

Terms of Reference: ARASA Consultancy on Partnership Model

BACKGROUND AND CONTEXT

The AIDS and Rights Alliance for Southern Africa (ARASA) was established in 2002 to galvanise a movement of progressive civil society actors to advance a human rights-based response to HIV in southern Africa. From 2019, ARASA [expanded its mandate](#) to working to promote respect for and the protection of the rights to bodily autonomy and integrity for all in order to reduce inequality, especially gender inequality and promote health, dignity and wellbeing in southern and east Africa.

At its inception, ARASA had six (6) NGOs as founding members. Over the years the partnership grew to reach 100 partners in 2018. ARASA partners comprise a diverse mix of well-established and newer organisations involved in sexual and reproductive health and rights, health and human rights related advocacy, including those working on and with key populations and people living with HIV.

COMPARATIVE ADVANTAGE OF BEING A PARTNERSHIP

In 2017, ARASA conducted an external evaluation of ARASA's implementation progress of the 2013 to 2017 strategic plan. Amongst others, the evaluation focused on ARASA's comparative advantage in the region as a regional partnership of non-governmental organizations promoting the rights-based response to HIV & TB and made recommendations on areas required in strengthening the efficiency of the ARASA partnership.

A 2017 external evaluation found that ARASA's broad constituency base, geographic reach and connection to community-based organisations in southern and east Africa is unparalleled by any other organisation that operates in the region. It allows ARASA to strengthen solidarity and generate a critical mass at the national and regional levels to question failures in governance and push for systems and structural changes, particularly in regards to divisive issues such as SRHR for women and young people, people living with HIV, lesbian, gay, bisexual, transgender and intersex (LGBTI) persons, people who use drugs and sex workers. The evaluation confirmed that ARASA's approach to ensuring that it partners with truly grassroots organisations, that are community-led, ensures that it retains its credibility and links to affected communities including people living with HIV and other marginalised and key populations. Further, the evaluation found that the peer learning, shared regional context, ability to build consensus and mobilise communities around common concerns offers a powerful advocacy platform that is recognised as quite unique for the region and as having a particular strength.

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

2018 ARASA PARTNER AUDIT

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

Subsequently, in late 2017 / early 2018, the ARASA team conducted [a partner audit](#) of its 115 civil society partners by way of an electronic questionnaire using Google Forms in English, Portuguese and French. The survey was also circulated in Microsoft Word and completed in that format by partners who experienced challenges with accessing the electronic form. 100 Of ARASA's 115 partners responded to the survey.

Amongst others, access to capacity strengthening opportunities; networking; solidarity for advocacy; exposure to regional and international platforms; and access to funding were mentioned as motivations for joining the partnership. Sixteen respondents mentioned that they were attracted by the congruency between the purpose and values of their organisation and ARASA.

One of the key findings of the audit was that, although articulated in different ways, there appeared to be unity of purpose amongst the respondents as the mission of the majority of ARASA partners includes raising awareness; empowering communities; strengthening capacity; facilitating access to safe spaces; advocacy on HIV, Hepatitis, TB, human rights; and holding duty bearers accountable in their mission. The vast majority of partners worked to promote and protect the rights of people living with HIV, TB and hepatitis, sex workers, lesbian, gay, bisexual, gay, transgender and intersex (LGBTI) persons, people who use drugs, prisoners, women, youth and persons with disabilities. In addition to the values congruent with ARASA's values, several respondents mentioned diversity, innovation, confidentiality, sustainability, loyalty, unity/ solidarity, sustainability, Botho (humanness), equality, collaboration and partnership as key values of their organisation.

The audit also concluded that a significant number of partners had experienced a decrease in funding for their human rights and social enablers work in the region. This resulted in ARASA commissioning a [mapping of funding trends](#) for community led responses to HIV in east and southern Africa, with a focus on how it affects CSO's ability to implement programming to address social enablers, including advocacy, community and political mobilisation and community monitoring, as well as for human rights programmes such as law and policy reform, and stigma and discrimination reduction.

The original ARASA partnership model nurtured diversity. From the 2017 evaluation, we learned that it is this diversity, requiring the negotiation of "common ground" that enriches the partnership and offers unique perspectives and capacities, which have allowed ARASA to build a solid and united movement for health and human rights. We learned that ARASA plays an important role in consensus-building on health and human rights – building consensus within the partnership and externally amongst national and regional policy makers, legislators, judges, lawyers and service providers on the need for human rights to be central in public health responses. We have learned that horizontal learning between partners and between national and regional policy makers, legislators, judges, lawyers and service providers and their peers is an effective vehicle for building consensus, peer learning and collaborative action.

However, despite the increased reliance on virtual platforms as a result of the COVID-19 crisis, we recognize that the size of the partnership requires a substantial investment of resources in a resource-constrained world. Further, the findings of the partner audit conducted in 2018 validate our recognition that, although the ARASA partnership consisted of 100 partners at the end of 2018, not all partners benefit from ARASA's capacity strengthening or contribute to ARASA's advocacy objectives. Further, as stated in the 2017 external evaluation report, communication flows between certain individual partners and the ARASA team are inconsistent, which negatively impacts on the visibility of the ARASA "brand" and the impact of ARASA's investment, even in the case of some partners who receive sizeable financial and technical support.

PURPOSE OF THE CONSULTANCY

It is against this background that ARASA seeks to contract a consultant(s) to map the scope of the diverse current and changing needs of the ARASA partnership, identify challenges and gaps facing the partnership and offer recommendations for consideration by ARASA's stakeholders (trustees, partners and team) for refining the ARASA partnership model to ensure that it remains effective, relevant, useful, sustainable, agile and 'fit for purpose' in a fast-evolving environment.

SCOPE OF WORK

The consultant(s) will be expected to:

- Conduct an audit / mapping (including surveys and interviews) of current and potential ARASA partners to explore their strategic priorities and needs as well as the existing strengths, challenges and gaps of the partnership;
- Conduct a review of existing models of partnerships / networks / alliances in other geographic regions to identify what works well and why?
- Develop recommendations related to strategic priorities, needs and existing strengths, challenges and gaps in the partnership, including options for partnership models that ARASA can consider to meet the current and future needs of the partners and can remain relevant, useful and 'fit for purpose' in a fast-evolving environment.

DELIVERABLES

The main deliverable will be a comprehensive mapping report (minimum between 15 and 20 pages) including, amongst others, the key findings of the mapping exercise and recommendations (including possible future models for the partnership and their related pros and cons) to ARASA for refining the ARASA partnership model to ensure that it remains relevant, useful and 'fit for purpose' in a fast-evolving environment.

EXPERIENCE, SKILLS & QUALIFICATIONS

The consultant(s) should have a relevant post-graduate qualification or at least 5 years' relevant experience in a similar assignment (e.g. facilitating, developing and supporting civil society partnerships/ networks / coalitions or memberships, preferably at national, regional or international levels (preferably in sub-Saharan Africa). Proven experience in civil society partnership brokering; managing complex partnerships with civil society organisations; supporting organizational development and / or SRHR-related advocacy / policy influence at regional and/or international levels is preferred. Having a strong grasp of recent trends and thinking on partnership and coalition building from across the SRHR, HIV and development sectors is welcomed.

Additionally, the consultant should have excellent communication skills (spoken and written) in English and possess the interpersonal skills and approach required to engage in a civil society and key populations environment. Additionally, considering that our partnership includes partner organisations in Francophone and Lusophone countries, the ability to communicate in either of these languages will be an advantage.

DURATION & TIMELINES

The work should begin no later than one week after signature of the contract and should be completed between 1 September and 15 October 2021.

REPORTING

Although the consultant will work with several members of the ARASA Team, they will liaise primarily with the Director, Felicita Hikuam for reporting and other matters.

HOW TO APPLY

Interested parties can send an expression of interest that includes the following to felicita@arasa.info and cc maggie@arasa.info:

- Cover letter outlining
 - Consultant's professional background;
 - Relevant skills, experience and qualifications;
 - Suggested methodology;
 - Estimated number of days required for the work;
 - The consultant's daily rate and availability during the stipulated period
- An updated Curriculum Vitae (of no more the 3 pages which shows experience with similar assignments)

Kindly put "Expression of interest: ARASA Consultancy on Partnership Model" in the title/ subject of the email.

The closing date for the submission of expressions of interest is 27 August 2021 (close of business).