

AIDS and Rights Alliance for Southern Africa (ARASA)

**Hope Chigudu
Liesl Gernholtz**

Department for Africa

AIDS and Rights Alliance for Southern Africa (ARASA)

**Hope Chigudu
Liesl Gerntholtz**

Sida Evaluation 06/43

Department for Africa

This report is part of *Sida Evaluations*, a series comprising evaluations of Swedish development assistance. Sida's other series concerned with evaluations, Sida Studies in Evaluation, concerns methodologically oriented studies commissioned by Sida. Both series are administered by the Department for Evaluation and Internal Audit, an independent department reporting directly to Sida's Board of Directors.

This publication can be downloaded/ordered from:
<http://www.sida.se/publications>

Authors: Hope Chigudu, Liesl Gerntholtz.

The views and interpretations expressed in this report are the authors' and do not necessarily reflect those of the Swedish International Development Cooperation Agency, Sida.

Sida Evaluation 06/43
Commissioned by Sida, Department for Africa
Copyright: Sida and the authors

Registration No.: U11 Ya 22.3/22
Date of Final Report: October 2006
Printed by Edita Communication AB, 2006
Art. no. Sida31916en
ISBN 91-586-8220-1
ISSN 1401—0402

SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
Address: SE-105 25 Stockholm, Sweden. Office: Valhallavägen 199, Stockholm
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
E-mail: sida@sida.se. Homepage: <http://www.sida.se>

Table of content

Executive Summary	3
Lessons Learnt.....	6
Sustainability.....	6
Programme Context.....	7
Development Context of the Project	7
Project History.....	8
Evaluation and Methodology	9
Reasons for the Evaluation	9
Scope and Focus of the Evaluation as set out in the Terms of Reference.....	9
Methodology.....	10
Limitations of the evaluation.....	10
1 Findings of the Programme Review	11
Introduction	11
Assessment of the Achievement of Quantitative and Qualitative Targets.....	12
Training and Awareness Raising	13
Regional Relevance	20
Assessment of ARASA Values in Relation to Specific Swedish and International Policies	20
Gender Mainstreaming.....	20
Conclusions and Recommendations	21
2 Findings of Organisational Development Review	23
Strategic Thrust	23
Vision, Mission, Values and Identity of ARASA.....	24
Identity and ‘Spirit’ of ARASA.....	25
Structure of ARASA	26
Clarity of the rights based approach as the foundation and driver of ARASA programming and organizational development.....	26
Governance of ARASA.....	27
Pulling it all together: The Flagship Annual Event	28
Management structures and staff issues	28
General terms and Conditions of Service	29
ARASA Job Structure and Job Categories	29
The human resources establishment/numbers and work/life balance	29
Systems and policies.....	30
Filing	30
Performance Management	30
Strategic frameworks for ARASA programmes and organisations\al development.....	31
Financial Management.....	31
Conclusions and Recommendations	32
List of Interviews Conducted	35

Appendix 1. Mauritius Workshop – Case Study..... 39

Appendix 2. Draft consensus statement on HIV testing 41

Appendix 3..... 42

Appendix 4. Terms of Reference 43

Executive Summary

The AIDS and Rights Alliance of Southern Africa (ARASA) is a regional alliance of 14 civil society organisations working together to promote a human rights based response to HIV/AIDS in the Southern African region. It was established in 2002. It is primarily funded by the Swedish International Development Cooperation Agency, (Sida) which provided 5 million SEK to ARASA for the period 2004–2006. Irish Aid has been a co-funder and Oxfam GB also contributed smaller amounts during the period under review.

The main objective of ARASA is to promote a rights based response to the HIV epidemic in Southern Africa. This includes re-examining “traditional” human rights issues in the context of HIV and AIDS and advances in the response to the epidemic in order to effectively respond to arguments that are receiving increasing prominence calling for inroads on human rights. Other objectives are to build capacity in the region to address the crises in political governance that negatively impact on HIV and AIDS; and to build capacity to address the weakness of civil society in effectively lobbying and advocating for the upholding of human rights in the context of HIV and AIDS.

The evaluation was conducted in two parts: a programme review and an organisational assessment. The intention is that these findings will be used to make strategic adjustments to ARASA’s future programming. It will also be part of the documentation preparing a possible new program-phase.

Summary of Findings: Programme Review

ARASA is the only regionally based network that focuses on the promotion of a rights based approach to HIV in Southern Africa. Four years after its inception, it remains the only network in the region that brings together human rights organisations working on HIV-related issues and it is thus highly relevant and a valuable resource for the region. ARASA’s niche is clear and its efforts are taking root. However, ARASA faces some challenges that have implications for its future.

Conclusions on Main Challenges

Capacitating people living with HIV

Although ARASA explicitly states that it places a premium on increasing the capacity of people living with HIV and that the principle of GIPA (Greater Involvement of People with HIV/AIDS) guides its approach in this respect, it has not systematically engaged with organisations of people living with HIV, nor has it developed targeted strategies to include them in all aspects of its work.

Monitoring and evaluation

ARASA’s monitoring and evaluation systems are weak and largely measure process and progress. Indicators do not provide an assessment of the impact of the programmes.

Different priorities

There are different capacities and needs amongst partners. ARASA will have to manage these to ensure that activities and strategies do not alienate some partners. As indicated in the organisation review, a clear understanding of ARASA’s identity will assist in identifying priorities and maintaining focus.

Recommendations

Strategic focus

The focus on promoting a rights based approach (RBA) to HIV remains strategic, even more so in the current context where some public health specialists are advocating measures that will reduce human rights protections for people with HIV. ARASA should continue to locate its work in the conceptual framework of human rights that is based on international human rights norms and standards and that is directed at protecting and promoting human rights of those who are infected and affected.

In particular, ARASA should target stigma and discrimination in the region as a key focus.

Programming

Training, in various forms, will remain a strategic area of engagement for ARASA during the next phase of its work.

ARASA's capacity to undertake high profile advocacy and lobbying must be strengthened.

Monitoring and evaluation

ARASA must strengthen its monitoring and evaluation systems. An impact assessment tool should be developed and a complementary system should be developed to assess impact.

Summary of Findings: Organisational Assessment

ARASA is an organisation emerging from the infancy phase of its organisational growth. It is a toddler, experiencing the joys and frustrations of growing up. This being the case, the aim of the organizational assessment was not to provide a definitive assessment or pronounce an authoritative judgment but rather to stimulate reflection and critical thinking. This is the framework and the spirit in which the organisational assessment was conducted and in which the report should be read.

During its first phase, ARASA concentrated on exploring the 'territory' and on putting human rights in response to HIV and AIDS on the regional agenda. It cast the net wide in an effort to understand where the region stood, what was needed in terms of skills, information, institutional arrangements and awareness to enhance the human rights perspective in HIV and AIDS work. Identifying key players, providing the initial training, constituency and social capital building were some of the activities carried out during the first phase. At the time of the evaluation, ARASA had already acquired its own offices, been registered as a Trust and had set in motion the process of institutionalization. During the first phase, ARASA networked widely and acquired many allies. It set up a regional advisory committee and through the members of the committee remained connected to its partners and their work. ARASA's niche is clear and its efforts are taking root. However, ARASA faces some challenges that have implications for the future.

Conclusions on Main Challenges

Clarity of identity

The secretariat can expect many challenges as ARASA enters its second phase. The challenges may include conflicting demands from the partners, trustees, NGO networks, donors, and other constituencies who have high expectations for ARASA. The secretariat can also expect suspicion if it is not able to carry out all the programme activities expected by the partners (highly likely), or is seen to be too close to some partners and too far from others (almost inevitable) or if it appears concerned with what some see as the wrong priorities (completely inevitable). It will not be possible for the secretariat to please all its constituencies all the time. This potentially uncomfortable position makes it particularly important that the secretariat itself is very clear about its identity: mission, strategy and priorities so that it can

present itself clearly to others and find sustainable and effective strategies for growing and expanding its impact.

Prioritization

The scope of 'rights' in the context of HIV and AIDS is broad; and ARSA has to prioritize. At what level should ARASA pitch its energy; local, regional or international? To what extent can ARASA address specific rights such as those related to violence against women? What is the most urgent obligation of ARASA, to address the worst situation, create a hierarchy of rights or establish core rights to lobby for with the partners? There is always a temptation to scatter the resources and hence diffusion of impact. ARASA's challenge is how to use scarce financial resources in the most strategic way possible.

Working with partners

How can the secretariat remain connected to the members, understand their needs and ensure that the members' expertise and skill are harnessed given the geographical dispersion, members' diversity, loose organisational and partial commitment? What special challenges do these characteristics create for ARASA's ability to be effective and to create a sense of ownership? Working with dispersed partners, with different capacities and at different levels of organizational growth poses some challenges for ARASA especially in terms of building a rights based social movement in the region.

Structure

Organizing regionally poses some problems with regard to the most appropriate, relevant and effective structure.

Recommendations

Identity

As soon as the report has been shared and read, ARASA should use it to guide a strategic thinking and planning process. That process will help ARASA to sharpen its strategic thrust, gain more conceptual clarity regarding its identity and integrate its vision, mission and values with strategic priorities.

Knowledge management and learning

ARASA is urged to recognize that its key elements of RBA in response to HIV and AIDS, partnership development and social movements building have been tried before by other players. It is recommended that ARASA acquires the knowledge that is available on these issues globally and reflects on the frontier at which it wishes to break new ground or to make its distinctive contribution in its chosen strategy. This will determine who its partners will be and what to do and not to do as it avoids repeating failed models.

Task forces

ARASA has now got a board of Trustees. It should dissolve the current Regional Advisory Committee, which up till now acted as the board, and replace it with thematic task forces. The task forces will work with the secretariat on thematic areas and this will enable ARASA to remain connected to the partners and to maintain a small core of staff, thus keeping costs relatively low while maximizing its ability to flexibly tap the skills and expertise of its partners.

The flagship annual event

Once the advisory board has been disbanded, there will be no forum that brings ALL the ARASA partners together. ARASA should have an annual forum to be attended by its partners and other strategic organisations and individuals. The forum will provide space to review what is happening in the region, debate, envision, strategise, and move forward with renewed vigour. It will also prepare the region to attend the usual biannual HIV/AIDS international conference (the last one was held in

Toronto, Canada) fully prepared to contribute in a meaningful and measurable way and will produce a melting pot of activities to work on during the year.

Lessons Learnt

Organizing at a regional level presents many challenges and it requires innovations and different forms of leadership to be successful. Partners routinely concentrate more on their own work, and therefore inadvertently put much pressure of the nucleus. ARASA has begun to develop various strategies in this regard, including providing funding for the work of some of its partners, providing access to international expertise and participating in the workshops organised by its partners.

Training individuals and organisations in using a RBA is not always enough, training must also include an understanding of power relations, the differences between mobilisation and organisation and how to build a movement, for this approach to effectively take root amongst many people. The programmes for the train the trainers workshops indicate that ARASA understands this dynamic.

A RBA seeks to influence policy at national, regional and international levels and skills are required to engage key stakeholders and facilitate the development of social movements around key issues. This is a critical phase and it means that training must also be action-oriented for it to become rooted.

Communication in the region is difficult, and it is compounded by the fact that many organisations have not yet developed a culture of documenting and sharing information. ARASA will have to find innovative ways to overcome this.

Partner selection remains a complex issue. In addition to developing criteria for membership, ARASA must also ensure that organisations are effective within their own environment and must be embedded in their communities. ARASA must understand the organisational culture and ideology of each member.

A learning organisation must have processes and practices, not just systems and tools, that enable it to be conscious of self, centred and open to its emergent self. Otherwise the temptation may be to believe that monitoring and evaluation tools and regular engagement with partners is sufficient for learning.

Sustainability

Donor sources can never be regarded as sustainable sources of income for any organisation.

However there are mechanisms that can be put in place to ensure that where donor support is available, ARASA will be regarded as an important organisation to fund. These include soundness and relevance of programming, effective management systems and an open relationship between donors and organizations. ARASA is well on its way to achieving these.

ARASA should also continue to assess its programming on a regular basis to ensure that it remains relevant and therefore able to attract continued donor support. It is likely that ARASA's sustainability will be dependent on its achievements and the viability of its programmes, rather than on its ability to raise its own revenues.

In terms of programming, as long as ARASA's services and its "products" are in demand in the region, there is sufficient internal capacity (including skills, knowledge, resources) to undertake the work. The organization is sufficiently responsive to a changing environment and flexible enough to re-position itself when needed, ARASA will be sustainable in the long run.

Programme Context

Development Context of the Project

Sub-Saharan Africa represents the epicentre of the HIV epidemic. Host to just 10% of the world's population, it contains over 60% of all people living with HIV. In 2005, the Joint United Nations Programme on HIV and AIDS (UNAIDS) estimated this figure to be as high as 25.8 million men, women and children. Southern Africa has been hardest hit, with approximately one third of all people with HIV living in the sub-region. One third of all AIDS-related deaths occurred in this region with 930 000 men, women and children dying in 2005. Prevalence rates remain unacceptably high in almost all Southern African countries, with the exception of Zimbabwe that showed a small decline. Although this is a positive development and may be partly attributed to a change in sexual behaviour and a significant increase in the use of condoms, some of it is also attributable to an increasing number of deaths from AIDS-related causes.

The burden of the epidemic in Southern Africa is largely borne by women and children. The UNAIDS 2006 fact sheet on Sub-Saharan Africa paints a grim picture: 59% of all adults in the region with HIV are women; 2 million children below the age of 15 years are living with HIV. In addition, an estimated 12 million children under the age of 17 years have lost one or both their parents to AIDS – this figure represent approximately 10% of all children in the region.¹ The 2005 Human Development report expresses concerns about the impact of HIV on both these groups – stating that “Women with HIV/AIDS suffer a loss of status. At the same time, gender equality and the subservient status of women are at the heart of power inequalities that increase the risk of contracting the disease.” Violence against women is identified as a major cause of vulnerability for women. The same report indicates that there is an increase in child mortality in the region, which accounts for 20% of all births worldwide, but 44% of child deaths.

Some progress has been made in scaling up treatment programmes in the region, but this remains a key challenge, with UNAIDS reporting that “there is extensive unmet need in most of the region”² At least 85% of South Africans who require immediate access to treatment, along with 90% or more of those in need in Lesotho, Mozambique, Tanzania and Zimbabwe, were not able to access it by mid-2005.

The 2005 Human Development Report states that the “HIV/AIDS pandemic has inflicted the single greatest reversal in human development”³. The report indicates that the Human Development Index (HDI), a composite indicator of health, income and education, has risen over the past decade across all developing regions “with the obvious exception of Sub-Saharan Africa”⁴. Eighteen countries showed a decline, with twelve of those located in Sub-Saharan Africa, including Botswana, the Democratic Republic of Congo (DRC), Lesotho, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. In essence, this decline in HDI since 1990s means that some 240 million people living in Sub-Saharan Africa are worse off than they were a decade earlier. Much of the reversal, according to the United Nations Development Programme (UNDP) can be ascribed to the HIV epidemic, which generates “multiple human development reversals”. These include:

- Decreasing food security – the rising costs of health care in AIDS-affected households frequently crowds out other spending, with research in Namibia and Uganda indicating that households sell food and livestock to cover medical expenses.

¹ http://data.unaids.org/pub/GlobalReport/2006/200605-FS_SubSaharanAfrica_en.pdf accessed on 3 October 2006.

² www.unaids.org/en/Regions_Countries/Regions/SubSaharanAfrica.asp. accessed on 3 October 2006.

³ http://hdr.undp.org/reports/global/2005/pdf/hdr05_summary.pdf accessed on 3 October 2006.

⁴ http://hdr.undp.org/reports/global/2005/pdf/HRD05_chapter_1.pdf accessed on 3 October 2006.

- Unrelenting pressure on health infrastructure – in Uganda patients with AIDS-related conditions occupy more than 50% of hospital beds;
- Widespread erosion of human capacity on many fronts, including education and amongst health care workers.⁵

Project History

The AIDS and Rights Alliance of Southern Africa (ARASA) was established in Windhoek, Namibia in October 2002 at a meeting co-hosted by the AIDS Law Project (ALP), South Africa and the AIDS Law Unit (ALU), Namibia. Despite international acknowledgment that the protection of human rights is a critical part of a successful response to HIV and AIDS, both the ALP and ALU were concerned about the lack of regional understanding of the role of human rights and capacity to integrate a rights based approach into HIV programming. At that time, no formal structures or mechanisms existed for civil society organisations to network and share experiences and expertise, although informal working relationships did exist between some organisations eg. the ALP and ALU.

The meeting was attended by 60 participants who represented 10 Southern African countries, namely South Africa, Namibia, Botswana, Zambia, Swaziland, Tanzania, Zimbabwe, Malawi, Angola and Mozambique. Prior to the workshop, the ALU attempted to ascertain the extent of interest in participating in a regional meeting on HIV/AIDS and human rights. According to the ALU, “the response was overwhelming”⁶

At this meeting, participants agreed to establish a regional alliance of organisations whose primary purpose would be to promote a human rights based approach to HIV/AIDS in Southern Africa. A number of key activities for ARASA were identified during the meeting and these have remained relatively consistent since then. They included:

- Facilitating the sharing of information and materials between members of the alliance;
- Acting as a regional alert system to highlight and respond to human rights violations in the region;
- Organizing and facilitating training on HIV/AIDS and human rights for members;
- Disseminating information on regional developments on HIV/AIDS and human rights;
- Organizing annual meetings on HIV/AIDS and human rights in the region.

Although it does not appear to have been specifically mentioned at this meeting, it is clear that members also envisaged ARASA undertaking regional advocacy as one of its key activities.

The ARASA Advisory Board was established at the 2002 meeting to guide ARASA’s work and supervise the regional office. It would also be responsible for developing work plans and budgets for ARASA and would meet bi-annually to discuss ARASA’s work. The Board consisted of representatives of organisations from seven countries, the ALP, ALU, Women and Law in Southern Africa Trust (WILSA), Swaziland, Southern African HIV and AIDS Dissemination Service (SAfAIDS), Zimbabwe, Zambian AIDS Law Research and Advocacy Network (ZARAN), Zambia, Lironga Eparu, Namibia and the Programa de Direitos Humanos (Angola).

Since 2002, other countries have been identified to participate in ARASA’s activities. These countries were initially not given representation on the Advisory Board but were designated as in-country focal points. In 2005, the Advisory Board was expanded to include these organisations.

⁵ Ibid.

⁶ Annual Report on the Activities of ARASA, April 2004 – March 2005.

In 2003, funding was obtained from Development Co-operation Ireland (DCI), channelled through the ALP, and it was agreed that the regional office for ARASA would be hosted in Windhoek by the Legal Assistance Centre (LAC). This arrangement continued until mid-2006 when ARASA opened an independent office in Windhoek. In March 2003, a regional officer co-ordinator was appointed. Sida began to fund ARASA during this period and was in fact the major sponsor of ARASA's activities from September 2004. Oxfam also provided funding to ARASA during the review period, but on a very limited basis, to fund the participation of additional participants in the training of trainers' workshop in 2004 and to fund the Zimbabwean workshop, which did not take place.

In January 2005, Michaela Clayton, former director of the ALU was appointed as the full time Regional Director of ARASA. She was only able to assume her duties with ARASA on a full time basis in April 2005.

In 2006, ARASA formed a trust and five trustees, staff members of the ALP, the ALU, ZARAN, Botswana Network on Ethics, Law and HIV/AIDS (BONELA) and SFAIDS respectively, were appointed from members of the Advisory Board. The role of the trustees is similar to that of the Advisory Board.

Evaluation and Methodology

Reasons for the Evaluation

The evaluation has been commissioned by Sida and is intended to evaluate the work undertaken by ARASA between 2004 and 2006. The findings of this evaluation will guide strategic adjustments to ARASA's future programming.

Scope and Focus of the Evaluation as set out in the Terms of Reference

The evaluation has been designed to review the management and institutional structures and processes of ARASA as well as its programmatic work.

More specifically, the review will assess the following elements:

- (a) Achievement of outputs and objectives in the current programme period;
- (b) Effectiveness, efficiency and relevance of ARASA's current programmes and activities (strategies) for the achievement of the organisation's goals and objectives;
- (c) Links between programming priorities and allocation of resources;
- (d) Effectiveness and efficiency of ARASA organisational structure, human resources and financial management in bringing up the desired outcomes;
- (e) Relationship with partner organisations and the functioning of the Advisory Board; and
- (f) Outline of targets for the programme and for ARASA in a new programme phase.

More specifically the review should in terms of management/institutional aspects look at:

- i) Management systems and decision-making (including internal planning, reporting and monitoring);
- ii) Quality assurance system;

- iii) Effectiveness of organisation set-up and staffing structure in pursuing the objectives of ARASA;
- iv) Work environment;
- v) Cost Efficiency (including salaries and benefits compared to similar organisations);
- vi) Financial management procedures (organisational financial routines/systems, budgeting process, internal control, transparency of finances etc);

The programmatic review focused specifically on the following elements:

- i. ARASA programmatic strategies (including methods) in the landscape of similar organisations in the region;
- ii. ARASA values in relation to Swedish policies on Human Rights and Sexual and Reproductive Health and Rights and the UN Policy on Testing;
- iii. Assessment of achievement of quantitative and qualitative targets for the programme period as set out in the proposal;
- iv. Programme area indicators, objectives and outputs (including an assessment of the LFA-matrix and process);
- v. Regional relevance of programme outcomes;
- vi. Gender mainstreaming.

The review took place over a period of approximately four weeks in August, September and October 2006.

Methodology

The primary research for the part of the review consisted of face to face and telephonic interviews with key informants. Interviews were conducted with both permanent staff members of ARASA.

Interviews with four of the five founding trustees, three of whom had been members of the original Advisory Board, took place. Interviews were also conducted with five other members and these were identified with assistance from the Director. They were chosen on the basis of their involvement in ARASA work (SCARJOV (awareness raising workshops), WLSA (the Gender Code), PILS (awareness raising workshops), ALP (the Gender Code)). Finally interviews were conducted with two participants from the Mauritius in-country awareness raising workshop. An interview with the national director of the LAC was also conducted.

In order to understand organizational development issues, a week was spent in Windhoek with staff members of ARASA. During the same week, meetings were held with key stakeholders based in Windhoek. A telephone conversation was held with the Sida programme officer for ARASA, based in Lusaka.

The primary research was supplemented by an examination of all relevant documentation, including the Logical Framework Approach matrix (LFA), annual reports, donor reports, proposals and work plans.

A list of all interviews conducted is attached as an annexure to this report.

Limitations of the evaluation

An important limitation of the study concerns the lack of detailed feedback obtained from Francophone and Lusophone countries due to language difficulties. Although a telephone and email interview was

conducted with Richard Shilamba of the Southern African Human Rights NGO Network, Tanzania Chapter (SAHRiNGON) and a telephonic interview with Simão Cacumba of Associacao De Reintegracao dos Jovens (SCARJOV), it was not possible to conduct in-depth interviews, as was the case with English-speaking countries. Information obtained from direct interviews was therefore supplemented by information from the Director and a perusal of all relevant documentation.

Another limitation was that ARASA's finances were still being handled by the Legal Assistance Centre (LAC). ARASA was still in the process of changing this arrangement and it is only after the change that ARASA's financial systems can be assessed.

Emailed questionnaires were not responded to, except for one organization.

Sida encourages the use of the LFA as “*an instrument to improve the planning, implementation, monitoring and evaluation*”⁷ of projects. ARASA did produce a matrix which includes a set of indicators. These indicators however measure only the process and progress of the programmes and cannot be used to measure the impact on end users, people living with HIV. It has therefore been difficult to accurately measure impact.

1 Findings of the Programme Review

Introduction

ARASA locates its work within the conceptual framework of human rights. It uses the principles of international human rights law to assess whether the limitations of any human rights, both of people living with HIV and those who are not infected with HIV, are justifiable. ARASA endorses that approach of the United Nations Economic and Social Council's position on when human rights can be limited:

- “when the limitation on human rights responds to a pressing public or social need and pursues a legitimate aim and is proportionate to the aim;
- when the limitation represents no more restrictive means than are required for the achievement of the limitation;
- when the limitation is not applied in an arbitrary or discriminatory manner;
- when the limitation is provided for by law;
- when the limitation does not violate non-derogable rights, including the right to life, freedom from torture and cruel, inhuman or degrading punishment.”

In line with this approach, ARASA therefore does not seek to privilege the rights of the people with HIV over those of the uninfected, and *vice versa*.

There is much support for this approach internationally – UNAIDS states that “Some twenty-five years into the HIV epidemic, the protection of human rights remains critical to a successful response to AIDS”⁸. The protection of human rights must extend to those who are already infected and those who are vulnerable to infection. The Swedish Government also supports a rights based approach to health and in particular to HIV and AIDS. It states that “The spread of HIV/AIDS has increased the focus on a rights perspective in matters relating to health. Such a perspective is essential in the case of

⁷ “The Logical Framework Approach; A Summary of the theory behind the LFA method”, Kari Ortengren, Sida, 2004

⁸ UNAIDS website, http://www.unaids.org/en/Issues/Impact_HIV/hivHRLaw.asp, accessed on 2 November 2006.

HIV/AIDS since the infection involves an increased risk of discrimination and stigmatization and because it is difficult to undertake preventive measures, treatment and support in an environment where human rights are not respected.”⁹

All partners interviewed supported this approach, with several expressing their concerns that current public health debates around HIV testing posed a threat to the protection of human rights. In this context, they felt that the role of ARASA in promoting a rights based approach was most important.

Three overall areas concerning the implementation of the programme have to be pointed out to give the required context to this part of the evaluation.

Human resource constraints

The under-resourcing of ARASA had a significant impact on its capacity to undertake all the activities in its work plan and also on its ability to operate more strategically. This issue was recognized by the Advisory Board in September 2004, where it was agreed that *“there is an urgent need to strengthen the capacity of this office by appointing another staff member in the form of a regional director”*¹⁰ This issue will be further raised in the second part of the evaluation.

Role of partners

The relationship between ARASA and its members has also been addressed in detail in the organisational development review. All partners interviewed during the programme review shared the concern that it was often difficult for partners to undertake ARASA work, with one indicating that *“the challenge is the extent to which members can commit time to the network activities”*. All however indicated that the lack of consistent feedback from partners should not be viewed as disinterest in the activities of ARASA, but rather as a function of their own lack of capacity. In addition to a lack of capacity, few organisations have obtained funding for ARASA-related activities and where these do not fall squarely within their own work plans, they are unable to prioritize them. Several interviewees suggested that one way to increase the capacity of partners to participate more actively would be to ensure that these activities are budgeted for and adequately funded. Several interviewees suggested that ARASA seek funding for these activities to be undertaken by partners. This strategy has already been adopted by ARASA in some cases – eg. the provincial workshops conducted in Angola following the in-country training.

Un-evenness of capacity within and amongst partners and in-country focal points

A related issue concerns the unevenness in capacity amongst and between partners – again something that was anticipated when ARASA was established. One interviewee saw it as something that made ARASA somewhat unique – “ARASA is different from other networks – the model is that some organisations have skills to transfer in the region ... and the partners particularly represent largely the strongest and most active HIV and human rights advocates in the region”. Again, ARASA has attempted to develop strategies to address this by prioritizing the less-resourced countries for training and through its intern programme. It does however remain a concern and a potential threat to future work.

Assessment of the Achievement of Quantitative and Qualitative Targets

This part of the evaluation examines the extent to which ARASA has been able to meet the targets in its work plan for 2004 – 2006. It also makes reference to programme area indicators and the Logical Framework Approach matrix (LFA)

⁹ “Human Rights in Swedish Foreign Policy”, Government Communication 2003/04:20, p42.

¹⁰ Annual Report on the Activities of ARASA April 2004 – March 2005.

Training and Awareness Raising

In-country workshops

These workshops are intended to raise awareness and create an understanding about HIV and AIDS and human rights and to create more capacity in civil society to undertake lobbying and advocacy. The effectiveness of these workshops were to be assessed on the basis of the number of workshops and other capacity building activities that were conducted and against an agreed rating scale that would assess the percentage of participants that found the training useful. (These were the indicators set out in the LFA matrix).

ARASA has largely met its quantitative targets, in terms of the numbers of workshops that it undertook or was undertaken by its partners. There are workshop reports for all workshops, many of which are available on its website. A rating scale however was not developed and it is therefore more difficult to accurately measure the extent to which participants found the training useful. It was also difficult to measure the extent to which the training has actually increased civil society capacity.

Interviews conducted with the partners, described more fully below, suggest that they are strongly of the view that the training has achieved its aims. The participant evaluations of the workshop are also positive, suggesting that participants benefited from the training.

During the period under review, ARASA should have undertaken 26 in-country workshops, 18 in Angola and the remainder in Zimbabwe, Mozambique, Malawi, Tanzania, Botswana, Lesotho, Swaziland and the DRC.

To date, the following workshops have taken place:

- 16 in Angola, one of which included participants from Mozambique;
- DRC;
- Malawi;
- Mozambique.
- Tanzania.
- Botswana.

Interviews were conducted with BONELA, PILS, SCARJOV and SAHRiNGON. Extensive documentation regarding the workshop programme in Angola, including workshop reports, contracts and progress reports, were examined. Workshop reports from the DRC, Malawi and Mozambique were also perused.

All four interviewees were of the view that the training had increased their own capacity to promote a rights based approach to HIV and had also created capacity in civil society. The following examples illustrate the impact and consequences of the initial training inputs:

- A detailed case study of the Mauritius workshop is annexed to this evaluation (see ANNEX 1) and it indicates clearly the impact of the training on the on-going work of the organisation. It is notable that the training shifted the conceptual framework within which PILS locates its work, to that of explicitly promoting a rights based approach.
- In Angola, the in-country workshop was closely followed by the train the trainers' workshop. On the basis of these workshops, SCARJOV developed a series of provincial workshops in Angola. The workshops formed part of a national campaign on HIV and human rights. To date, 16 workshops have been conducted, and two are still outstanding. These will be completed before the end of

this year. The workshops were conducted as training of trainers' workshops and aimed to train a group of activists to facilitate a better understanding of HIV and human rights and to conduct advocacy at a national level in Angola. The Executive secretary of SCARJOV indicated that these workshops were particularly valuable as they were held outside of the main centres and in areas which he indicated are often neglected. In his view, the workshops have certainly increased civil society capacity across Angola to begin to promote a rights based response to HIV.

- In Botswana, BONELA indicated that the input from ARASA had allowed the inclusion of a regional perspective. It was agreed that since BONELA has the capacity to conduct this training itself, it would be more useful for ARASA to make inputs at training organized by BONELA – this approach has been “very good and useful” and may provide a useful model for future training.

Other countries have also utilized the in-country training to stimulate advocacy on human rights and HIV and further training. Participants at the DRC workshop, for example, developed a Charter of Rights for People Living with HIV/AIDS and following the workshop, the in-country focal point has undertaken further work to develop the Charter. ARASA has funded some of this work and has also made inputs into the Charter.

Workshops planned for Zimbabwe, Lesotho and Swaziland have not taken place:

- The current political context in Zimbabwe has not permitted a workshop to take place safely and there has been agreement between ARASA and SAfAIDS that it would be appropriate to postpone the in-country workshop.
- Preparation for the Swaziland workshop has begun and the workshop should take place before the end of 2006.
- ARASA has not been able to locate a suitable partner in Lesotho and has therefore not undertaken the workshop.

Following a request from PILS to conduct a workshop, it was agreed that Mauritius would provide a viable alternative to the Zimbabwe workshop. Although Mauritius has a low-level, concentrated HIV epidemic and its prevalence rate is considerably lower than other countries in the region, its epidemic is located within an extremely vulnerable population, namely intravenous drug users (IDU). This population, engaged in illegal activities, are frequently subject to violations of their rights. Protecting human rights of this population is consistent with ARASA's promotion of a rights based approach which seeks to use the principles of international law, for example, the Syracuse Principles, to assess whether the limitations of rights are justifiable.

Conclusions

All the interviewees were extremely positive about the benefits and the impact of these workshops, but there were mixed responses concerning their future. This tended to reflect the different capacities and priorities amongst members. Some felt that the workshops had been a useful tool to raise awareness about a rights based approach to HIV and to build regional capacity to advocate for this approach, but that ARASA now needed to locate its future work at a more strategic level – and focus more on lobbying and advocacy. Most however thought that since the “point of ARASA is to create a mass of people who understand HIV and human rights who can cross-pollinate each other”, there was a need to continue with in-country training and awareness raising to consolidate training that had already been done and to continue to build regional capacity on HIV and human rights. As one interviewee put it, the in-country training had “not outlived its usefulness”. Concerns were expressed by several interviewees that the links between HIV and human rights were still being largely ignored in the region and that often lip service was paid to them as a way to access funding. Expertise on human rights and HIV was still located within a relatively small group of organisations and activists. One interviewee indicated

that it had initially been planned that workshops should cluster countries together, having regard to capacity and human rights issues. This approach was intended to facilitate sharing of information and networking.

Several interviewees also felt that the workshops needed to address stigma and discrimination more explicitly. Almost all of the interviewees felt that this remained one of the key human rights issues for the region, and ironically, one of the most neglected. Two interviewees felt that ARASA “*address this gap*”.

We believe that the in-country workshops remain a strategic area of engagement for ARASA and priority should be given to those countries that remain weak in the area of human rights and HIV. ARASA must however develop a rating scale, to ensure that the training remains relevant and meets the needs of its members. It is also necessary for ARASA to develop a broader impact assessment tool that will allow it to more accurately measure the impact of the training, both on the organisations who receive training and also on the end-users, namely people living with HIV.

Recommendations on the in-country workshops

- The in-country awareness raising workshops remain a strategic area of engagement for ARASA and priority should be given to those countries that remain weak in the area of human rights and HIV.
- ARASA must develop a rating scale, to ensure that the training remains relevant and meets the needs of its members.
- ARASA must also develop a broader impact assessment tool that will allow it to measure the impact of the training, both on the organizations who receive training and also on the end users, namely people living with HIV;
- ARASA should employ a full-time training coordinator who would be responsible for identifying further training needs for members and organizing and implementing training. It is not necessary for the coordinator to be based in Namibia and consideration should be given to locating this person in one of the partner countries to increase the regional “flavour” of ARASA.
- Training should be tailored around specific contexts. A “second round” of training should be conducted for those countries who received training during 2004 – 2006. The training should build on the rights based approach, but should be more specialized and should continue to include both national issues, identified by the participants, and regional issues. For this round of training, organizations should be clustered together to share their experiences and expertise and to facilitate networking. This training should be explicitly linked to advocacy outcomes.
- The basic human rights awareness and information training should also continue, but consideration should be given to having participants who participated in the train the trainers’ workshops conduct training for new members. Following the BONELA and SCARJOV models, ARASA could attend the training and give input, but would not be responsible for conducting the entire training. In addition to increasing regional capacity on human rights and HIV, this approach would give ARASA an opportunity to evaluate the impact and effectiveness of the train the trainers’ training.

Train the trainer’s workshops

These annual workshops aim to develop a pool of expertise in the region on HIV and AIDS and human rights. They target participants from all member countries and there are selection criteria to ensure that participants are able to participate meaningfully in the training. Priority is given to participants from countries that are considered to be “*resource poor in terms of human rights expertise, hold positions of leadership, are committed to regional collaboration and have existing skills in human rights work*”¹¹

¹¹ Report on the Activities of ARASA funded by the Development Co-operation Ireland for the period March 2003 to December 2004.

Two training workshops were completed as required by the work plan. Participants from all countries in the region have attended the training and ARASA was also able to pull in participants from Madagascar and the Seychelles. ARASA has not yet developed a rating scale for the workshops and has also not been able to assess the quality and effectiveness of later training that is being offered by participants. ARASA has not been able to systematically follow up with participants on the extent to which they have utilized the training to undertake their own in-country training, but both Angola and Zambia have undertaken training following their attendance at the ARASA training. Training is not linked to any reporting requirements and participants are not obliged to undertake training in their home countries once they have completed the ARASA course.

Some interviewees were doubtful that participants had been sufficiently vetted. One indicated that the participants at the 2004 workshop “*were a funny bunch*”, indicating that she was unsure as to how they had been chosen to participate.

Another interviewee however indicated that his organisation had sent a new staff member to the first training and she had stated that “*it had greatly helped her to understand her work*”. The same interviewee indicated that his organisation had utilized the training and materials obtained during it in a practical way and had used them to train two organisations of people living with HIV and AIDS. These different views again reflect the different capacities and priorities amongst partners.

Recommendations on the train the trainers’ workshops

- This training should also continue but it is recommended that ARASA develop formal criteria to ensure that the most suitable candidates for training are selected. These should include membership of an organization with an explicit commitment to a rights based approach to HIV, an assessment of the capacity of both the organization and the individual to undertake its own training and an undertaking by the organization that it will undertake a specified amount of training, both internally and externally.
- ARASA should reserve some places for people living with HIV and should actively encourage people with HIV to participate in the training.
- Once the ARASA training manual is printed, it should be translated into French and Portuguese – several interviewees identified the lack of training materials and other resources in these languages.

Advocacy workshops for people living with HIV

During the period under review, ARASA was to undertake one workshop to build the capacity of people living with HIV to conduct advocacy. ARASA states in its annual progress report to Sida for 2004 – 2005 that it “places a priority on building the capacity of people living with HIV/AIDS in the region to effectively engage in advocacy and lobbying on HIV and Human Rights”.

A workshop, organized with Lironga Eparu, ARASA’s Namibian partner and an association of people living with HIV, took place in 2005. It was attended by participants from Mauritius, Kenya, DRC, Tanzania, Zambia, Mozambique, Zimbabwe and Namibia.

Again, without the rating scale or any other assessment tool, it is difficult to measure the impact of this training.

As indicated, ARASA has identified the need to capacitate people with HIV as a key focus of its work. During the period under review, this workshop was the only activity that explicitly focused on increasing their capacity. We recommend that ARASA continue to build the capacity of people with HIV to advocate on their own behalf, but that strategies are also developed to ensure that people with HIV are able to participate in all ARASA activities.

Publications

ARASA has been less successful in gathering and disseminating information to its members and developing a collection of useful resource materials. In 2004 – 2006, ARASA was to:

- Develop, translate and print a publication on SADC HIV law, declarations, codes and covenants;
- Compile a 2004 and 2005 annual regional report on HIV and human rights from a civil society perspective;
- Develop, translate and print a training manual on HIV and human rights;
- Develop, translate and print a booklet on the legal and human rights implications of HIV testing.

ARASA has developed an English training manual, which was distributed to members at the April Board meeting. It has also developed a publication on key human rights documents, although this has not been finalized.

ARASA has not been able to produce the annual regional report. Staff has attempted to obtain information for the report from partners, but received little response to requests for information. This work has now been out-sourced to external consultants and was completed by the end of 2006.

ARASA has set up a website which is still in the process of being developed. It already contains much useful information and should continue to be maintained and updated.

Recommendations

- The SADC HIV law booklet should be finalized, printed and distributed.
- The training manual should be translated into French and Portuguese as soon as possible and should be used as a basis for further awareness training.
- ARASA should consider whether it is necessary for it to still develop a booklet on the human rights implications of HIV testing since much material already exists that can be amended to suit ARASA's needs.

Lobbying and advocacy initiatives

ARASA aims to engage in lobbying and advocacy initiatives to promote a human rights based response to HIV and AIDS and to effectively address crises of political governance that negatively impact on HIV and AIDS in the SADC region. In doing so, ARASA wishes to play a leadership role in the region. The indicators for these activities in the LFA matrix only measure the number of activities engaged in by ARASA and its partners. A set of indicators have however been developed for the 2006–2008 work plan which will be far more effective in this regard.

The impact of advocacy can be assessed by examining changes to laws, policies and procedures that occur as a result of the advocacy and also by examining how the changes have been implemented and whether practices have changed. It is difficult to accurately measure what impact ARASA's advocacy and lobbying has had in this regard, given that the Gender Code has not been adopted by SADC and that the testing statement is not yet finalised.

Most interviewees identified this as one of ARASA's weaknesses and wanted its ability to undertake high profile regional advocacy to be strengthened. Many interviewees were concerned that ARASA had failed to be more proactive in identifying key advocacy issues and acting as "regional voice". For one interviewee, the challenges around conducting regional advocacy were a function of a lack of "*time and capacity*". Another interviewee stated that "*there is no issue that we can point to as being raised and driven through ARASA's leadership*".

Internationally ARASA has been more successful in its efforts – the Director has been invited to participate in a range of meetings and events and ARASA has been able to ensure regional concerns are raised in these forums. In informal discussions with two international organisations (one a donor and one an international NGO), both commended ARASA for ensuring that regional concerns were raised in international fora.

The Gender Code

ARASA was to develop and distribute a regional code on gender and HIV. It was intended that the code would be adopted by SADC and enjoy the same status as the regional code on HIV and the workplace.

A draft Gender and HIV Code was developed jointly by ARASA, ALP and WLSA. Drafts were distributed for comments amongst ARASA partners and gender experts. In terms of the work plan, ARASA would:

- Seek a meeting with the SADC HIV/AIDS Desk;
- Amend the code to reflect UNGASS commitments;
- Print and disseminate 40 000 English copies and 10 000 copies in Portuguese;
- Translate the code into French and print and disseminate 10 000 French copies;
- Disseminate and use the code as a lobbying tool;
- Convene an expert meeting on the gender code.

The code was amended and the English and Portuguese copies were printed and distributed. According to the ARASA administrator, *“there are very few copies left at the office”*. Two interviewees indicated that they had used the code during their own trainings and it was useful.

The code has not been translated into French and despite attempts on the part of the Director. No expert meeting took place, although a range of experts were consulted during the drafting process.

The process of developing the code raises some questions about roles and responsibilities. It was not clear who bore overall responsibility for the process –one interviewee stated that ARASA should have driven the process, with another feeling that at the time, ARASA did not have the capacity.

Despite a decision taken early on in the process, to approach SADC to adopt the finished code, this only happened once the code had been drafted. An interviewee expressed concern that there was little thought about how to approach SADC and no follow up once the Gender Desk had indicated that it was not interested in taking up the code. The interviewee expressed concern that a clear lobbying strategy had not been developed to ensure that SADC was on board.

One interviewee indicated that the SADC Gender Desk was *“infuriated at not being involved in the development of the code.”* The decision to include the email address of an official of SADC in booklet also appears to have caused additional tension between ARASA and the SADC Gender Desk.

This points to a need for ARASA to consider how it tailors its tactics to specific contexts – it is clear that ARASA did not sequence its work more strategically and that it should have met with the SADC Gender Desk much earlier on in the process.

All interviewees were however clear that there was still a need to engage with SADC and seek an opportunity to present the Code to them. There are concerns that there had been a loss of momentum and that the Code had effectively *“died”*.

HIV Testing

ARASA identified testing as another key regional issue, particularly in light of the debates concerning the relative benefits of routine testing versus voluntary testing and counseling (VCT) and undertook to convene a discussion forum on HIV testing. Attempts to bring together regional civil society experts to a workshop on testing in 2005 were unsuccessful, mainly due to the unavailability of a representative from the World Health Organisation (WHO), and a meeting took place in Botswana in March 2006. A press conference was convened after the meeting and it received quite wide coverage.

The objective of the meeting was to raise awareness and create discussion about the legal and human rights implications and impact of routine testing and to develop a set of guidelines on HIV and human rights.

It was agreed at the meeting that a statement on testing would be drafted, setting out a regional position on HIV testing. This statement has not been finalized and it is recommended that this is done as soon as possible. A draft of the statement is attached (see ANNEX 2). Several interviewees expressed concern that ARASA had not yet articulated a public issue on HIV testing. One interviewee expressed particular concern that *“everyone is talking about human rights as an obstacle to scaling up treatment and HIV testing, so we really need a strong regional voice on the issue”*. Another interviewee felt that ARASA had not participated in international debates on HIV testing, including on email and list serves, and had therefore missed opportunities to ensure that a regional perspective was provided. The Director was however invited to, and attended, a WHO consultation on testing and was able to ensure that a rights based approach to testing was discussed.

Conclusions

While there was consensus amongst all interviewees that during the next phase of its work, ARASA needed to pay more sustained attention to advocacy, some concerns were expressed about how issues were determined. One interviewee stated that *“training tends to concentrate on the needs of the weaker countries and advocacy is determined by the stronger countries”*. The same interviewee indicated that a clear procedure to identify advocacy issues should be developed. One of the recommendations of this report is to create an annual meeting where all members can participate. This would also create an opportunity to discuss and identify key issues to take forward. Two issues did emerge during the interviews as key advocacy concerns – stigma and discrimination, and employment issues (it was felt that with exception of South Africa, few countries had developed and implemented legislation to prohibit discrimination against employees with HIV and discrimination in the workshop was still rife). Two interviewees specifically indicated that ARASA must urgently take up the issue of sexual and reproductive rights – a rights based approach to HIV must include sustained attention on the rights of women to reproductive autonomy and sexuality.

Recommendations

- ARASA must develop a tailored strategy to engage with SADC – it is important for ARASA to identify strategic points of access and to develop relationships with key stakeholders.
- The director needs to create space to play a strategic role in identifying key advocacy issues around which campaigns can be built and to respond effectively and rapidly to regional issues as they emerge.
- The statement on HIV testing must be finalized as soon as possible and disseminated to a wide range of stakeholders, including UNAIDS, WHO and SADC.

Networking

ARASA was to have gathered together a collection of resource materials and best practice examples. These should have been collected with the assistance of members and established as an electronic database. ARASA was also to distribute information from members on current issues and activities in a quarterly newsletter.

ARASA has made some headway with the database, some of which is already on the ARASA website. Much of the information was collected by ARASA staff and it has proved difficult to inform members. Similarly, ARASA has not put out a quarterly newsletter as it has not obtained information from members.

ARASA also runs an intern programme which places interns with its stronger members in order to increase capacity.

Regional Relevance

ARASA remains the only regionally based network that brings together national, like-minded organisations. All interviewees agreed that, given the political context in the region and nationally, there was still a definite need in the region to promote a rights based approach to HIV and that ARASA was attempting, sometimes very successfully and sometimes less so, to meet that need.

We recommend that, as ARASA enters a new stage of its development and with the change in the governance structure, a concerted effort is made to identify and recruit new national organisations into ARASA. Specific attention should be given to locate and engage with organisations of people with HIV. We recommend that ARASA also consider working with organisations in the gender based violence sector, children's organisations and women's organisations.

Assessment of ARASA Values in Relation to Specific Swedish and International Policies

As indicated earlier, the driving force behind ARASA is its commitment to human rights and promoting a rights based approach to HIV. This is clearly consistent with Swedish policy which prioritises the promotion of human rights and has explicitly supported a rights based approach to HIV.

ARASA's position on HIV testing is consistent with the UN Policy on Testing. ARASA states in its draft consensus statement on testing that "access to counselling, information about HIV/AIDS and HIV testing is a human right." ARASA supports voluntary counseling and testing and routine offers of testing in health care settings, provided that it is "voluntary, consensual and confidential"

Gender Mainstreaming

The first advocacy issue chosen by ARASA was the development of the Gender Code. It is clear that there is an awareness of the need to include gender into ARASA's programming and clear indications that there have been consistent efforts to do so eg. there has been a slot on gender in both the train the trainers' workshops and it has also been consistently raised in the in-country awareness workshops, as part of the programme as well as in discussions. One interviewee stated that "it is taken as a given that gender is an issue".

A useful definition of gender mainstreaming was developed by ECOSOC in 1997:

"Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of the policies and programming in all political, economic and societal sphere so that women and men benefit equally and inequality is not perpetuated".

Gender however cannot be “stitched on”¹² to existing work or added on as an extra component and it is clear that gender has not been systematically mainstreamed into all ARASA’s work. There is currently no evidence that a systematic gender analysis has informed all aspects of ARASA’s programming.

The failure of ARASA to consistently mainstream gender is not in line with the Swedish government’s policy on reproductive and sexual health rights, which promotes gender equality and advocates “applying a gender equality perspective in all work”¹³.

Recommendations

- Gender training should be conducted with all ARASA staff and should also be systematically included in all training.
- Capacity, including technical expertise, must be created within ARASA to develop and implement an effective strategy to mainstream gender in all its programming.

Conclusions and Recommendations

Without exception, all interviewees were extremely positive about ARASA: *“it is definitely relevant – the rights based approach to HIV is the way to go and programming must be anchored in a strong human rights based approach. There is still too little understanding of this and lip-service is being paid to human rights. ARASA is key to creating more capacity in local organisations”; “ARASA brings people together and has enormous potential to build capacity” “[we] would cry most if ARASA dies (and it should not happen). ... would be crying for losing an excellent active Networking Partner in the area of HIV/AIDS and human rights”. “ARASA gives local activists the tools to use to advocate for a rights based approach”.*

Clearly, despite some of the limitations in its work and human resource and financial constraints, there is a great deal of enthusiasm for the work that ARASA has already done in the region and for its potential to do more. It is seen as a valuable resource and there is broad consensus that it should be strengthened. This uniform goodwill towards ARASA is an important tool and it should be leveraged by ARASA in future.

ARASA’s continued focus on promoting a rights based approach remains strategic – interviewees stated that there was still a lack of capacity in the region to engage with a rights based approach and that ARASA had a key role to play in building this capacity. In addition, several interviewees expressed concern that the current debates about HIV testing and the possibility of diluting human rights protections around testing, may be an indication that a rights based approach may come under threat as the scale up of treatment and testing proceeds. A strong regional human rights voice was needed to ensure that other inroads into human rights did not occur. ARASA is, and should continue to be, the voice.

Recommendations overall

- Given that ARASA remains the only regional body with a specific focus on human rights and HIV, the focus on promoting a rights based approach to HIV remains relevant and necessary.
- ARASA must also develop a systematic approach to including people with HIV in all levels of its work. Currently ARASA does have a specific focus on building their skills and capacity through an annual workshop, but it needs to develop multiple strategies to ensure increased capacity amongst its key constituency.

¹² The Oxford Gender Training Manual, Suzanne Williams, Oxfam Publishing, UK, 1994 p 7.

¹³ Policy p 15.

- A key challenge for ARASA is the need to ensure that it engages and strengthens the ability of people with HIV to understand and support a rights based approach and to take up lobbying and advocacy on key human rights and HIV issues in the region.

Recommendations on the in-country workshops

- The in-country awareness raising workshops remain a strategic area of engagement for ARASA and priority should be given to those countries that remain weak in the area of human rights and HIV.
- ARASA must develop a rating scale, to ensure that the training remains relevant and meets the needs of its members.
- ARASA must also develop a broader impact assessment tool that will allow it to measure the impact of the training, both on the organizations who receive training and also on the end users, namely people living with HIV.
- ARASA should employ a full-time training coordinator who would be responsible for identifying further training needs for members and organizing and implementing training. It is not necessary for the coordinator to be based in Namibia and consideration should be given to locating this person in one of the partner countries to increase the regional “flavour” of ARASA.
- Training should be tailored around specific contexts. A “second round” of training should be conducted for those countries who received training during 2004–2006. The training should build on the RBA, but should be more specialized and should continue to include both national issues, identified by the participants, and regional issues. For this round of training, organizations should be clustered together to share their experiences and expertise and to facilitate networking. This training should be explicitly linked to advocacy outcomes.
- The basic human rights awareness and information training should also continue, but consideration should be given to having participants who participated in the train the trainers’ workshops conduct training for new members. Following the BONELA and SCARJOV models, ARASA could attend the training and give input, but would not be responsible for conducting the entire training. In addition, to increase regional capacity on human rights and HIV, this approach would give ARASA an opportunity to evaluate the impact and effectiveness of the train the trainers’ training.

Recommendations on the train the trainers’ workshops

- This training should also continue but it is recommended that ARASA develop formal criteria to ensure that the most suitable candidates for training are selected. These should include membership of an organization with an explicit commitment to a RBA to HIV, an assessment of the capacity of both the organization and the individual to undertake its own training and an express undertaking by the organization that it will undertake a specified amount of training, both internally and externally.
- ARASA should reserve some places for people living with HIV and should actively encourage people with HIV to participate in the training.
- Once the ARASA training manual is printed, it should be translated in French and Portuguese – several interviewees identified the lack of training materials and other resources in these languages.

Recommendations on publications

- The SADC HIV law booklet should be finalized, printed and distributed.
- The training manual should be translated into French and Portuguese as soon as possible and should be used as a basis for further awareness training.

- ARASA should consider whether it is necessary for it to still develop a booklet on the human rights implications of HIV testing since much material already exists that can be amended to suit ARASA's needs.

Recommendations on lobbying and advocacy

- ARASA must develop a tailored strategy to engage with SADC – it is important for ARASA to identify strategic points of access and to develop relationships with key stakeholders.
- The director needs to create space to play a strategic role in identifying key advocacy issues around which campaigns can be built and to respond effectively and rapidly to regional issues as they emerge.
- The statement on HIV testing must be finalized as soon as possible and disseminated to a wide range of stakeholders, including UNAIDS, WHO and SADC.

Recommendations on gender training

- Gender training should be conducted with all ARASA staff and should also be systematically included in all training.
- Capacity, including technical expertise, must be created within ARASA to develop and implement an effective strategy to mainstream gender in all its programming.

2 Findings of Organisational Development Review

Strategic Thrust

Since inception, ARASA's strategic thrust and organisation have been evolving. However, it remains inspired by the view that the most fundamental factor to be addressed is the strengthening of human resources capable of addressing issues of HIV and AIDS using a human rights approach. In this respect ARASA has invested in the development of human resources thus enhancing organisational capacities and social capital. It has also acted as an advocacy learning network dedicated to strengthening the leaders, strategies, and impact of organisations using a human rights perspective in their response to HIV and AIDS. As a small organisation, it works in collaboration with others by building bridges for political action, in an effort to change the way larger and small development actors operate.

ARASA has formed good and collegiate relationships with its core constituency; the partners and with relevant institutions within and outside Africa such as UNAIDS and the World Health Organisation, and has the confidence and support of donors. It is acknowledged as an emerging leader in issues of human rights, HIV and AIDS.

ARASA'S Stage of Organisational Growth and its Niche

ARASA was conceived by NGOs in Southern African, its birth was natural, being grown organically from within Southern Africa. It is an organisation still in its infancy (toddler), however the risks of miscarriage, abortion and baby snatching are over. The founders and their funders must be relieved. Like a hyper child, going through a growth cycle, it is excited and exciting, innovative, eager to learn and is fearless.

The first phase of ARASA can be characterised as one of putting human rights in response to HIV and AIDS on the regional agenda and exploring the territory: Casting the net wide to understand its

partners' response to HIV and AIDS and what is needed in terms of tools, skills, institutional arrangements and awareness to enhance the human rights framework. Identifying key players, providing the initial training, constituency and social capital building were some of the activities carried out during the first phase. The phase ended with ARASA coming into its own by opening of its offices, being registered as a Trust and setting in motion the process of institutionalisation.

The *niche* for ARASA, as a regional organisation, and its added value among the many CSOs found in Southern Africa is unquestionable:

- It's the first alliance of organisations that have come together to address human rights response to issues of HIV and AIDS.
- The act of building strategic alliances, raising consciousness, building a regional, holistic and integrated analysis and providing the tools to facilitate the inclusion of human rights in HIV and AIDS work requires some leadership. ARASA was created to provide that leadership.
- The task of including human rights in HIV and AIDS in a region which is still grappling with human rights issues requires the expansion of the choir of those singing the human rights song; it is about building a political force and political action, using the power of numbers. This task requires coordination and facilitation and ARASA is doing that.

The key stakeholders such as the partners, staff and the donors are investing in a necessary and ground breaking initiative.

Still ARASA needs to clarify its identity and niche.

Recommendations

- ARASA has now entered the second phase of its growth. This phase should be grounded in a strong strategic plan. ARASA needs to be clearer about its own politics, mission, values etc and how these will be used to shape its programmes. Clarification of its politics will breathe life and passion into what would ordinarily be just another regional initiative. It should address the following questions:
 - Where does ARASA want to be, what's the big picture, what is the regional vision for the next 10 years from now?
 - What is the amazing role that ARASA partners can play? Where are the gaps that other regional organisations working in the same area are not able to fill? What is the constituency ARASA is working for/with?
 - What approach can be taken to deal with the problem of the abuse use of human rights concepts by fundamentalist movement to justify unjust actions in the name of morality or culture?

Vision, Mission, Values and Identity of ARASA

Vision

ARASA's vision is not articulated in black and white. However, discussions with staff and other key stakeholders indicate that ARASA is inspired by the vision of a region in which issues of HIV and AIDS are addressed from a human rights perspective.

Mission

Like the vision, the mission of ARASA is not clearly spelt out but discussions with the Director revealed that ARASA exists to strengthen the capacities of NGOs in Southern Africa to articulate and implement a rights based response in addressing issues of HIV and AIDS. The overall goal is to contribute to the building of a strong social movement, using a human rights framework, to fight for the rights of people infected and affected by the pandemic.

Values

Any development initiative is based on and driven by a set of values. Whose values gain precedence in the design and implementation of the initiative depends on several factors. The clarity of such values hence their embedding in the conception, design and implementation of the initiative is important.

The values of ARASA and its commitment to social justice and human rights are the driving forces in prioritizing programme issues and strategies. However, these values are scattered in ARASA's programmes and organisational documentations, and have not been deliberately clarified, shared and understood across the organisation.

Recommendations

- ARASA as an organisation working on issues of HIV and AIDS and human rights should articulate and specify its negotiable and non-negotiable values and principles. The values should provide the basis on which decisions; choices and relationships between ARASA and the key stakeholders are developed and nurtured. They should guide how work is done and the attitude with which it is done and all employees and partners of ARASA should acquaint themselves with their provisions. The values should inform ARASA's strategic choices, its purpose, how to implement it and with whom.
- There is need for ARASA to articulate and frame what it's all about and the alternative that it's seeking in such a clear way so that all people have something to look forward to.

Identity and 'Spirit' of ARASA

The value base and the basic choices that ARASA has made depict the "spirit" of the organisation, as it develops organically. This is the starting point for the organization development review. In reality, it is the starting point of defining what organisation one wants to set up and what inspires it and the identity that it then develops as it sets out to fulfil its mission.

ARASA's identity has been evolving ever since it was born in 2002. Currently, the identity and strategy of ARASA have many forms and faces depending on who is defining them and the information one has about the organisation. There are some common characteristics and some variations in the identity of ARASA.

In discussion with various people and in reviewing some of the documents, the following emerged as the major characteristics of ARASA's identity:

- A membership network driven by the need to ensure a rights based approach to HIV and AIDS.
- An alliance of members who work together to ensure a rights based approach to issues of HIV and AIDS
- A partnership of organisations, working together to ensure a rights based approach to HIV and AIDS.

The common denominator is the *'rights based approach in response to HIV and AIDS'*. ARASA is still working on defining the how.

- a) Criteria for designation as a partner organisation are that the organisation is a registered and audited non-governmental organisation; works within the field of HIV and AIDS, directly or indirectly; is engaged with human rights questions related to the HIV epidemic; agrees to appoint a member as a person responsible in the partner organisation for liaison with the ARASA regional office, attending advisory board meetings and rendering such other assistance to ARASA as may from time to time be necessary (as agreed by advisory board). A critical question that ARASA needs to address, as it continues to clarify its identity, is that of whether its partners are deeply connected

to their constituencies and how they are perceived by the same constituency. Getting into partnership with an organisation that is not well respected by its constituency might put ARASA in an awkward situation.

- b) Currently ARASA has 14 partners but is it likely to add more? What is the cut off point?. When will ARASA say that enough is enough, ‘we are not taking on more partners?’ Or under what conditions will it ‘shade’ off some partners?
- c) A network, an alliance and partnership can be used interchangeably but don’t always mean the same thing. Each concept takes an organisation in different directions and all the three concepts have implications in terms of choice of partners, generation and flow of energy.

Structure of ARASA

ARASA’s concern is that it does not get stuck in expensive structures that usually go with membership organisations. The structure is still evolving but since ARASA is not a legally registered membership organisation, the Trustees “own” ARASA and the Director reports to them. The partners own ARASA, emotionally and ‘spiritually’. The staff members report to the Director.

Recommendation

- ARASA should think carefully about the structure it wants and how the partners fit into the structure. What ARASA might want to do is to invent a hybrid. Take pieces and cobble together a new organizational form with flexibility and commitment, avoiding burdensome membership structures where people who hardly participate make decisions for the organisation. A strategic thinking/ planning process should enable ARASA clarify its structure and hence identity.

Clarity of the rights based approach as the foundation and driver of ARASA programming and organizational development

The rights based approach has been chosen. It is appropriate as most issues related to HIV and AIDS such as access to water, shelter, food security, education, health, livelihoods and the right to life have a ‘rights’ element. It is also an interesting approach as there are many people who are negative and also have rights. And yet for the majority of NGOs, the shift from service delivery to RBA is still work in progress, they need lots of capacity building.

There are some risks too that ARASA should be aware of:

Risks evident with RBA as the core of ARASA's identity and basis of organizational development

- a) Lifting the rights agenda beyond the level of NGOs to higher national and sub-regional levels may take time to achieve. The focus might remain at the level of achieving basic rights for the people infected (and not necessarily those not yet infected by HIV) to meet immediate practical needs without addressing issues of power.
- b) Addressing HIV and AIDS in the context of e.g. trade issues might be time consuming. There is a risk that international rights based advocacy campaigns may pre-occupy ARASA and its members at the expense of national and sub-regional level efforts to secure the rights of those affected and infected by the epidemic. Conscious effort to balance national and sub-regional and international advocacy would need to be sustained.
- c) Building an advocacy agenda which lifts voices beyond the NGOs to community so as to build a movement is likely to be a challenge.

- d) Deciding what kind of rights and whose rights and prioritising is a challenge, as is rights and responsibilities.
- e) How to get women's issues from the private to the public sphere.

A discussion on all the above is particularly important so that the secretariat is itself clear about ARASA's intervention thrust and identity. That discussion will enable three important activities:

- 1) clear messages to key stakeholders about ARASA's role, politics and agenda;
- 2) a clear understanding within ARASA about which activities come first and which will be postponed when resources and capacities are overloaded. Since it is impossible to please everyone, it is important for ARASA to be guided by its own strategic thinking and planning;
- 3) clear understanding regarding what changes ARASA wants to make and how to track the changes.

Governance of ARASA

Trustees are at the apex of the organisation. The ARASA Trustees are drawn from partner organisations, they are development activists and practitioners from the region. They are responsible for the functioning and accountability of ARASA as a Trust. The Trustees have perpetual succession.

The Deed of Trust's major provisions include the need to inject highly recognized activism and advocacy capacity, adequate technical and managerial skills for effective oversight of the ARASA secretariat and effective succession planning among board members. The major areas of responsibility include the system of internal and external accountability of the organisation in relation to programme delivery and the management of both financial and human resources. Reference is made to the ARASA deed of trust for details of the roles and responsibilities of the board of directors.

Recommendation

- One of the things that the board should do, which is not included in the Deed of Trust, is creating a *system for evaluating its self, 'board self evaluation'.* To do this effectively, it needs a board development plan.

Regional Advisory Committee (RAC)

ARASA has a Regional Advisory Committee drawn from the partners¹⁴. The committee was instituted at the organisation's inception. RAC members advise the Director and staff on trends and emerging thinking and practice in the area of HIV and AIDS. They also update the organisation on the political

developments in the region and provide moral, practical and intellectual support to the organisation. Until recently, the Secretariat was accountable to the RAC since there was no board of trustees. So far there have been five major meetings with all the advisors since ARASA was born. Meeting with the advisors has proved to be a valuable way of sustaining their awareness of ARASA activities and their commitment to the ARASA objectives.

Getting the advisors together has not been difficult but to ensure their continued engagement and communicating with them in between meetings, on a regular basis has been a challenge. It has also been difficult to have the same focal point person in each partner organisation. These challenges demand a new way of working. We consider that the most effective strategy for generating action could be working through task forces.

¹⁴ ARASA relies on in-country focal point organisations for liaison with organisations in different countries in the region that are not represented on the advisory board. This is no longer the case – as of November last year the advisory board was expanded to include ALL partners.

Task forces

Governance of ARASA will be done by the board of Trustees. However, secretariat will continue to need the intellectual support of the partners; they will need to be informed about development in each country.

Recommendation

- ARASA should identify a body of knowledgeable and committed individuals in the region, from among its partners, and group them into thematic task forces. These people will meet when required to do so. a) They will play a crucial role regarding the expectations and needs of the partners at the operational level and guide prioritisation and development of programme activity. b) By drawing on the extensive expertise, skills and experience of task force members, ARASA can maximize the impact of all its programme activities. c) The task forces will enable ARASA to maintain a small core of staff, thus keeping costs relatively low and maximizing its ability to flexibly tap the skills and expertise of the taskforce members.

Pulling it all together: The Flagship Annual Event

Once the advisory board is disbanded there will be no forum that brings ALL the ARASA partners together to glue and galvanize them around specific activities. If the aim of a regional network is to form a strong force that moves mountains, and provides the opportunity to exchange and lay the foundation for in-depth longer term strategy building, then there is need for a forum. The forum should also be designed to be results oriented in addition to facilitating the general sharing of information, knowledge and experiences. For example, the forum could identify areas/issues for action.

Self-selected stakeholder groups could take up these issues and plan activities for implementation in the period between forums. ARASA would devote some of its time and resources to servicing the information needs of the stakeholder groups concerned. The agenda of the subsequent forum would then include 'stocktaking' on progress with the planned activities.

The forum would give the ARASA partners and others some indication of the issues to work on and present at the biannual HIV and AIDS international conferences.

Recommendation

- ARASA should organize a regional HIV and AIDS forum every year to enable its partners and other key stakeholders to come together, dialogue, share strategic initiatives, think big, coordinate smaller agendas into broader, more ambitious policy directions with ARASA taking the lead in coordinating and information sharing. It should be a forum that brings together the wisdom of the old and the innovation of the young.

Management structures and staff issues

ARASA has a management structure headed by an Executive Director supported by a team of two other officers and a part time logistics officer. One of the programme officers is attached to the Treatment Action Campaign (TAC), the regional programme on treatment literacy based in Cape Town and the other is responsible for administration.

The ARASA staff is over stretched. The current structure is too lean to handle all the key capacity areas for ARASA's strategic thrust which includes resource mobilisation, networking, information and communications, organisational development, lobbying and advocacy, training and knowledge management. One of the areas that have suffered is documentation of experiences and lessons being learnt.

Recommendation

- There is a need to hire two more people; a communications and advocacy person, and a trainer of trainers. These two people do not have to move to Namibia (which is expensive) but can operate from wherever they are recruited. ARASA should also use interns for filing and reception work.

General terms and Conditions of Service

The purpose of the general terms and conditions of service is to outline the various rules and regulations which govern the administration of the human resources function in any organisation.

This enhances transparency in how decisions are made and how the various positions in the establishment relate to and differ from each other. In the case of ARASA, due regard must be taken of the fact that ARASA is a regional organisation which has taken a strategic position in the regional and international arena as a development actor and not a local organisation playing a local, regional and international role in development. The distinction should become clearer in the various articles of the terms and conditions of service. The situation was discussed with the Executive Director and will be rectified.

Some of the common aspects in the terms and conditions of service include affirmative policies for women and most of the generic personnel management policies that allow a transparent and consistent manner in which to handle appointments, and administration of salaries and benefits.

ARASA Job Structure and Job Categories

ARASA is a regional organisation. However, its human resources strategy is not regional in keeping with its regional mandate and structure, as already pointed out. Consequently it has not made a distinction between regional and local job categories. To maintain its regionality, the jobs that exist in the ARASA establishment should be divided into the following job categories:

- a) *Local post category* - this job category refers to all those positions which are competed for locally and to which only local staff may be appointed. Local staff being staff from the host country for the ARASA secretariat, for the time being Namibia. This job category is made up of all posts in the administrative, accounting, secretarial and any other support function category, from the operative to the managerial level.
- b) *Regional post category* - this job category refers to all those positions which should be regionally competed for and to which regional staff is appointed. Regional staff could include staff from the host country of ARASA secretariat, Namibia. This job category includes all posts in the programming, programme management and executive job categories.

All staff in both local and regional post categories should be appointed on a fixed term contract basis due to the dependence of ARASA on time and project bound donor funding. No contract should be offered which exceeds the period for which funding for the specific post or function is secured.

The human resources establishment/numbers and work/life balance

- The current ARASA staff work with missionary zeal. However, they are working under relatively high levels of stress. As already discussed, there are two people at the office in Windhoek, one based in Cape Town and a part time logistical officer. There is simply too much work to be managed by the two people in the Windhoek office especially as both are mothers. It is true that no one is forcing staff to work extra hours and it is also true that activist work can not always be done on an 8 to 5 work routine. This is where a deliberate interventionist approach by human resources (HR) to create space and time for staff to manage their work/life balance becomes critical, so as to keep the stress under check. There is no evidence of such built-in mechanisms in all the documents read or discussions held with the staff members. Who will sustain the organisation if people who work in the organisation are not sustaining themselves?

Recommendation

- Subscribing to a gym or any other relaxing exercise would help ARASA's overworked staff to relax.

Systems and policies

Policies and HR development

ARASA is in the process of developing its policies and HR development strategy. It has developed policies related to the governance and staffing of the organisation, hiring of consultants and engaging with the partners.

Some of the policies in place include general terms and conditions of service. The purpose of the general terms and conditions of service is to outline the various rules and regulations which govern the administration of the HR function in the organisation. This enhances transparency in how decisions are made and how the various positions in the organisation establishment relate to and differ from each other. Procedures for recruiting to fill the various positions in the respective job categories have also been specified.

Policies in a draft form include those related to the Trustees such as conflict of interest, diversity and terms limits.

Also included in the policies are the following:

- Gender consideration in recruitment.
- Equal opportunity to all regional citizens which will be effectuated by regional advertising of positions throughout the region in the most cost effective manner possible.
- Persons who are physically challenged and those who are infected with HIV and AIDS will not be discriminated against on the grounds of their condition as long as they meet the requirements of the job and are able to perform the duties set out.
- Observance of human rights will be integrated in the policies and procedures applied in recruitment and mobilization of the required human resources especially with regard to minority ethnic groups, women and people with physical challenges.
- The policies include the need for sabbaticals.

ARASA is on the right path with regard to the development of the various policies in the organisation.

The sabbaticals which have been recommended in the current HRD draft policy should be used as another form of HRD. As such they should only be approved on the basis of a clearly articulated HRD plan set out in a concept note justifying the application for and choice of institution and programme for the sabbatical.

Filing

ARASA has filed all its documents. It has a good e-filing system. It is easy to tell the story of ARASA from its filing system.

Performance Management

ARASA has not instituted a performance management system but according to the Director, it is in the process of doing so.

Recommendation

- ARASA should implement a performance management system for all posts. The system should be unit based. This means that the Executive Director will evaluate the performance of each operating unit while the unit officers will be responsible for measuring the performance of the respective staff in their units based on their contribution to the performance of the unit. The Board of Trustees will measure the performance of the Executive Director. The basis of the system of performance measurement should be in the planning system of ARASA. Every time ARASA engages in a planning process for a project or an annual programme, it should be mandatory that clearly understood and agreed performance targets are set for each operating unit and likewise, unit managers/officer and their staff should agree on clearly defined targets for the individual contributions to the achievement of the performance targets set for the unit.
- The entire performance management system should be based on tracking the set targets and measuring the achievement of the targets at regular intervals as defined by management from time to time. The results of the performance measurement process for individuals shall be used to determine whether one has met the minimum performance standards set or not and whether they be retained in post or not; secondly, the results will be used to determine the human resource development needs of the ARASA staff at all levels.

Strategic frameworks for ARASA programmes and organisations\al development

ARASA has not had a comprehensive strategic plan but there have been elements of planning at the regional advisory committee level.

Recommendation

- There is need for a more comprehensive strategic plan to address the following: a) identifying priorities to be addressed in sharpening the ARASA regional effort in its work and defining how to measure progress and track changes with regard to achievement of the priorities set; b) identifying the major stakeholders to be engaged in the implementation of its work c) identifying the quantum and mix of resources required to implement the planned activities-both human, material and financial resources and d) creating the opportunity/ies to harmonize the work of ARASA with that of its partners.

Financial Management

At the time of the evaluation, ARASA had about ten donors. Most of the contracts are expiring this year but are likely to be renewed.

ARASA's finances are still being handled by the ALU, Aids Law Unit of the legal Assistance centre. LAC. Whereas this arrangement worked well and was necessary when ARASA was born, it has become inconvenient. The accounts department of the LAC has, for the past 2 years been completely understaffed. As a result, ARASA staff has been struggling to get financial reports out on time and has struggled even more to get accurate financial reports. There has been a huge problem with misallocation of expenditure to incorrect budget line items. The LAC recently appointed a more senior accountant to head the department so things have improved but the situation is complicated by the fact that some of ARASA funds are held in ARASA's own bank account and others are held by the LAC – thus creating a dual set of accounting which really complicates matters. However, ARASA is also outsourcing this responsibility to a firm. This arrangement is working out well but it should not be allowed to continue for a long time. ARASA needs to have its own book keeper.

As already mentioned, ARASA has many funders, some of whom give very small grants. It is difficult for a small organisation such as ARASA to open different accounts for all of them and to write different financial and narrative reports.

Recommendation

- All ARASA funds should be transferred to its own account and ARASA should hire a book keeper to work on the books with support from the already mentioned firm.
- During the strategic planning process, ARASA's financial objectives should be clarified.
- Basket funding is recommended.

Cost Efficiency

ARASA is understaffed. This means that the cost effectiveness of the organisation is rather difficult to assess as work of two or three people is probably being done by one person.

ARASA is aware of the need to do its work in a cost efficient way although this is not stated as a value. ARASA goes out of its ways to find reasonable priced venues for its workshops. The rent it pays for its offices is way below the market rate. Using partners to do some of the ground work is an efficient way of managing resources as the money paid to the partners is not much (compared to what ARASA would pay if it had to hire an officer based in each country in which ARASA works). With regard to salaries and benefits, it should be noted that generally, salaries in Namibia are rather high (they are based on what the Legal Assistance Centre pays) and that ARASA is a regional organisation. So compared to NGOs in the region (Namibia excluded) the salaries are on the high side. Compared to other regional organisations based in Namibia such as MISA, the salaries are reasonable. ARASA is actually saving by employing Namibian nationals. If the current Director was a non-Namibian, the salaries would be higher.

Recommendation

- ARASA needs to make strategic choices, whether to keep the regional office in one country or rotate it and whether it wants to continue to employ non- expatriate staff or employ nationals as well as expatriate to reflect the regional nature of the organisation.

Conclusions and Recommendations

The first phase of ARASA was packed with activities. The process of setting up the office was completed and this is not a small achievement. The office ambience is pleasant and conducive to critical thinking. Most systems are in place.

The cumulate impact of many small accomplishments during the first phase, even the experiences gained from failed experiments, has created space for moving forward in a new and desired direction as ARASA enters its second phase of organisational growth.

ARASA' growth and visibility means that many eyes are fixed on it. Yet working towards collective empowerment, at a regional level, is a long walk. Even with deep commitment, lofty goals and clear vision, it is easy to become weary, especially with communication being as difficult as it is in Africa. There are too few persons struggling with too few resources to achieve too many regional objectives, and very often in a discouraging political environment. The action may well seem to involve spitting in the wind accepting that the some efforts will simply rebound. However, with AIDS continuing to take its toll on Africa, ARASA is encouraged to continue spitting *measurable* seeds of empowerment and to 'harvest' the lessons learnt.

We believe that the following recommendations will assist ARASA to improve it management practice and human resources.

Recommendations related to organisational development

Identity of ARASA

ARASA does not have well articulated and clearly written values.

- ARASA as an organisation working on issues of HIV and AIDS and human rights should articulate and specify its negotiable and non-negotiable values and principles. The values should provide the basis on which decisions; choices and relationships between ARASA and the key stakeholders are developed and nurtured. They should guide how work is done and the attitude with which it is done and all employees and partners of ARASA should acquaint themselves with their provisions. The values should inform ARASA's strategic choices, its purpose, how to implement it and with whom.
- There is need for ARASA to articulate and frame what it's all about and the alternative that it's seeking in such a clear way so that all people have something to look forward to.

The structure of ARASA

- ARASA should think carefully about the structure it wants and how the partners fit into the structure. What ARASA might want to do is to invent a hybrid. Take pieces and cobble together a new organizational form with flexibility and commitment, avoiding burdensome membership structures where people who hardly participate make decisions for the organisation. A strategic thinking/ planning process should enable ARASA clarify its structure and hence identity.

Governance of ARASA

- One of the things that the board should do, which is not included in the Deed of Trust, is creating a system for evaluating itself, *'board self evaluation'*. To do this effectively, it needs a *board development plan*.

Task forces

Now that ARASA is registered with a board of trustees, the Regional Advisory Committee which acted as board, will not be necessary,

- ARASA should identify a body of knowledgeable and committed individuals in the region, from among its partners, and group them into thematic task forces. These people will meet when required to do so.
 - a) They will play a crucial role regarding the expectations and needs of the partners at the operational level and guide prioritisation and development of programme activity.
 - b) By drawing on the extensive expertise, skills and experience of task force members, ARASA can maximize the impact of all its programme activities.
 - c) The task forces will enable ARASA to maintain a small core of staff, thus keeping costs relatively low and maximizing its ability to flexibly tap the skills and expertise of the taskforce members.

The flagship annual event

In order to bring all the members together to glue and galvanise around specific activities:

- ARASA should organize a regional HIV and AIDS forum every year to enable its partners and other key stakeholders to come together, dialogue, share strategic initiatives, think big, coordinate smaller agendas into broader, more ambitious policy directions with ARASA taking the lead in

coordinating and information sharing. It should be a forum that brings together the wisdom of the old and the innovation of the young.

Staffing issues

- There is a need to hire two more people; a communications and advocacy person, and a trainer of trainers. These two people do not have to move to Namibia (which is expensive) but can operate from wherever they are recruited. ARASA should also hire a book keeper to take care of finances. It should consider hiring interns to help with reception work and filing.

Number and work /life balance

Staff members are overworked. Who will sustain the organisation if people who work in the organisation are not sustaining themselves?

- Staff members should subscribe to any form of relaxing exercise to help them sustain themselves.

Systems and policies

ARASA has not instituted a performance management systems.

- ARASA should implement a performance management system for all posts. The system should be unit based. This means that the Executive Director will evaluate the performance of each operating unit while the unit officers will be responsible for measuring the performance of the respective staff in their units based on their contribution to the performance of the unit. The Board of Trustees will measure the performance of the Executive Director. The basis of the system of performance measurement should be in the planning system of ARASA. Every time ARASA engages in a planning process for a project or an annual programme, it should be mandatory that clearly understood and agreed performance targets are set for each operating unit. Likewise, unit managers/officer and their staff should agree on clearly defined targets for the individual contributions to the achievement of the performance targets set for the unit.
- The entire performance management system should be based on tracking the set targets and measuring the achievement of the targets at regular intervals as defined by management from time to time. The results of the performance measurement process for individuals shall be used to determine whether one has met the minimum performance standards set or not and whether they be retained in post or not; secondly, the results will be used to determine the human resources development needs of the ARASA staff at all levels.

Strategic framework

ARASA does not have a comprehensive strategic plan

- There is need for a more comprehensive strategic plan to address the following:
 - a) identifying priorities to be addressed in sharpening the ARASA regional effort in its work and defining how to measure progress and track changes with regard to achievement of the priorities set;
 - b) identifying the major stakeholders to be engaged in the implementation of its work
 - c) identifying the quantum and mix of resources required to implement the planned activities-both human, material and financial resources and d) creating the opportunity/ies to harmonize the work of ARASA with that of its partners

Financial Management

ARASA's finances are still being managed by the LAC. It does not have financial objectives and it has many donors some of whom give small funds.

- All ARASA funds should be transferred to its own account and ARASA should hire a book keeper to manage its finances.
- During the strategic planning process, ARASA's financial objectives should be clarified.
- Basket funding is recommended.

List of Interviews Conducted

ARASA staff members

- Michaela Clayton, Regional Director
- Collette Campher, Co-ordinator

Trustees

- Delme Cupido, Project Leader, ALU
- Christine Stegling, Director, BONELA
- Kwambu Mwondela, Chairperson, ZARAN
- Lois Chigandu, Director, SAfAIDS

Members

- Audrey d'Hotman de Villiers, Director, PILS
- Nicolas Ritter, Co-ordinator, PILS
- Richard Shilamba – Director, SAHRiGON
- Lomcebo Dlamini – WILSA
- Simão Cacumba – Executive Secretary, SCARJOV
- Marlise Richter – Researcher, ALP

Other

- Norman Tjommies – ALU, Namibia
- Ravi Yerrigadoo, Mauritius (workshop participant)
- The Honourable M A Sheila Grenade, MP, Mauritius (workshop participant)

Annex Funders

Funder	Period	Activities covered	Amount	Reporting requirements	Comments
Sida	September 2004–December 2006	Regional office running and activities – as per SEK 5 million budget		Annual Final report by March 2007	Balance of Funds to be expended by December 2006. New proposal for 2007/2008 submitted – approval pending
Irish Aid	September 2004 – end August 2006	Regional office running and activities – as per ZAR 1,533,276 budget		Annual	New proposal submitted – approval pending
Oxfam America	September 2004 – December 2006	Regional office running and activities	ZAR 369 620,43	Annual	Final report pending – no further request for funds submitted
OSISA	June 2006–November 2007	Regional Treatment Programme: 3 day multi country treatment literacy workshop 2006 – 75 000 Publication and dissemination in 6 countries @ 18 750 per country: 2007	US 150 000	1st progress report: 1 Nov 2006 Final Report: 12 Nov 2007	US 75 000 received September 2006 – ARASA account
Ford Foundation	September 2006 – August 2008	General	US 200 000		Contract still to be signed
John Lloyd Foundation	March 2006 – March 2007	Regional treatment programme - general	US 20 000	Annual report	US 20 000 (N\$ 134 831,25) received 4 August 2006 – ARASA account

Public Welfare Foundation	September 2007	2006 – August	Regional treatment programme: Regional Co-ordinator Salary: 25 000 Fringe benefits: 2 500 Equipment: 500 Supplies: 500 Telephone: 1 500 Travel in SADC: 3 750 Travel in Africa: 1 250 Travel Europe / US: 5 000 Co-ordinator Botswana: Salary: 12 500 Fringe benefits: 1 500 Transport: 2 500 Equipment: 1 000 Supplies: 1 000 Telephone: 1 250 Materials production: Botswana: 15 250	US 75 000	Contract still to be signed	Pending approval by PWF Board on 20 October 2006
HIVOS	TBC	TBC		Euro 50 000	TBC	Funds promised but no agreement signed

Stephen Lewis Foundation	1 March 2006 – 30 March 2007	50% of one year's salary –coordinator treatment programme 50% of one year's salary – treatment literacy co-ordinator in country 2 x treatment literacy and advocacy trainings in one country Materials development for one country	US 125 000	Financial reports: 30 June 2006 30 September 2006 30 December 2006 30 March 2007 Narrative reports: 30 September 2006 30 March 2007	Funds are held in LAT-ARASA account Copies of all supporting invoices etc to be supplied with financial reports
UNAIDS	TBC	Regional treatment programme	US 300 000	TBC	Pending final approval from Geneva
OSISA	Jan 2007 – December 2009	General	US 225 000	TBC	Proposal submitted to HIV/AIDS and Human Rights Grant Competition on 29 September 2006 – results by 22 November 2006

Appendix 1. Mauritius Workshop – Case Study

The first reported case of HIV in Mauritius was in 1987. Mauritius has a low prevalence of HIV, estimated by government to be less than 1%. PILS, a local NGO working on HIV/AIDS, however estimates in its 2006 report on the HIV epidemic in Mauritius, that the prevalence is at least 1% *“and climbing”*¹⁵ HIV infection has been largely concentrated amongst intravenous drug users and sex workers, but there has been a slow increase in the general population, as indicated by prevalence studies conducted amongst pregnant women and blood donors. Since the first reported cases there have been:

- 2161 reported cases of HIV amongst both Mauritians and non-citizens;
- In January 2006, 54 new cases were reported;
- 2045 reported cases of Mauritians with HIV, of which 361 are women;
- 135 people have died of AIDS-related causes.

PILS is the only NGO in Mauritius that works on HIV and AIDS and it will celebrate its 10th year of existence at the end of 2006. It indicates in its 2006 report that *“denial and misinformation is helping spread the virus very silently”*. Few people live openly with HIV, due to fears of stigma and discrimination and currently there are no women who have publicly disclosed their HIV status.

An in-country workshop in Mauritius took place in June 2006 and provides an interesting insight into how these workshops can be used not only to raise awareness amongst participants, but also to stimulate national advocacy and have a significant and ongoing impact on the work of organisations who attend them. It also illustrates the effectiveness of ARASA's flexibility in responding specific needs of members, rather than applying a “one size fits all” approach.

The workshop was organized while the Department of Justice was considering introducing legislation dealing with various aspects of HIV, so the timing of the workshop presented a strategic opportunity for ARASA to introduce a human rights response, which would hopefully influence the content of the legislation. The workshop pulled together a diverse range of participants and illustrates the benefits of a strong partnership between the member and ARASA – in this case, PILS identified the participants strategically, intending to use the workshop to expose some of their key constituencies to information on a human rights based approach on HIV/AIDS eg. The Council on Religions. One interviewee indicated that PILS was very aware of who they thought would benefit from the workshops. The Minister of Justice was invited to make a presentation on the bill, and although he declined to do so, he did attend the workshop and made a more general presentation.

The workshop also brought in participants from Roderiques and Seychelles.

The first two days were dedicated to providing training on HIV and AIDS and human rights and interviews with both the director and co-ordinator of PILS indicated a high level of satisfaction about this part of the workshop, as did the participant evaluations of the workshop. It is clear that until the workshop, PILS had not explicitly located its work within a human rights framework and found the workshop very instructive in this regard – *“even at PILS we didn't know much on some of the issues and Michaela was very responsive... the bill criminalized HIV transmission and Michaela did a wonderful job of locating this in a human rights and legal framework – in a very accessible and easy to understand way – she showed why criminalization just doesn't work”*. ARASA's approach to the criminalization of HIV transmission and other limitation of rights, is not based on a balancing of the rights of those with HIV and those without, but rather on an assessment of whether the limitation of any human rights, regardless of HIV status, is justifiable. In

¹⁵ Report of PILS on The HIV/AIDS Epidemic in Mauritius, March 2006

the context of a low level epidemic, concentrated in an at-risk population, ARASA was of the view that criminalization would not be a justifiable limitation of rights.

Although this is not consistent with Swedish policy, it is appropriate in the context of ARASA's work and also consistent with international human rights law.

On the final day of the workshop, the contents of the bill were discussed and PILS decided to make submissions to the Department of Justice. Again PILS was careful to include several lawyers in this part of the workshop as they wanted to encourage them to assist with the drafting of the submission.

The impact of the workshop was quite considerable – PILS considers that it has *“learned how to defend human rights”* and why this is a key component of a successful response to HIV and AIDS. The workshop has *“changed the way that we talk and argue about HIV – we do a lot of media and we are beginning to change the public discourse about HIV”*.

Its training to date has not been located within a human rights framework and it intends to incorporate human rights training in the future. The Council of Religion requested further training from PILS after the workshop and two sessions have already taken place. One interviewee commented on the usefulness on this approach in *“unifying people in how they think about HIV”*.

Following the workshop, PILS undertook a sustained campaign of advocacy on the bill and was successful in persuading the Minister of Justice to remove the provisions criminalizing HIV transmission from the bill, a considerable victory for PILS. PILS received on-going support from ARASA in developing its submission – the director made substantial comments on drafts and circulated it for comments to various experts. The director also assisted PILS in consolidating a relationship with the Public Health Programme of the Open Society Institute (OSI), which has a large programme on harm reduction for drugs users. They were able to provide useful input on sections of the bill dealing with harm reduction.

PILS also decided to undertake training for parliamentarians on the bill and generally on HIV. It decided, following the workshop, that it was crucial that such training take place in order for members of parliament to actively engage with the bill and to understand the bill within a human rights framework. Although PILS was not able to persuade all members of parliament to undergo joint training, it has trained members of government and members of one of the opposition parties. Members of one of the other opposition parties have agreed to undergo training at the end of September.

The benefits of this workshop have been tangible – damaging provisions have been removed from important legislation and on-going advocacy on other provisions is taking place, a deeper understanding of the links between HIV and human rights has been created and training of key constituencies is also taking place.

Appendix 2. Draft consensus statement on HIV testing

The current draft of the consensus statement on testing states:

1. Access to counseling, information about HIV/AIDS and HIV testing is a human right. Governments thus have a duty to promote and increase access to and availability of HIV testing that is voluntary, consensual and confidential both in the VCT setting as well as in the context of routine offers of testing in health care settings in order to increase opportunities to access testing;
2. The purpose of HIV testing is to empower people affected by HIV/AIDS, to prevent transmission of HIV and to increase access to treatment;
3. Everyone who is sexually active has a right to be tested for HIV. HIV testing must be accessible to all, including traditionally marginalized groups such as sex workers, men who have sex with men, prisoners, refugees and internally displaced persons;
4. Independent monitoring of HIV testing services is critical to ensuring that the rights of people living with HIV/AIDS are not infringed or denied and research should be conducted to assess the implementation of HIV testing programmes;
5. Social and health services must be improved to ensure that the necessary social support and health care, including access to treatment, are available and accessible to people who test HIV positive;
6. SADC should develop, adopt and implement guidelines that require the standardization of laws and policies relating to non-discrimination in the context of HIV/AIDS and the age of consent for HIV testing. SADC Member States should ensure that laws are put in place at a national level that protect against HIV/AIDS-related discrimination; and
7. Civil society has a responsibility to promote voluntary, consensual and confidential HIV testing, to educate about HIV/AIDS through treatment literacy programmes and to campaign against ongoing stigma and discrimination against people living with HIV/AIDS.'

Appendix 3.

AIDS	Acquired Immune Deficiency Syndrome
AIDS and Rights Alliance of Southern Africa	ARASA
AIDS Law Project	ALP
AIDS Law Unit	ALU
Associacao De Reintegracao dos Jovens	SCARJOV
Botswana Network on Ethics, Law and HIV/AIDS	BONELA
Democratic Republic of Congo	DRC
Development Co-operation Ireland	DCI
Greater Involvement of People with HIV/AIDS	GIPA
Human Development Index	HDI
Human Immunodeficiency Virus	HIV
Human Resources	HR
Intravenous Drug Users	IDU
Joint United Nations Programme on HIV/AIDS	UNAIDS
Legal Assistance Centre	LAC
Non Governmental Organisations	NGO
Organisational Development	OD
Rights based approach	RBA
Sida	Swedish International Development Agency
Southern African Development Community	SADC
Southern African HIV and AIDS Dissemination Service	SAfAIDS
Southern African Human Rights NGO Network, Tanzania Chapter	SAHRiNGON
Treatment Action Campaign	TAC
United Nations Development Programme	UNDP
Voluntary Testing and Counselling	VCT
Women and Law in Southern Africa Trust	WLSA
World Health Organisation	WHO
Zambian AIDS Law Research and Advocacy Network (ZARAN), Zambia, Lironga	

Appendix 4. Terms of Reference

1. Background

The AIDS and Rights Alliance for Southern Africa (ARASA) is a regional alliance of the following 14 non-governmental organisations working together to promote and build capacity around a human rights based response to HIV/AIDS in the Southern African Development Community (SADC):

- AIDS Law Project, University of the Witwatersrand, South Africa
- AIDS Law Unit of the Legal Assistance Centre, Namibia
- Associacao Muhler, Lei e Desenvolvimento (MULEIDE), Mozambique
- Associacao de Reintegracao dos Jovens, Crianças na Vida Social (SCARJOV), Angola
- Botswana Network on Ethics, Law and HIV/AIDS (BONELA), Botswana
- Lironga Eparu, Namibia
- National Women's Lobby and Rights Group, Malawi
- Pan African Treatment Access Movement (PATAM), Regional
- Protection Enfants Sida, DRC
- PILS, Mauritius
- Southern African HIV and AIDS Dissemination Service (SAfAIDS), Zimbabwe
- Southern African Human Rights NGO Network (SAHRiNGON) Tanzania
- Women and Law in Southern Africa (WLSA) Swaziland
- Zambia AIDS Law Research and Advocacy Network (ZARAN), Zambia

Established in 2002, ARASA's primary objective is to promote a human rights based response to HIV/AIDS in the SADC region.

ARASA seeks to achieve its primary objective through:

- Disseminating appropriate and accessible information on HIV and Human Rights
- Disseminating information on human rights violations in the context of HIV in the region and leading and supporting advocacy initiatives to hold governments accountable for such violations
- Leading and supporting advocacy initiatives for the adoption of mechanisms for holding governments accountable for commitments made in respect of HIV and human rights in regional and international instruments
- Facilitating training and awareness raising to build capacity and a better understanding in the region of the critical relationship between human rights and HIV as well as to build capacity for lobbying and advocating for the upholding of human rights in the context of HIV at country and regional level
- Producing and disseminating publications for use as information advocacy and lobbying tools

- Establishing and maintaining a database of areas of focus and expertise of civil society organizations working on HIV and human rights in the region to facilitate exchanges of information, best practices and expertise in the region
- Facilitating the placement of interns and south / south exchanges of expertise with a view to building capacity on HIV and human rights in the region.

The regional office of ARASA was hosted by the AIDS Law Unit of the Legal Assistance Centre in Windhoek from its inception until February 2006. Due to its expansion, ARASA has now established itself as a non-governmental organisation independent of the Legal Assistance Centre in the form of a trust. The founding trustees are:

- Mark Heywood, Project Head, AIDS Law Project, Centre for Applied Legal Studies, University of the Witwatersrand, Johannesburg, South Africa
- Christine Stegling, Director, Botswana Network on Ethics, Law and HIV/AIDS (BONELA), Gaborone, Botswana
- Lois Lunga, Executive Director, SFAIDS, Zimbabwe, Harare
- Kaumbu Mwendela, Lawyer and Chair of the Board of Trustees of the Zambia AIDS Law Research and Advocacy Network (ZARAN)
- Delme Cupido, Lawyer and Project Co-ordinator of the AIDS Law Unit of the Legal Assistance Centre, Windhoek, Namibia

ARASA has its regional offices at 53 Mont Blanc Street, Windhoek, Namibia and currently employs three full-time staff. Collette Campher has been employed as office co-ordinator since March 2003. Michaela Clayton took up the position of regional director in April 2005 and Gregg Gonsalves has been appointed as the co-ordinator of the regional treatment literacy and advocacy programme with effect June 2006.

The primary functions of the regional office are to:

- Develop and maintain an electronic database of members and their activities as well as of information and publications identified as being of potential use to members;
- Receive information from members on current issues and activities around HIV/AIDS and Rights on a two-monthly basis and disseminate this information by way of a quarterly publication that is to be distributed in the region;
- Facilitate the planning and organisation of training workshops;
- Facilitate placing of interns and assist members with identifying appropriate expertise where required within the region; and
- Lead lobbying and advocacy efforts on issues identified by members in the region.

The partner organisations of ARASA are all members of the ARASA trust and constitute themselves as the ARASA regional advisory board that meets twice per annum for the purpose to assess the progress of ARASA activities and to guide the staff of ARASA, in particular the Regional Director.

These meetings will strive to reach consensus where decisions have to be taken but, in instances where this is not possible, decisions are taken by simple majority.

Trust / advisory board members also:

- Collaborate to support the implementation of the annual ARASA workplan as approved from time to time by the regional advisory board.
- Take responsibility as the lead organisation for organising such activities as may be planned in the country of the respective partner organisation in liaison with the ARASA Regional Director and staff.
- Promote and advance the work of ARASA and actively promote a human rights based response to HIV/AIDS in their respective countries.
- Provide the ARASA regional office with information relating to HIV and human rights in our respective countries on a bi-monthly basis to enable ARASA regional office to disseminate this information in the form of a bi-monthly newsletter as well as in the form of an annual report on HIV and human rights in the SADC region.
- Alert the ARASA regional office to individual or systemic HIV-related human rights abuses in their respective countries in order to enable the ARASA regional office to act as a regional alert system for HIV-related human rights abuses and to act on such alerts.
- In so far as they are reasonably able to do so, represent ARASA at such meetings, conferences and other fora as they may from time to time be requested to attend by the ARASA Regional Director.
- Assist and support with fund-raising for ARASA's main activities.

ARASA continually strives to expand the current partnership in order to try to ensure representation and voices from human rights communities in as many SADC member states as possible and the Regional Director is mandated to approach such other organisations as she may deem appropriate to join the partnership.

Criteria for designation as a partner organisation are that the organisation is a registered and audited non-governmental organisation; works within the field of HIV and AIDS, directly or indirectly; is engaged with human rights questions related to the HIV epidemic; agrees to appoint a member as a person responsible in the partner organisation for liaison with the ARASA regional office, attending advisory board meetings and rendering such other assistance to ARASA as may from time to time be necessary.

2. Purpose

The review will be an evaluation of the undertaken ARASA programme 2004–2006 and of ARASA as an organisation. The intention is that the findings of the evaluation will be used for strategic adjustments to ARASA's future programming. It will also be part of the documentation preparing a possible new program-phase. The ARASA programme has so far been co-funded by Sida and Irish Aid.

3. Scope of Work

The review should have a two-fold focus:

- 1) Management/institutional review of ARASA
- 2) Programme review

More specifically, the review will assess the following elements:

- (a) Achievement of outputs and objectives in the current programme period
- (b) Effectiveness, efficiency and relevance of ARASA' current programmes and activities (strategies) for the achievement of the organisation's goals and objectives;
- (c) Links between programming priorities and allocation of resources;
- (d) Effectiveness and efficiency of ARASA organisational structure, human resources and financial management in bringing up the desired outcomes;
- (e) Relationship with partner organisations and the functioning of the Advisory Board; and
- (f) Outline of targets for the programme and for ARASA in a new programme phase

More specifically the review should look at in terms of management/institutional aspects:

- i) Management systems and decision-making (including internal planning, reporting and monitoring);
- ii) Quality assurance system
- iii) Effectiveness of organisation set-up and staffing structure in pursuing the objectives of ARASA
- iv) Work environment
- v) Cost Efficiency (including salaries and benefits compared to similar organisations)
- vi) Financial management procedures (organisational financial routines/systems, budgeting process, internal control, transparency of finances etc)

- And in terms of the programme:

- i) ARASA programmatic strategies (including methods) in the landscape of similar institutions in the region;
- ii) Assessment of achievement of quantitative and qualitative targets for the programme period as set out in the proposal;
- iii) Programme area indicators, objectives and outputs (including assessment of LFA-matrix and process); and
- iv) Regional relevance of the programmatic outcomes

Where relevant, the review will build on the work already undertaken and documented in the recent institutional assessment report and make recommendations for further actions to be taken by ARASA staff, management and board.

4. Output of Review

The evaluation of ARASA's programme should result in a report for submission to ARASA and its funding partners, covering all the issues indicated in these ToR.

5. Scope and Method of Work

The review will be carried out by two consultants:

- A consultant with experience and knowledge regarding HIV/AIDS and human rights in Southern Africa;
- A management consultant

The review will be undertaken during a period of 4 weeks during September–October. The work should be organised according to the following schedule:

- One week desk studies after which there will be discussion regarding an inception note from the consultants
- Two weeks' field work
- One week report writing

The field work should take place in Namibia, Democratic Republic of Congo and South Africa.

The evaluation team is expected to carry out the review through an assessment process involving studying ARASA documentations (see below for Reference documents) and in-depth interviews with various stakeholders. The assessment should critically look at the actual activities undertaken to assess their outcomes in relation to the stated objectives, indicators and means of verification (as stated above).

The team should contact some beneficiaries, partners, member organisations and donors as a way of ascertaining the views of beneficiaries regarding the outcomes (using face-to-face interviews, telephone and e-mails).

At the end of the field trip the consultants should convene a meeting for all stakeholders to present their preliminary findings. A draft report should be sent out for comment to all stakeholders and the final report should be delivered no later than two weeks after deadline for comments by stakeholders and no later than October 27, 2006. If possible a meeting for the Board or for the management committee of the Board will be organised during the final stages of the review in order to participate in the discussions.

6. Report

The report should be written in English and should not exceed 40 pages, excluding annexes. The report should be delivered electronically.

7. References/Documents

Project proposals, Work Plans, Contracts and Cover Letters, Narrative and Financial former reviews/evaluations, donor assessments, audit reports, and auditors' management letters, reports and other relevant documentation will be used. The archives of the respective stakeholders will be available for the consultants.

Recent Sida Evaluations

06/34 Sida's Library Support to Central America

Tom Alberts, Helen Guardado de del Cid
Department for Democracy and Social Development

06/35 Asian Human Rights Commission (AHRC) and the Asian Legal Resource Centre (ALRC), 2002–2004

Sripapha Petcharamesree, Suwit Laohasiriwong, Bencharat Sae Chua
Department for Democracy and Social Development

06/36 Health through Sanitation and Water Programme (HESAWA), Tanzania Ex-post (Retrospective) Evaluation Study

Sanna-Leena Rautanen, Osmo Seppälä, Tauno Skyttä
Department for Natural Resources and Environment

06/37 Cooperation between Union of Baltic Cities (UBC) and Lake Victoria Region Local Authorities Cooperation (LVRLAC), 2004–2006

Holger Jonasson, Agnes Mwaiselage
Department for Infrastructure and Economic Cooperation

06/38 Bangladesh Road Transport Corporation (BRTC) Bus Project in Dhaka

Lennart Olsson, Marie Thynell
Department for Infrastructure and Economic Cooperation

06/39 Journalism as a Tool for the Formation of a Free, Informed and Participatory Development Swedish Support to a Palestinian Journalist Training Project on the West Bank and Gaza for the Period 1996–2004

Birgitte Jallof
Department for Democracy and Social Development

06/40 SAREC Support to International and Regional Thematic Research Programs, 2000–2005, Main Report

Amitav Rath (team leader), Gunilla Björklund, Mary Ann Lansang, Oliver Saasa, Frandisco Sagasti
Department for Evaluation and Internal Audit

06/40:1 SAREC Support to International and Regional Thematic Research Programs, 2000–2005, Individual Reports and Cases

Amitav Rath (team leader), Gunilla Björklund, Mary Ann Lansang, Oliver Saasa, Frandisco Sagasti
Department for Evaluation and Internal Audit

06/41 Översyn av verksamhetsgrenen forskning, Syntesrapport

Krister Eduards
Sekretariatet för utvärdering och intern revision

06/42 Integrating the Environment? Environmental Considerations in Sida's Work

Kerstin Brunnström, Hans Hargbäck, Per Lagerstedt, Jan Olsson at ÅF Process AB
Department for Evaluation and Internal Audit

Sida Evaluations may be ordered from:

Infocenter, Sida
SE-105 25 Stockholm
Phone: +46 (0)8 779 96 50
Fax: +46 (0)8 779 96 10
sida@sida.se

A complete backlist of earlier evaluation reports may be ordered from:

Sida, UTV, SE-105 25 Stockholm
Phone: +46 (0) 8 698 51 63
Fax: +46 (0) 8 698 56 10
Homepage: <http://www.sida.se>



SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
SE-105 25 Stockholm, Sweden
Tel: +46 (0)8-698 50 00. Fax: +46 (0)8-20 88 64
E-mail: sida@sida.se. Homepage: <http://www.sida.se>