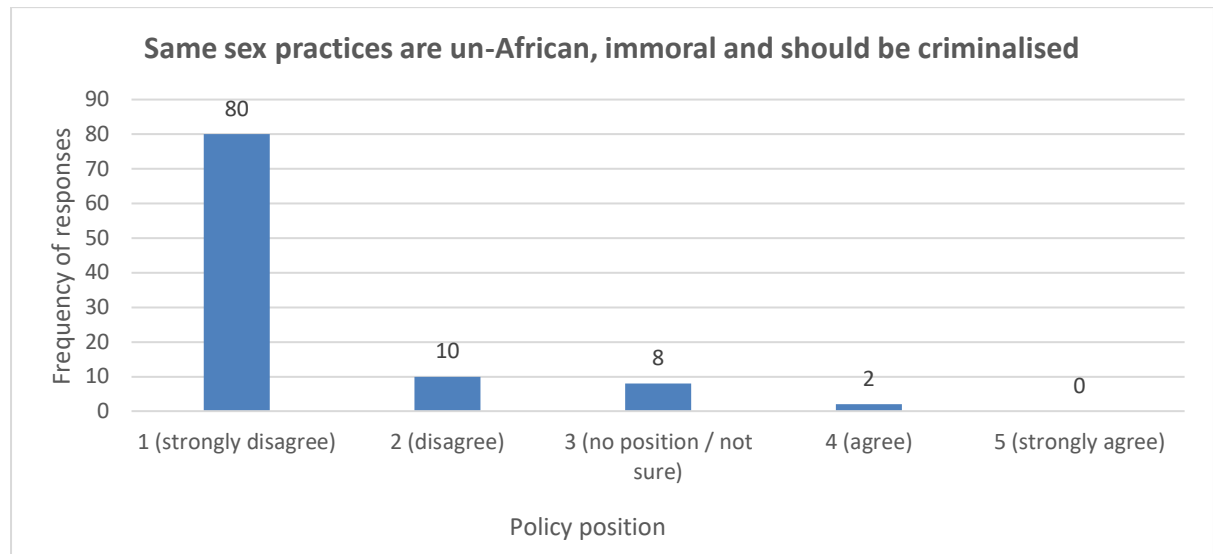
As illustrated in the bar graph above, the policy issues which resulted in the highest number of incongruent responses between ARASA's position and that of the partners were criminalisation of HIV transmission, exposure and/or non-disclosure is a good idea and is beneficial for the prevention of HIV transmission; laws that legalise child marriage; decriminalisation of drug use and possession of drug paraphernalia for personal use; and decriminalisation of all elements of adult sex work. Further analysis of the profile of the respondents showed that half of the 14 organisations with policy positions that were contrary to ARASA's position joined prior to 2012, whereas the other half joined between 2012 and 2018.

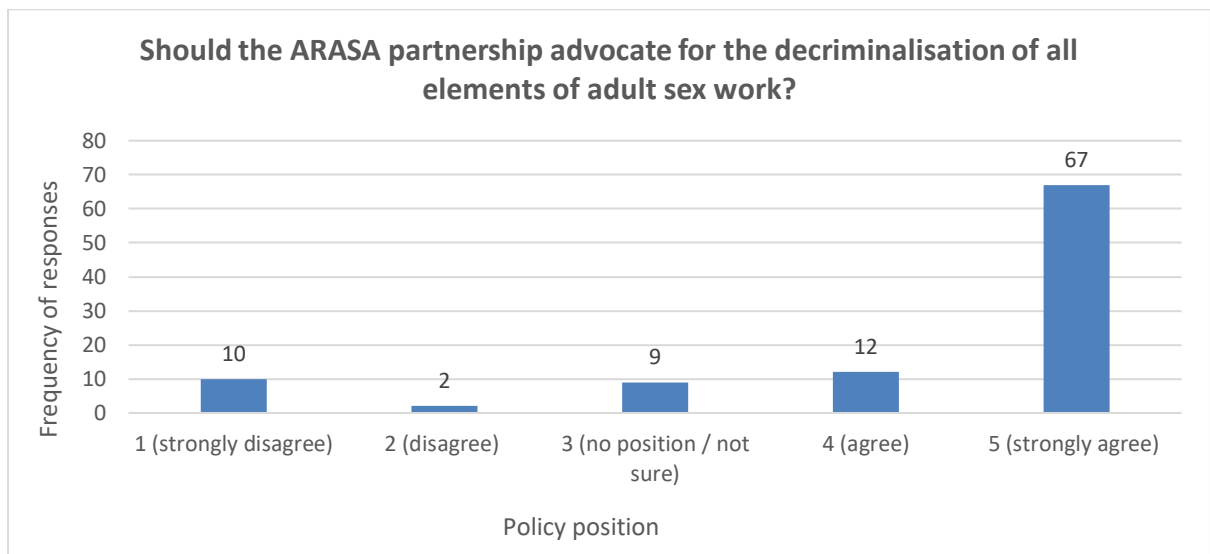
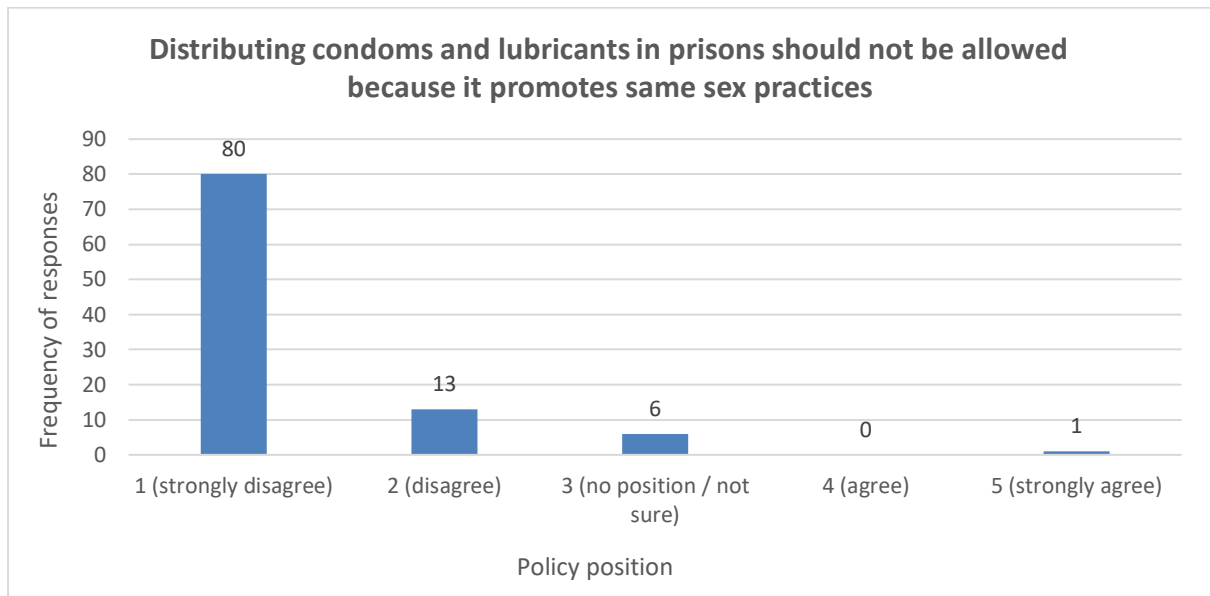
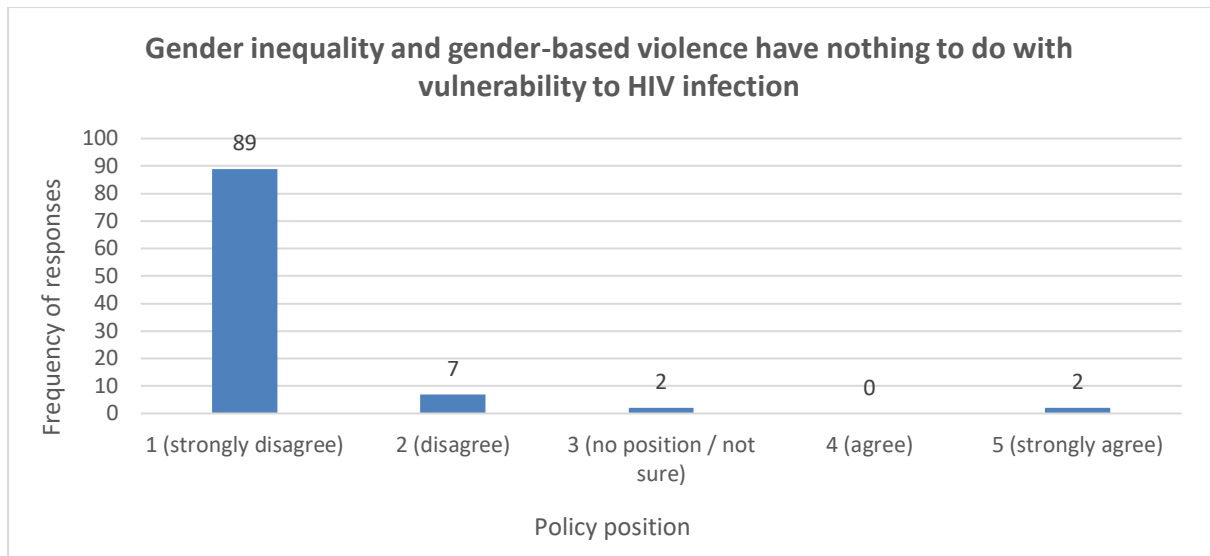


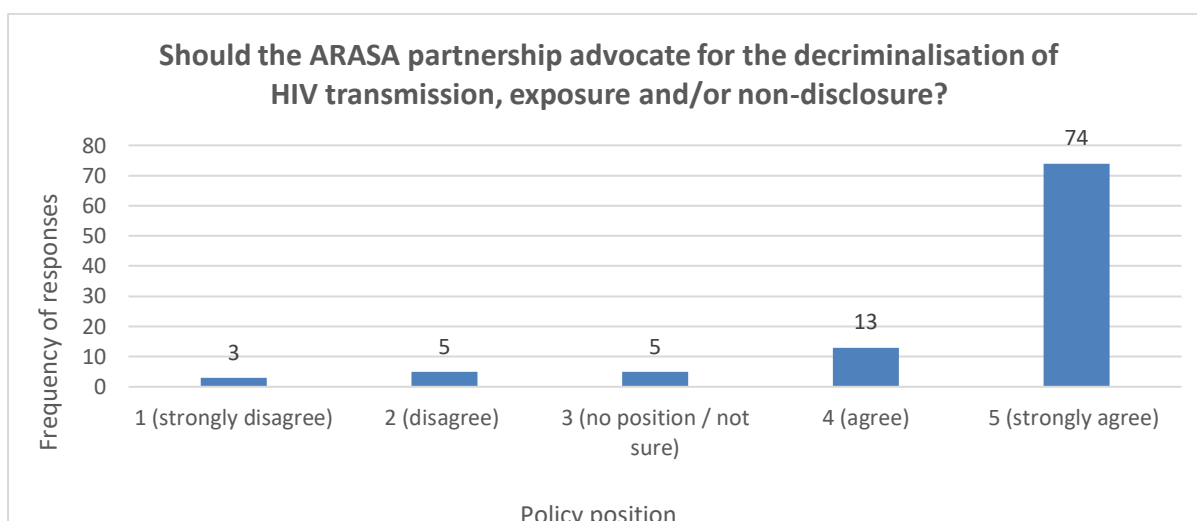
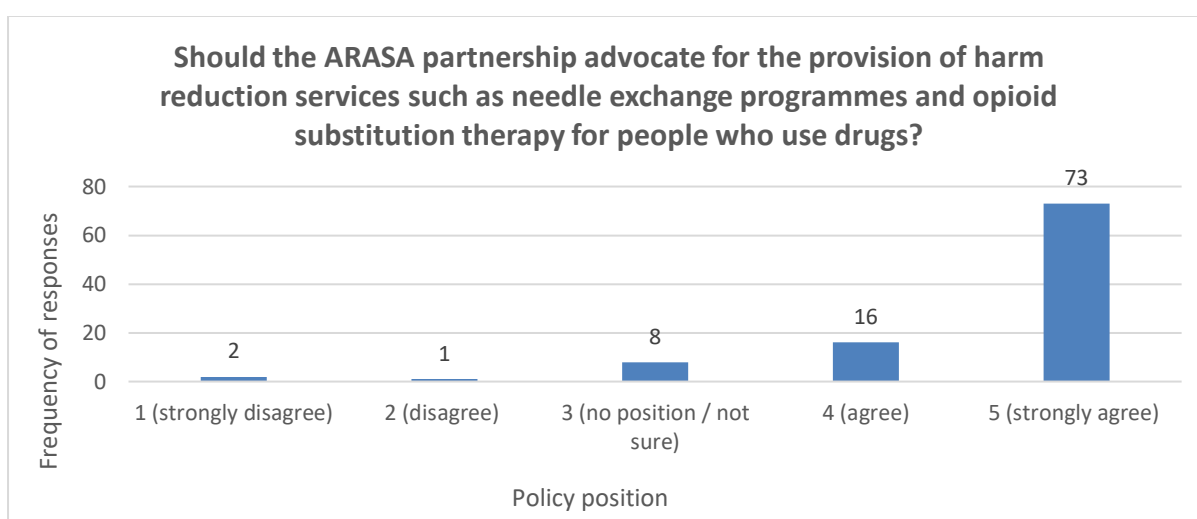
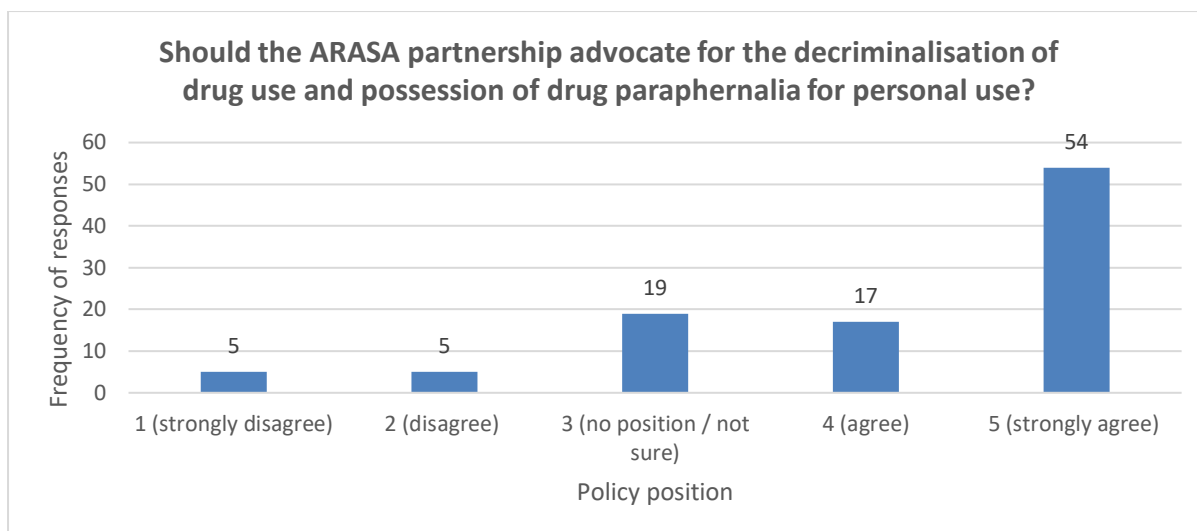
As illustrated above, thematic issues with the highest number of unsure / no position responses were drug use and possession of drug paraphernalia for personal use; the decriminalisation of abortion; and decriminalisation of all elements of adult sex work.

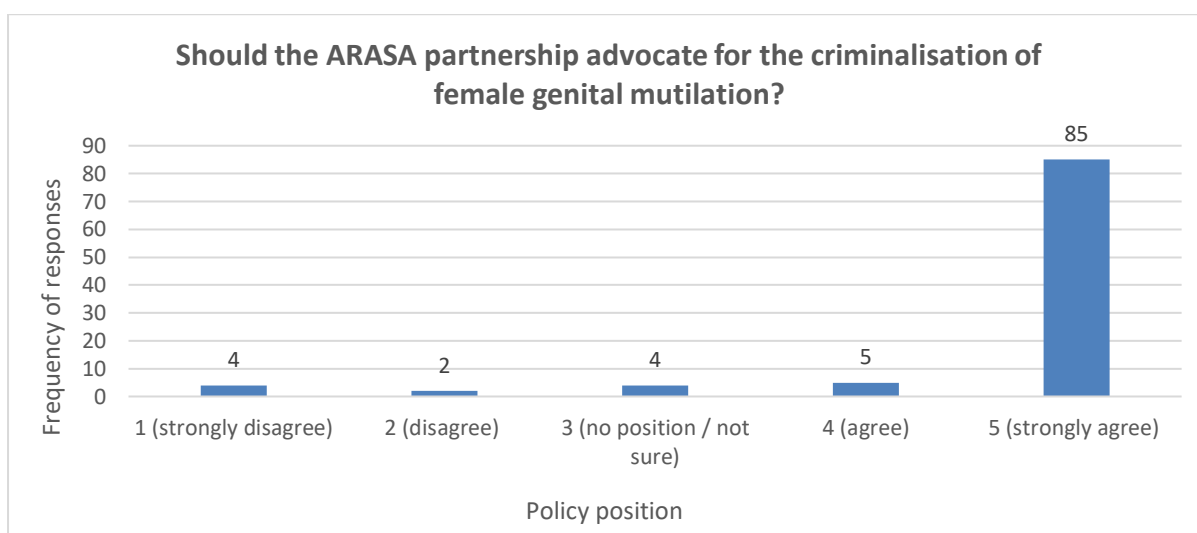
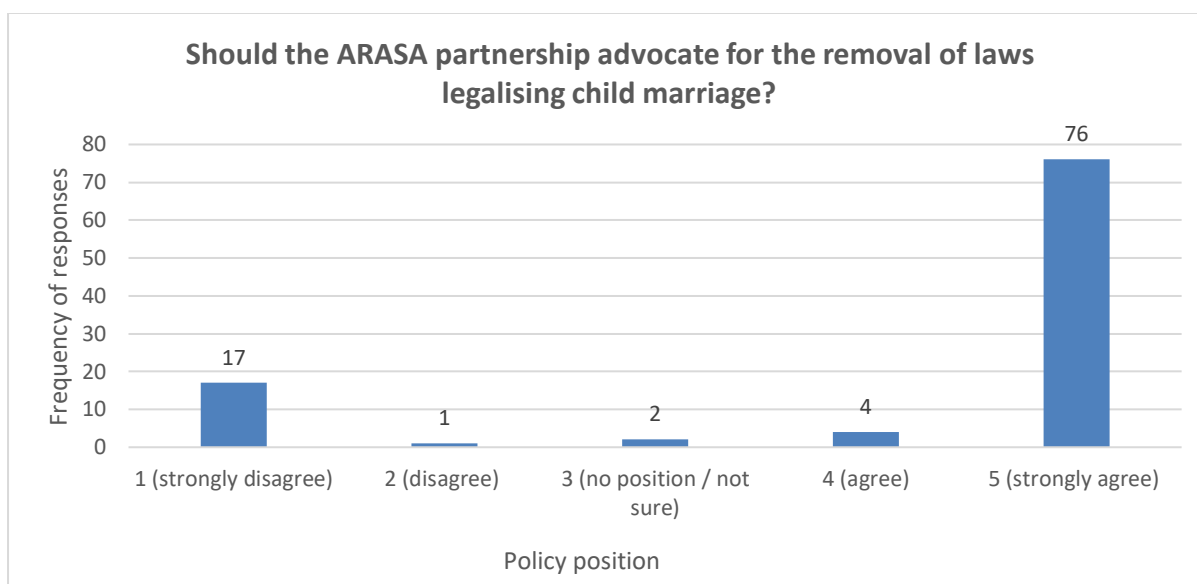
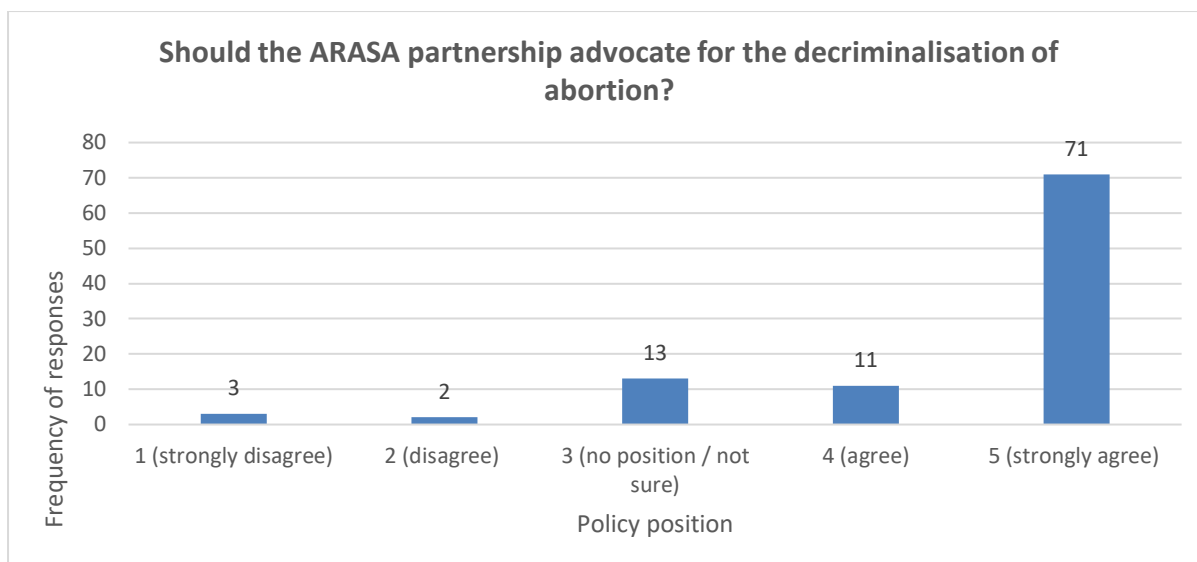
The following series of graphs show a summary of the partner's positions on the 16 policy issues.



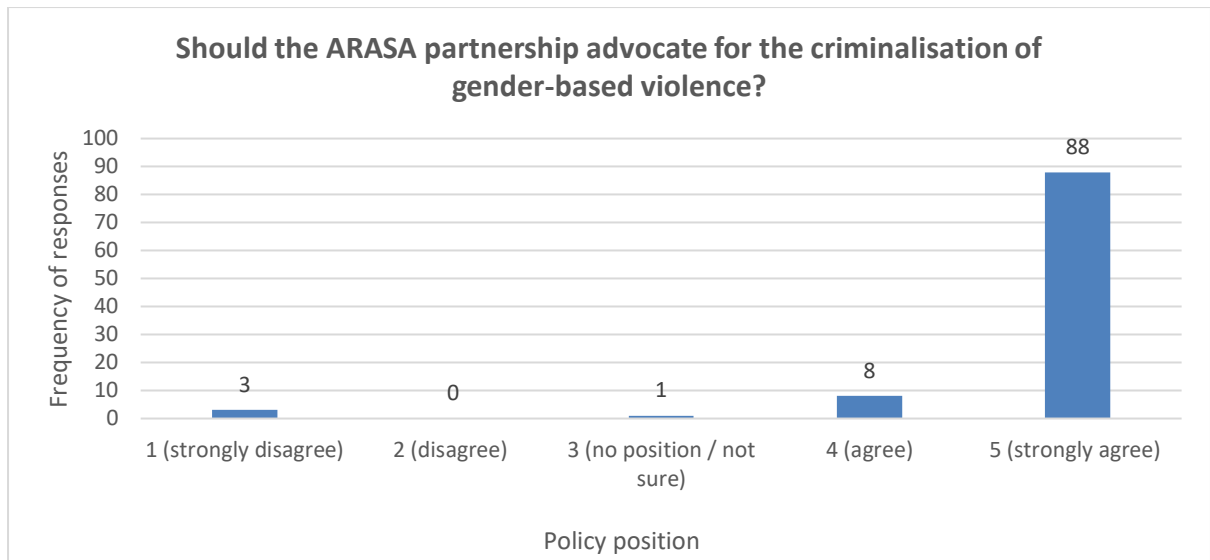












## Annexure A: List of ARASA partners as at 31 May 2018

### Angola

1. Associacao de Reintegracao dos Jovens / Crianças na Vida Social (SCARJOV) – Angola

### Botswana

2. Botswana Network on Ethics, Law and HIV/AIDS (BONELA)
3. Men for Health and Gender Justice Organisation
4. Rainbow Identity Association (RIA)
5. The Pilot Mthambo Centre for Men's Health
6. Lesbians, Gays and Bisexuals of Botswana (LEGABIBO)
7. Silence Kills Support Group (SKSG)

### Comoros

8. Action SIDA

### Democratic Republic of Congo (DRC)

9. Rigiact Sida Sannam
10. Protection Enfants Sida (PES)
11. Pleaders of Children and Elderly People at risk (PEPA) / Plaideurs des Enfants et des Personnes Agées

### Kenya

12. Kenya Ethical and Legal Issues Network (KELIN)
13. The Lwala Community Alliance
14. Kenya Sex Workers Alliance

### Lesotho

15. Adventist Development & Relief Agency (ADDRA)
16. Development for Peace Education (DPE)
17. Lesotho Network of People Living with HIV/AIDS (LENEPWHA+)
18. Phelisanang Bophelong
19. People's Matrix Association

### Madagascar

20. Sambatra Izay Salama (SISAL)
21. Youth First

### Malawi

22. Art and Global Health Center Africa (AGHCA)
23. Centre for the Development of People (CEDEP)
24. Centre for Human Rights and Rehabilitation (CHRR)
25. Coalition of Women Living with HIV/AIDS (COWLHA)
26. Grassroots Movements for Health and Development (GMHD)
27. Ladder for Rural Development Organisation
28. Passion for Women and Children
29. Research for Equity and Community Health (REACH Trust)
30. Malawi Network of People living with HIV (MANET+)
31. Malawi Network of Religious Leaders living with or personally affected by HIV AIDS (MANERELA+)
32. Female Sex Worker Alliance
33. Centre for Girls and Interaction, (CEGI)
34. Centre for Children's Affairs
35. Health and Rights Education programme (HREP)

36. Centre for Human Rights Education Advice and Assistance (CHREAA)
- Mauritius**
37. Association Kinouété
  38. Dr Idrice Goomany Centre
  39. Parapli Rouz
  40. Prevention Information Fight against AIDS (PILS)
  41. Collectif Urgence Toxida (CUT)
  42. Groupe A de Cassis
- Mozambique**
43. Associacao KINDLIMUKA
  44. Mozambican Treatment Access Movement (MATRAM)
  45. Mozambican Network of Religious Leaders Living with HIV and AIDS (MONERELA +)
  46. Associacao Mulher, Lei e Desenvolvimento (MULEIDE)
  47. Association for Help of Development (PFUNANI)
  48. UNIDOS - Rede Nacional Sobre HIV/SIDA
- Namibia**
49. Rights Not Rescue Trust (RNRT)
  50. AIDS Law Unit of Legal Assistance Centre (LAC)
  51. Tonata PLWHA Network
  52. Voice of Hope Trust
  53. Out-Right Namibia (ORN)
  54. Wings to Transcend Namibia
- Seychelles**
55. HIV/AIDS Support Organisation of Seychelles (HASO)
- South Africa**
56. African AIDS Vaccine Programme
  57. AIDS and Human Rights Research Unit, Centre for the study of Human Rights, University of Pretoria
  58. AIDS Legal Network (ALN)
  59. Community Media Trust (CMT)
  60. Section 27
  61. Treatment Action Campaign (TAC)
  62. Transgender and Intersex Africa
  63. Unit for behavioural studies on HIV and Health (UNISA)
  64. IRANTI-Org
  65. Access Chapter 2 (AC2)
- Swaziland**
66. Population Services International (PSI)
  67. Swaziland Positive Living (SWAPOL)
  68. Women and Law in Southern Africa Research Trust (WLSA)
  69. Swaziland Business Coalition of Health and AIDS (SWABCHA)
  70. Greater Hope Swaziland
- Tanzania**
71. Centre for Widows and Children Assistance (CWCA)
  72. Children Dignity Forum (CDF)
  73. Children Education Society (CHESO)
  74. Community Participation Development Association Tanzania (COPADEA-TZ)
  75. Community Health Education Services and Advocacy (CHESA)

76. Network of Young People living with HIV and AIDS (NYP+)
77. Stay Awake Network Activities (SANA)
78. Southern Africa Human Rights NGO Network (SAHRiNGON)
79. Tanzania Network of Women living with HIV (TNW+)
80. LGBT Voice
81. Tanzania Civil Society National Steering Committee on HIV and AIDS response (CSONCS)
82. Tanzania Community Empowerment Foundation (TACEF)
83. Tanzania Network for People who use Drugs (TaNPUD) / Tanzania Network of Women who Use Drugs (TANWUD)
84. Waremba Forum

#### **Uganda**

85. Center for Health, Human Rights and Development (CEHURD)
86. Tororo Forum for People Living with HIV Networks (TOFPHANET)
87. Uganda Network on Law, Ethics and HIV/AIDS (UGANET)
88. Uganda Harm Reduction Network (UHRN)

#### **Zambia**

89. Centre 4 Reproductive Health and Education
90. Community Initiative for Tuberculosis, HIV/AIDS & Malaria (CITAM+)
91. Copperbelt Health Education Program (CHEP)
92. Christian Aid Ministries (CAM)
93. Engender Rights Centre for Justice (ERCJ)
94. Friends of RAINKA (FOR)
95. Generation Alive (GAL)
96. Prisons Care and Counselling Association (PRISCCA)
97. Trans Bantu Association of Zambia (TBZ)
98. Treatment Advocacy and Literacy Campaign (TALC)
99. Zambia Network of Religious Leaders Living with HIV and AIDS (ZANERELA+)
100. Zambia Disability HIV/AIDS Human Rights Programme (ZAMDHARP)
101. Zambia Association for the prevention of HIV and Tuberculosis (ZAPHIT)

#### **Zimbabwe**

102. Gays and Lesbians of Zimbabwe (GALZ)
103. Network of Zimbabwean Positive Women (NZPW+)
104. Women and Law in Southern Africa Research Trust (WLSA)
105. Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender (ZACRO)
106. Zimbabwe Lawyers for Human Rights (ZLHR)
107. Zimbabwe National Network of People living with HIV (ZNNP+)
108. Sexual Rights Centre (SRC)
109. Zimbabwe Civil Liberties and Drug Network

#### **Regional Partners**

110. African Young Positives Network (AY+)
111. Gender Dynamix (GDX)
112. International Community of Women Living with HIV Eastern Africa Region (ICW EA)
113. Pan African Positive Women's Coalition (PAPWC) – Zimbabwe Chapter and PAPWC Southern Africa Region
114. Southern Africa HIV & AIDS Information Dissemination Services (SAfAIDS)

115. Southern Africa Development Community Parliamentary Forum HIV/AIDS Programme (SADC PF)

## Annexure B: ARASA Declaration of Principles

The AIDS and Rights Alliance for Southern Africa (ARASA) was established in recognition of the need for a supportive partnership of civil society organisations in the Southern African Development Region (SADC) that are committed to promoting human rights-based responses to HIV and TB.

The basis of the partnership is solidarity and shared responsibility in the struggle to advance social justice in the region. We believe that at the heart of this struggle are the principles of mutual respect, freedom, equality, justice and dignity.

We share a common understanding that the long-term development and stability of our countries depends on all human beings enjoying their rights equally; and any arbitrary restrictions on these rights should therefore be challenged in the spirit of equality and dignity for all. We are particularly committed to the fulfilment of socio-economic rights such as health, education and water, without which other rights cannot be fully enjoyed.

We believe that culture forms part of a set of historical traditions and values of civilizations/societies. Today, culture is a meeting point of knowledge and its adaptation should remain relevant in contemporary society. Within an African context, culture offers us indispensable values such as communal support and universal respect, which form the essence of 'human rights' as they are now globally framed. Culture can therefore provide the foundation of a progressive tool for realizing these rights in a significant manner.

The partnership recognises that these principles can only be brought to life through people and context; thus sustainable social change cannot be imposed but requires sustained and focused efforts to promote progressive attitudes in communities, including through traditional structures.

ARASA partners thus commit to mutual support and accountability for these efforts; and to promote the rights of all regardless of gender, nationality, ethnicity and, sexual orientation; occupation; HIV, TB or other health status; or any other form of discrimination.

The ARASA partnership therefore commits to:

- Promoting a rights-based approach to HIV and TB that recognises that public health can never be achieved where human rights violations go unchallenged and that the protection of and respect for human rights are critical to a successful response to HIV and TB;
- Finding solutions to social injustice by working towards amending laws and policies that increase vulnerability to HIV/ TB by criminalising and persecuting certain groups and most at risk populations and by supporting initiatives to ensure access to justice for people whose rights have been violated;
- Sharing information on and supporting each other in addressing human rights violations in our respective countries; and
- Creating networks of influence in our respective countries and in the region, in order to mobilise a broad-based civil society movement in Southern Africa committed to championing Human rights and social justice.

We, the undersigned, [Name of organisation], subscribe to this Declaration of Principles:

---

For and on behalf of [name of organisation]

Date:

## Annexure C: Partner's Audit Survey

### Organisational details

Name of organisation\*

Physical address

Postal address\*

Telephone number\*

Fax number:

Email address:

Contact details of designated official / director of the organisation (if different from above)

Contact details of contact person for ARASA partnership (if different from director)

Contact details of person in charge of your organisation's external communications (such as media statements, newsletters, social media updates etc.) if different from director

### Organisational profile:

How many full-time staff does your organisation have? \*

How many part-time staff does the organisation have?

How many volunteers does your organisation have?

Has the staff size of your organisation changed significantly since 2012? If yes, how and why?

### How is your organisation constituted?

Trust ☐

Non-profit organisation / Non-governmental organisation / Association not for gain ☐

Voluntary association ☐

Other: ☐

If other, please specify:

### Are your organisation's financial statements audited every year?

Yes ☐

No ☐

List your organisation's board members / trustees/ directors, and / or other public officers:

Is your organisation registered with any of the following in your country:

- NGO board ☐
- Relevant government ministry (e.g. Ministry of Social Services, Ministry of Trade) ☐
- Not registered with any structure (please explain why not below) ☐
- Other: ☐

If registered with a body other than those listed above, please specify:

**If your organisation is not registered, please explain why:**

**How would you classify your organisation? Select all that apply:**

- Membership organisation / Network (consisting of other organisations / individuals) ☐
- Community-based organisation ☐
- Faith-based organisation ☐
- Sex worker's organisation (led by sex workers) ☐
- Organisation of people who use drugs / harm reduction organisation (led by people who use drugs) ☐
- BTI organisation (led by LGBTI people) ☐
- Prisoners organisation (led by former prisoners) ☐
- Healthcare service provider (providing medical services / commodities) ☐
- Women's rights group / organization ☐
- Youth organization ☐
- MS service organization ☐
- Human rights organization ☐
- Religious aid provider ☐
- People with disabilities organisation ☐
- Other: ☐

If other, please specify:

**What is your organisation's mission?**

**What is your organisation's vision?**

**What are your organisation's values?**

**If your organisation only operates in your country, does it operate nationally (across the whole country)?**

Yes ☐



No

☐

If no, which districts / provinces / regions do you operate in?

If your organisation is a regional organisation, which of the following countries do you operate in (select all that apply)?

- |                              |                          |
|------------------------------|--------------------------|
| Angola                       | <input type="checkbox"/> |
| Botswana                     | <input type="checkbox"/> |
| Comoros                      | <input type="checkbox"/> |
| Democratic Republic of Congo | <input type="checkbox"/> |
| Ethiopia                     | <input type="checkbox"/> |
| Lesotho                      | <input type="checkbox"/> |
| Madagascar                   | <input type="checkbox"/> |
| Malawi                       | <input type="checkbox"/> |
| Mauritius                    | <input type="checkbox"/> |
| Zambia                       | <input type="checkbox"/> |
| Zimbabwe                     | <input type="checkbox"/> |
| Yemen                        | <input type="checkbox"/> |
| South Africa                 | <input type="checkbox"/> |
| India                        | <input type="checkbox"/> |
| Kenya                        | <input type="checkbox"/> |
| Nigeria                      | <input type="checkbox"/> |
| Other                        | <input type="checkbox"/> |

If other, please specify:

Which communities do you serve? Select all that apply

- |   |                          |
|---|--------------------------|
| People living with HIV (including women living with HIV or youth living with HIV) | <input type="checkbox"/> |
| Religious leaders   | <input type="checkbox"/> |
| Persons with disabilities   | <input type="checkbox"/> |
| Sex workers   | <input type="checkbox"/> |
| People who use drugs  | <input type="checkbox"/> |
| BTI people (specify below)  | <input type="checkbox"/> |
| Gay men and other men who have sex with men                                       | <input type="checkbox"/> |
| Transgender people  | <input type="checkbox"/> |
| Intersex people   | <input type="checkbox"/> |
| Lesbian women (and other women who have sex with women)                           | <input type="checkbox"/> |
| Children  | <input type="checkbox"/> |
| Women   | <input type="checkbox"/> |
| Men   | <input type="checkbox"/> |
| Youth   | <input type="checkbox"/> |
| Children  | <input type="checkbox"/> |
| Grants  | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |

**Are the communities you serve represented in your staff?**

Yes ☐  
No ☐

**Are the communities you serve represented in your management structure?**

Yes ☐  
No ☐

**Are the communities you serve represented in your board (or other governance structure)?**

Yes ☐  
No ☐

**Do you provide HIV, TB and human rights-related training?**

Yes ☐  
No ☐

If yes, for whom?

**Which of the following issues does your organisation's advocacy cover:**

- Women's rights ☐
- Children's rights ☐
- Worker's rights ☐
- Rights of people who use drugs / harm reduction ☐
- BTI people's rights (please specify below) ☐
  - Rights of gay men and other men who have sex with men ☐
  - Rights of transgender people ☐
  - Rights of intersex people ☐
  - Rights of lesbian women (and other women who have sex with women) ☐
- HIV, TB and human rights in prison ☐
- Sexual and reproductive health rights ☐
- Criminalisation of HIV transmission ☐
- Refugees ☐
- Displacement for health ☐
- Enabling legal and policy environment ☐
- Rights of persons with disabilities ☐
- Other: ☐

If other, please specify:

**Which of the following groups do you target with your activities? Select all that apply.**

- Healthcare workers ☐
- Policymakers ☐
- National Human Rights Institutions ☐
- Law enforcement officials ☐
- Correctional services officials ☐
- Media ☐
- Additional health practitioners ☐

- |   |                          |
|---|--------------------------|
| Additional leaders                          | <input type="checkbox"/> |
| NGOs  | <input type="checkbox"/> |
| Private sector                              | <input type="checkbox"/> |
| Other NGOs or community-based organisations | <input type="checkbox"/> |
| General public                              | <input type="checkbox"/> |
| All of the above                            | <input type="checkbox"/> |
| None of the above                           | <input type="checkbox"/> |
| Other                                       | <input type="checkbox"/> |

If other, please specify:

**Please submit the following organisational documents:**

- Certificate of Registration/Incorporation or Memorandum and articles of association
- Strategic Plan
- Financial Procedures Manual
- Most recent audited financials
- Most recent annual work plan
- Most recent annual budget
- Most recent evaluation of organisation or its activities
- Other:

Upload organisational documents \*

**Engagement with ARASA partnership and programmes**

When did your organisation join the ARASA partnership? \*

Why did your organisation join the ARASA partnership? \*

What key positive or negative developments or changes have you observed or experienced in ARASA in the past 3 years?

From your experience with the ARASA partnership, what are the top 3 values of the ARASA partnership? \*

How do you think ARASA's profile and reputation has changed in the last 3 years?

What has been the greatest benefit for your organisation of being an ARASA partner? \*

What can we do better? What is your organisation expecting to gain from the ARASA partnership that you are not getting at the present moment? \*

Have any of your staff (current or previous) participated in the regional training of trainers (ToT) programme? \*

- |     |                          |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

If yes, how many and when? What impact has this had on your organisation?

Have any of your staff (current or previous) participated in any online training courses? \*

Yes ☐  
No ☐

If yes, how many staff and which courses? What impact has this had on your organisation?

Has your organisation partnered with ARASA for any specific advocacy campaigns in your country? \*

Yes ☐  
No ☐

If yes, when? Which issues were covered?

Has your organisation partnered with other ARASA partners in your country for advocacy activities? \*

Yes ☐  
No ☐

If yes, with whom and on what issues?

Do you know that ARASA has observer status at the African Commission on Human and Peoples' Rights (ACHPR)? How does the partnership benefit from this?

Has your organisation received any grants from ARASA? If yes, how many and what was the total amount? \*

Yes ☐  
No ☐

If yes, did you initiate a new project because of this grant and did you have to end the project when the grant ended?

Yes, we initiated a new project ☐

No, we did not initiate a new project but continued and/or broadened work that existed already ☐

Yes, we ended the project when the grant ended ☐

No, we did not end the project as we secured additional support from another donor ☐

What kind of technical support have you received from ARASA since you joined?

Do you use ARASA branding during your events? \*

Yes ☐  
No ☐

If you do not use ARASA branding, why not?

## Organisational policy positions

Select the number which most closely represents your organisation's position on the following issues (strongly disagree = 1, disagree = 2, no position / not sure = 3, agree = 4, strongly agree = 5):

1. Criminalisation of HIV transmission, exposure and/or non-disclosure is a good idea and is beneficial for the prevention of HIV transmission

(1) = Strongly disagree

No position / unsure

(5) = Strongly agree

☐
☐
☐
☐
☐

2. Drug use and possession of drug paraphernalia for personal use should be criminalised

(1) = Strongly disagree

No position / unsure

(5) = Strongly agree

☐
☐
☐
☐
☐

3. Adult sex work is immoral and should be criminalised

(1) = Strongly disagree

No position / unsure

(5) = Strongly agree

☐
☐
☐
☐
☐

4. Same sex practices are un-African, immoral and should be criminalised

(1) = Strongly disagree

No position / unsure

(5) = Strongly agree

☐
☐
☐
☐
☐

5. Abortion is immoral and should be criminalised

(1) = Strongly disagree

No position / unsure

(5) = Strongly agree

☐
☐
☐
☐
☐

6. Young people should not be provided with condoms or contraceptives because that promotes promiscuity and encourages them to have sex

(1) = Strongly disagree

No position / unsure

(5) = Strongly agree

☐
☐
☐
☐
☐

7. Gender inequality and gender-based violence have nothing to do with vulnerability to HIV infection

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | (1) = Strongly disagree  |                          | No position / unsure     |                          | (5) = Strongly agree     |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
8. Distributing condoms and lubricants in prisons should not be allowed because it promotes same sex practices
- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | (1) = Strongly disagree  |                          | No position / unsure     |                          | (5) = Strongly agree     |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
9. Should the ARASA partnership advocate for the decriminalisation of all elements of adult sex work?
- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | (1) = Strongly disagree  |                          | No position / unsure     |                          | (5) = Strongly agree     |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
10. Should the ARASA partnership advocate for the decriminalisation of drug use and possession of drug paraphernalia for personal use?
- strongly disagree 1      2      3      4      5      strongly agree
11. Should the ARASA partnership advocate for the provision of harm reduction services such as needle exchange programmes and opioid substitution therapy for people who use drugs? \*
- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | (1) = Strongly disagree  |                          | No position / unsure     |                          | (5) = Strongly agree     |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
12. Should the ARASA partnership advocate for the decriminalisation of HIV transmission, exposure and/or non-disclosure?
- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | (1) = Strongly disagree  |                          | No position / unsure     |                          | (5) = Strongly agree     |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
13. Should the ARASA partnership advocate for the decriminalisation of abortion?
- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | (1) = Strongly disagree  |                          | No position / unsure     |                          | (5) = Strongly agree     |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
14. Should the ARASA partnership advocate for the removal of laws legalising child marriage?
- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | (1) = Strongly disagree  |                          | No position / unsure     |                          | (5) = Strongly agree     |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
15. Should the ARASA partnership advocate for the criminalisation of female genital mutilation?

(1) = Strongly  
disagree

No position /  
unsure

(5) = Strongly  
agree

☐☐☐☐☐

16. Should the ARASA partnership advocate for the criminalisation of gender-based violence?

(1) = Strongly  
disagree

No position /  
unsure

(5) = Strongly  
agree

☐☐☐☐☐

## Annexure D: List of respondent organisations

### Angola

1. Associacao de Reintegracao dos Jovens / Crianças na Vida Social (SCARJOV) – Angola

### Botswana

2. Botswana Network on Ethics, Law and HIV/AIDS (BONELA)
3. Men for Health and Gender Justice Organisation
4. Rainbow Identity Association (RIA)
5. The Pilot Mthambo Centre for Men’s Health
6. Lesbians, Gays and Bisexuals of Botswana (LEGABIBO)
7. Silence Kills Support Group (SKSG)

### Democratic Republic of Congo (DRC)

8. Rigiak Sida Sannam
9. Pleaders of Children and Elderly People at risk (PEPA) / Plaideurs des Enfants et des Personnes Agées

### Kenya

10. Kenya Ethical and Legal Issues Network (KELIN)
11. The Lwala Community Alliance
12. Kenya Sex Workers Alliance

### Lesotho

13. Development for Peace Education (DPE)
14. Lesotho Network of People Living with HIV/AIDS (LENEPWHA+)
15. Phelisanang Bophelong
16. People’s Matrix Association

### Madagascar

17. Sambatra Izay Salama (SISAL)
18. Youth First

### Malawi

19. Art and Global Health Center Africa (AGHCA)
20. Centre for the Development of People (CEDEP)
21. Centre for Human Rights and Rehabilitation (CHRR)
22. Coalition of Women Living with HIV/AIDS (COWLHA)
23. Grassroots Movements for Health and Development (GMHD)
24. Ladder for Rural Development Organisation
25. Passion for Women and Children
26. Research for Equity and Community Health (REACH Trust)
27. Malawi Network of Religious Leaders living with or personally affected by HIV AIDS (MANERELA+)
28. Female Sex Worker Alliance
29. Centre for Girls and Interaction, (CEGI)
30. Centre for Children’s Affairs
31. Centre for Human Rights Education Advice and Assistance (CHREAA)

### Mauritius

32. Association Kinouété
33. Dr Idrice Goomany Centre
34. Parapli Rouz
35. Prevention Information Fight against AIDS (PILS)
36. Collectif Urgence Toxida (CUT)
37. Groupe A de Cassis

### Mozambique

38. Associacao KINDLIMUKA
39. Mozambican Treatment Access Movement (MATRAM)



40. Mozambican Network of Religious Leaders Living with HIV and AIDS (MONERELA +)
  41. Women Law, and Development Organization / Associacao Mulher, Lei e Desenvolvimento (MULEIDE)
  42. UNIDOS - Rede Nacional Sobre HIV/SIDA
  43. Phunani- Associacao de Apoio Ao Desenvolvimento
- Namibia**
44. Rights Not Rescue Trust (RNRT)
  45. AIDS Law Unit of Legal Assistance Centre (LAC)
  46. Tonata PLWHA Network
  47. Voice of Hope Trust
  48. Out-Right Namibia (ORN)
  49. Wings to Transcend Namibia
- Seychelles**
50. HIV/AIDS Support Organisation of Seychelles (HASO)
- South Africa**
51. AIDS Legal Network (ALN)
  52. Section 27
  53. Transgender and Intersex Africa
  54. Tirisano Collaborative Projects (UNISA)
  55. IRANTI-Org
  56. Access Chapter 2 (AC2)
- Swaziland**
57. Swaziland Positive Living (SWAPOL)
  58. Women and Law in Southern Africa (WLSA) – Eswatini
  59. Swaziland Business Coalition of Health and AIDS (SWABCHA)
- Tanzania**
60. Centre for Widows and Children Assistance (CWCA)
  61. Children Dignity Forum (CDF)
  62. Children Education Society (CHESO)
  63. Community Participation Development Association Tanzania (COPADEA-TZ)
  64. Network of Young People living with HIV and AIDS (NYP+)
  65. Southern Africa Human Rights NGO Network (SAHRiNGON)
  66. Tanzania Network of Women living with HIV (TNW+)
  67. Tanzania Civil Society National Steering Committee on HIV and AIDS response (CSONCS)
  68. Tanzania Community Empowerment Foundation (TACEF)
  69. Tanzania Network for People who use Drugs (TaNPUD) / Tanzania Network of Women who Use Drugs (TANWUD)
  70. Warembo Forum
  71. Eagle Wings Youth Initiative (Eagle Wings)
- Uganda**
72. Center for Health, Human Rights and Development (CEHURD)
  73. Tororo Forum for People Living with HIV Networks (TOFPHANET)
  74. Uganda Network on Law, Ethics and HIV/AIDS (UGANET)
  75. Uganda Harm Reduction Network (UHRN)
- Zambia**
76. Centre 4 Reproductive Health and Education
  77. Community Initiative for Tuberculosis, HIV/AIDS & Malaria (CITAM+)
  78. Copperbelt Health Education Program (CHEP)
  79. Christian Aid Ministries (CAM)
  80. Friends of RAINKA (FOR)
  81. Generation Alive (GAL)

82. Prisons Care and Counselling Association (PRISCCA)
83. Trans Bantu Association of Zambia (TBZ)
84. Treatment Advocacy and Literacy Campaign (TALC)
85. Zambia Network of Religious Leaders Living with HIV and AIDS (ZANERELA+)
86. Zambia Disability HIV/AIDS Human Rights Programme (ZAMDHARP)
87. Zambia Association for the prevention of HIV and Tuberculosis (ZAPHIT)

#### **Zimbabwe**

88. Gays and Lesbians of Zimbabwe (GALZ)
89. Network of Zimbabwean Positive Women (NZPW+)
90. Women and Law in Southern Africa Research Trust (WLSA)
91. Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender (ZACRO)
92. Zimbabwe Lawyers for Human Rights (ZLHR)
93. Zimbabwe National Network of People living with HIV (ZNNP+)
94. Sexual Rights Centre (SRC)
95. Zimbabwe Civil Liberties and Drug Network

#### **Regional Partners**

96. African Young Positives Network (AY+)
97. International Community of Women Living with HIV Eastern Africa Region (ICW EA)
98. Pan African Positive Women's Coalition (PAPWC) – Zimbabwe Chapter and PAPWC Southern Africa Region
99. SFAIDS
100. Southern Africa Development Community Parliamentary Forum (SADC PF)