



South African National AIDS Council Trust

ANNUAL PERFORMANCE PLAN  
2015/16





**South African National AIDS Council Trust**  
**333 Grosvenor Street, Hatfield, Pretoria**

# **ANNUAL PERFORMANCE PLAN**

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## ACRONYMS

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<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARC</b>	Audit and Risk Committee
<b>ART</b>	Antiretroviral Treatment
<b>ARV</b>	Antiretroviral drugs
<b>CCM</b>	Country Co-ordinating Mechanism
<b>CDC</b>	Centres for Disease Control
<b>CEO</b>	Chief Executive Officer
<b>CFO</b>	Chief Financial Officer
<b>CSF</b>	Civil Society Forum
<b>COGTA</b>	Department of Constitutional Governance and Traditional Affairs
<b>DAC</b>	District AIDS Council
<b>DFID</b>	Department for International Development (UK)
<b>DHET</b>	Department of Higher Education
<b>DST</b>	Department of Science and Technology
<b>DoWCPD</b>	Department of Women, Children and People with Disabilities
<b>DREAMS</b>	Determined, Resilient, AIDS-free, Mentored and Safe Initiative
<b>FDC</b>	Fixed dose combination
<b>GARP Report</b>	Global AIDS Response Report
<b>GBV</b>	Gender-based violence
<b>GF</b>	Global Fund
<b>GF CCM</b>	Global Fund Country Co-ordinating Mechanism
<b>GIZ</b>	German International Cooperation
<b>HCT</b>	HIV Counselling and Testing
<b>HIV</b>	Human Immunodeficiency Virus
<b>HOS</b>	Heads of Secretariats
<b>IDU</b>	Injecting drug users
<b>IC</b>	Investment Case
<b>IGSS</b>	Intergovernmental and Sector Support
<b>ILO</b>	International Labour Organisation
<b>IMC</b>	Inter Ministerial Committee
<b>LAC</b>	Local AIDS Councils
<b>M&amp;E</b>	Monitoring and Evaluation

<b>MSM</b>	Men having sex with Men
<b>MTBPS</b>	Medium Term Budget Policy Statement
<b>MTR</b>	Mid Term Review
<b>MMC</b>	Medical Male Circumcision
<b>NDoH</b>	National Department of Health
<b>NDP</b>	National Development Plan
<b>NGO</b>	Non-Governmental Organisation
<b>NSP</b>	National Strategic Plan for HIV, STIs and TB 2012 - 2016
<b>NSPFC</b>	National Strategic Plan Financing Committee
<b>NSWP</b>	National Sex Worker Plan
<b>OVC</b>	Orphans and Vulnerable Children
<b>PFIP</b>	Partnership Framework Implementation Plan
<b>PCAs</b>	Provincial Councils on AIDS
<b>PEPFAR</b>	United States President's Emergency Plan For AIDS Relief
<b>PFIP</b>	Partnership Framework Implementation Plan
<b>PFMA</b>	Public Finance Management Act No1 of 1999
<b>PLHIV</b>	People Living with HIV
<b>PMTCT</b>	Prevention of mother to child transmission
<b>PRC</b>	Programme Review Committee
<b>PRs</b>	Principal Recipients
<b>PSA</b>	Public Service Announcement
<b>SANAC</b>	South African National AIDS Council
<b>SHIP</b>	South African Sexual HIV Prevention Programme
<b>STIs</b>	Sexual Transmitted Infections
<b>SW</b>	Sex Workers
<b>TB</b>	Tuberculosis
<b>TTT</b>	Technical Task Team
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>USAID</b>	United States Agency for International Development



## FOREWORD

### CHAIRPERSON OF THE BOARD OF TRUSTEES

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The South African National AIDS Council Trust (SANAC Trust) has grown in strength over the last year and ensured an increasing level of corporate governance over the Secretariat. This is evidenced by fewer and more systematic meetings of the Trustees and a second consecutive unqualified audit opinion of the governance, compliance, financial management and programmatic performance.

The Trustees have reviewed the mandate of the Trust as recorded in the Trust Deed and have resolved to clarify that the role of the Trust is primarily to fulfil functions related to the National Strategic Plan for HIV, TB and STIs (NSP) that focus on coordination, support, monitoring and resource mobilisation. The Trust's programme for the next year must therefore aim to fulfil these objectives as far as possible with the available resources. Since funds available are always less than the need, the Secretariat is expected to extract as much efficiency and value for money as possible to reach the objectives of the Trust with the limited funds available.

The SANAC Trust must also support the Deputy President in his role as Chairperson of the SANAC, which is the body that brings together government, civil society, the private sector and development partners to discuss policies and monitor the progress of the AIDS, TB and STI responses in South Africa. The Council (SANAC) is not the Trust and the Trust is not the Council, but it is the role of the Secretariat to ensure that the objects of the Trust are fulfilled and that the Council is effective and functional.

A key responsibility of the Secretariat is to raise additional funds for the Trust. In this respect, the Secretariat must be congratulated on raising more funds from external sources than ever before. In the year under consideration, funds raised from external sources will exceed the contribution of government. Processes are under way to increase the government's contribution in the next financial year.

On behalf of my fellow Trustees I would like to give the Deputy President and the public the assurance that there is good corporate governance of the Trust and that the objectives of the Trust are being met to the extent that available finances permit and the SANAC and its committees are being adequately supported by the Trust.

We have confidence that the budget presented here and the planned activities represent the best efforts of the CEO and his management team to achieve the objectives of the Trust and contribute significantly to the goals of the NSP.

JUSTICE Z YACOOB  
CHAIRPERSON OF THE SANAC TRUST

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## STATEMENT

### CHIEF EXECUTIVE OFFICER

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With the requisite governance and administration in place the management team can turn more of its attention to raising funds and achieving more to ensure better coordination of the implementation of the NSP.

The Secretariat was heavily dependent on seconded staff in previous years. Now the majority of the staff is full time, with seconded staff playing a supportive role. At the end of the last year there was 25 full time staff on the Trust's payroll, including seconded staff. In the 2014 financial year, the Trust spent just over R39 million which was an increase of 44% on the year before. Expenditure in the last financial year is expected to exceed the previous year. In the year of this annual performance plan, expenditure is expected to grow even further and represents a growth in activities aimed at better meeting the Trust objectives. As the funding of the Trust has not been sufficient to significantly expand the work of the Secretariat, a great deal of emphasis will be placed on further fundraising efforts both from government and local and international donors.

In this Annual Performance Plan (APP) the Secretariat will strengthen its NSP coordination, campaigns and communication capabilities, especially in HIV prevention, reducing new infections in young women, meeting the needs of key populations, addressing stigma and discrimination and ensuring human rights and access to justice for people living with HIV (PLHIV).

Further growth is expected in the monitoring and evaluation function of the Trust with dedicated funding from the grant from the US Centres for Disease Control (CDC). This year will also see the all-important mid-term evaluation of the NSP and proposed amendments to the NSP with revised targets and indicators.

I believe that the groundwork has been laid to take the work of the SANAC Trust on to a new level and to allow the Secretariat to achieve the ambitious objectives laid out in this APP.

I would like to take this opportunity to thank the Deputy President, Minister of Health and the SANAC Trustees for their constant support in ensuring that the management team boldly takes on the challenging and sometimes difficult tasks of ensuring the objectives of SANAC and the SANAC Trust are fulfilled.

**DR F ABDULLAH**

CHIEF EXECUTIVE OFFICER OF THE SANAC TRUST

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## OFFICIAL SIGN-OFF

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It is hereby certified that this APP:

- Was developed by the management of the SANAC Trust under the leadership of the Board of Trustees and is signed off on their behalf by Justice Z Yacoob, Chairperson of the SANAC Trust;
- Was prepared in line with the current NSP of the SANAC Trust; and
- Accurately reflects the performance targets which the SANAC Trust will endeavour to achieve given the resources made available in the budget for 2014/2015.

MS A UYS  
Chief Financial Officer



Signature

MS M PULE  
M&E Manager



Signature

DR F ABDULLAH  
Chief Executive Officer



Signature

Approved by  
JUSTICE Z YACOOB  
Chairperson of the SANAC Trust



Signature

# PART A: STRATEGIC OVERVIEW

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# 1. SITUATIONAL ANALYSIS

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## 1.1 Country Context on HIV, AIDS and TB

HIV and TB continue to be a major contributor to the burden of disease in South Africa with social and economic ramifications throughout society. According to the latest Human Sciences Research Council (HSRC) household survey,<sup>1</sup> 18% of adults between the ages of 15 and 49 are HIV positive. HIV prevalence<sup>2</sup> among pregnant women remains intractably high at 29.5%. The HSRC estimates that there are 6.4 million South Africans living with HIV. This is an increase of 1.2 million (23%) in the last five years.

According to the UNAIDS Spectrum model analysis of antenatal survey data there were 370 000 new infections in South Africa in 2012, more than 1000 new infections every day. The HSRC household survey estimates this to be even higher at more than 469 000 incident cases in the same year.

According to the WHO the incidence of TB in South Africa continued to rise even during the period of antiretroviral therapy scale up until 2012 when it reached an estimated 530 000 cases or 1 003 per 100 000 population. However, in 2013, WHO finally reported a decline in TB incidence of 450 000 or 860 per 100 000 population<sup>3</sup>. It is likely that this represents the benefits of antiretroviral treatment though the rate is still very high.

There has been tremendous progress with antiretroviral treatment (ART) in South Africa and there are now more than 2.5 million patients on treatment<sup>4</sup>. This has led to a significant increase in life expectancy. The prevention of vertical transmission of HIV has also seen a significant decline leading to major decreases in infant and children under-5 mortality.

The NSP provides a comprehensive response to both treatment and prevention addressing key populations for the first time in a way that matches their important role in the epidemic dynamics in South Africa.

Government has made significant progress with rolling out ART and prevention transmission in pregnancy. This has led to a significant reduction in mortality and an increase in life expectancy from 53 years in 2006 to 61 years in 2012.

The long-term control of the epidemic of HIV rests in the prevention of new infections. There is now consensus across the board that much more needs to be done to reduce new infections of HIV especially in the younger age groups. The National Development Plan (NDP) aspires to have an AIDS-free generation (under 20 year olds) by 2030.

## 1.2 Political context

There is a very high level of political commitment to tackling HIV and TB in South Africa and much consensus on the approach. This consensus is largely captured in the NSP adopted by SANAC. The commitment of government is reflected in the elevation of the AIDS and TB portfolio to the office of the Deputy President who is the chairperson, founder and custodian of the SANAC. There is also a high level of commitment to tackling AIDS and TB by a number of Premiers of provinces. The Minister of Health has made HIV and TB his highest priority and the Treasury has shown its commitment by consistently increasing its allocations to the HIV conditional grant and the antiretroviral treatment programmes in particular.

The NSP has set ambitious goals to be reached by the 2016/17 financial year. These are:

- Reduce new HIV infections by at least 50% using combination prevention approaches;
- Initiate at least 80% of eligible patients on ART, with 70% alive and on treatment five years after initiation;
- Reduce the number of new TB infections as well as deaths from TB by 50%;
- Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP;
- Reduce self-reported stigma related to HIV and TB by at least 50%.<sup>5</sup>

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1 Human Sciences Research Council. South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. April 2014.

2 National Department of Health. Annual Antenatal Survey, 2011

3 Stop TB Partnership. Global TB Report, 2014.

4 South African National AIDS Council. Progress Report on the National Strategic Plan for HIV, TB and STIs. 2014.

5 Department of Health (2011) National Strategic Plan on HIV, STIs and TB (NATIONAL STRATEGIC PLAN ON HIV, STIS AND TB 2012–2016) 2012–2016

For the first time, the NSP has set objectives to guide implementation of the above goals, namely:

- Address social and structural barriers to HIV, STI and TB prevention, care and impact;
- Prevent new HIV, STI and TB infections;
- Sustain health and wellness; and
- Increase protection of human rights and improve access to justice.

These objectives highlight the prioritisation of prevention specific to HIV and are representative of a more comprehensive approach to tackling HIV and related issues.

South Africa made a separate public commitment to prevention among its most vulnerable populations by signing the United Nations 'Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS' in June 2011<sup>6</sup>. This declaration explicitly outlined commitment for all UN member states to address the inadequacy of HIV prevention strategies by focusing on men who have sex with men (MSM), injecting drug users (IDU) and sex workers (SW) and improving access to HIV prevention, treatment, care and support services for migrant populations<sup>7</sup>.

### 1.3 Economic context

South Africa's economy is struggling to grow and the Minister of Finance has predicted low levels of growth for the next three years and has ordered significant budget cuts and has also increased taxes for the first time in many years. Although there has been some protection of the increases in HIV funding over the next three years, new commitments have been made to increase the funding of prevention interventions.

The slower growth predicted for South Africa is likely to have an impact on the resource allocation for social sectors, including health. On the public finance side, whilst there have been increases in a few priority spending areas identified in Budget 2015, such as in infrastructural investments and HIV and AIDS interventions, the 2015 Budget warns of strict financial controls to save money and to use savings on new or insufficiently funded priorities. This indicates that the public revenue cannot accommodate new expenditures due to the slow economic growth. .

It is commendable that the HIV programme will receive increased budget allocations for the medium term, but this needs to be viewed more carefully against the backdrop of capped health spending due to scarce financial resources in the public sector.

South Africa already has the highest domestic investment on HIV treatment and care among all low- and middle-income countries. In 2013 it invested US\$1.9 billion from public sources, a five-fold increase between 2006 and 2011. Even with this financial commitment and an improved national tender process it remains costly to keep pace with the hundreds of thousands of new South Africans that enter ART programmes annually. Even if the costs of drugs decrease again, net costs will continue to grow as individuals live longer and eligibility criteria are lowered. According to the AIDS 2031 Costs and Financing Working Group (2010), South Africa can anticipate that its annual HIV and AIDS spending will likely double to 28–35 billion Rand by 2031<sup>8</sup>. The fluctuating value of the rand further complicates the funding challenges, given the importance of foreign aid to the HIV response.

The weakened global economy has resulted in external partners to South Africa significantly reducing their funding commitments to the country, resulting in severe stress to the operations of civil society organisations providing health and social welfare services on behalf of government. The decision of some bilateral partners to reduce funding also appears to be informed by the fact that South Africa is increasingly being viewed as a middle income country and hence less in need of support. The US President's Emergency Plan for AIDS Relief (PEPFAR) funding to South Africa is expected to dramatically decrease incrementally over the next few years; it is expected to decrease from approximately US\$500 million per year to approximately US\$250 million per year by the end of their present five year cycle in 2017. Going forward all PEPFAR funding will target prevention,

6 [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610\\_un\\_a-res-65-277\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_a-res-65-277_en.pdf)

7 Desmond Tutu HIV Foundation, Joint UN Team on HIV and AIDS (2011) Key Populations, Key Responses. A Gap Analysis for Key Populations and HIV in South Africa, and Recommendations for the National Strategic Plan for HIV/AIDS, STIs and TB (2012–2016)

8 Hecht R, Guthrie T, Pillay Y, Blecher M, Case K (2010) Long-Term Costs of HIV/AIDS in South Africa. Findings from aids2031 South Africa

health and community systems strengthening, rather than treatment, which will mean a significant increase in pressure to spend even more on treatment for the provincial and national Departments of Health (DOH).

#### **1.4 Social context**

Objective 1 of the NSP is an acknowledgement that social and structural barriers, including stigma and discrimination, have significantly contributed to the disproportionate HIV prevalence present among key populations in South Africa. By investing in the specific sexual and reproductive health needs of populations at increased risk of HIV acquisition, the number of new infections could be reduced enormously.

Social and structural drivers of the epidemic including gender inequality, gender violence, high youth unemployment, poverty, ignorance, and the breakdown of families and communities through circular migration continue to create the conditions for the easy and uncontrolled spread of HIV. These social and structural factors are further compounded by behaviours such as high alcohol use and binge drinking, multiple sexual partnerships, age disparate relationships, intergenerational and transactional sex, low condom and contraception use, early sexual debut and low levels of knowledge about HIV in the general population.

The data show an increasing feminisation of the HIV epidemic and high vulnerabilities (high prevalence) in young women, the disabled, orphans and key populations such as sex workers, MSM, IDU and prisoners. This is evidence that social exclusion and marginalisation, as well as legal barriers to HIV programming, continue to play a role. Lastly, a survey commissioned by SANAC has shown high levels of internal stigma among PLHIV and continuing stigma and discrimination throughout the country.

## 2. PROGRESS TOWARDS STRATEGIC PRIORITIES BY SANAC TRUST

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### 2.1. Governance and Administration

The Trust has progressed from humble beginnings three years ago when it first started operating as a going concern. The Trustees and the management team have put together the governance and administration of the Trust on a level that meets the requirements of the Public Finance Management Act No 1 of 1999 (PFMA). The Auditor General (AG) has independently confirmed this when he provided his second consecutive unqualified opinion of the affairs of the Trust in July 2014.

The most important spin-off from the effort to put the policies and procedures and the financial and administrative systems in place in the Trust has been the increase in revenue from donors. The management team has been able to raise just over R80 million over the last three years of which approximately 40% are from external donors.

With a team of 25 staff in place and functional units for M&E, NSP coordination, SANAC Meetings and donor coordination, the management team has placed the Trust in a position to significantly expand its fundraising ambitions with a view to fulfilling its mandate to effectively coordinate the implementation of the NSP for South Africa.

### 2.2. Communications

Due to a lack of funds specifically for communications in the year under review compared to the previous year the management team limited its activities in this unit to ensuring basic and routine communication instruments such as the SANAC NEWS and the SANAC website continued to be consistently produced and applied. Five editions of the SANAC NEWS were produced in the year with a special edition for World AIDS Day 2014. The website continues to improve and is increasing its visibility as evidenced by the statistics below. Costs for both SANAC NEWS and the website have been kept to a minimum through the use of staff and partners in the production of materials.

The biggest communications success of the year has been the production of audio and video materials on stigma and discrimination. These communications materials have been widely viewed on the website and on social media. The materials attracted significant attention from a donor who has made a commitment of almost R6 million to reproduce and air these materials on radio and television nationally for a period of three months starting in June 2015. All the fundraising, preparatory work and production was done in the year under review.

The profile of SANAC was given its biggest boost in January 2015 with the coverage received by the National Sex Workers Programme (NSWP), which received wide coverage in the media.

The Deputy President and Minister of Health received wide radio and television coverage following the SANAC Plenary in November 2014 and on World AIDS Day on 1 December 2014.

### 2.3. NSP Coordination

The management team has worked well with the provincial AIDS councils (PCA). This is the result of increased contact and varying forms of support to the provincial secretariats. Regular meetings of the heads of Secretariat have been held in the year under review and work is progressing well with respect to a common strategy for the national and provincial council secretariats.

Trust funds were used to specifically support the North West (NWPCA) and Limpopo PCA (LPCA). In the North West, a package of support including technical assistance with accounting, auditing, expenditure control and debt management prevented the AIDS Council from being shut down. The secondment of a chief financial officer and HR officer contributed greatly to the rescuing of the NWP-CA. In Limpopo, Trust funds will support the establishment of the PCA Secretariat in the office of the Premier until May 2015 after which the funds will be taken over from 1 June 2015 by the Premier's office in Limpopo.

The Management team is now working with partners to support all district and local AIDS Councils with a manual, toolkits and training to increase their effectiveness.

Another major achievement of the NSP Coordination Unit has been the development of a strategy to prevent new infections in young women. The development of the strategy has been a wide ranging process to bring together stakeholders from across sectors, including government departments, NGOs

and donors to agree to make this programme the single highest priority across the portfolio. The Secretariat has managed to achieve this and visible investments are being made to tackle high incidence in young women. Both the Global Fund (GF) (see section below) and PEPFAR have committed funds to this programme. The Secretariat led the South Africa multi-partner task force that made a submission to PEPFAR for the Determined, Resilient, AIDS-free, Mentored and Safe (DREAMS) initiative. It is estimated that this could yield as much as R300 million for young women over the next two years.

The NSP unit has also been driving the work with key populations. The National Sex Worker Strategy has attracted donor funds and more than 30 000 sex workers are now reached with services arising out of this intervention. A similar approach is being followed for the MSM strategy and a road map to address IDUs. A coordination structure that addresses key populations is managed by the unit and has had two meetings this year.

A project plan was prepared for social and behaviour change communication in respect of increasing condom use, reducing multiple partnerships, delaying sexual debut and related behaviour change interventions. Unfortunately, this was not funded by the Treasury.

The NSP Unit provided support to the Department of Women (now Social Development) (DSD) in conducting a review of gender disparities as it applies to HIV in each of the nine provinces. The report has just been completed and is being presented to parliament on 17 March 2015.

The Secretariat continues to support the HIV Counselling and Testing (HCT) campaign by working with district and local AIDS councils especially in Mpumalanga, Free State, Limpopo and the North West Province. Twenty-seven nerve centre workshops in as many municipalities have been conducted by the Secretariat in the year under review.

## **2.4 Monitoring and Evaluation (M&E)**

The M&E Unit has made the most progress in the year under review. The unit has been boosted through a grant from the CDC, which provides funding for the appointment of M&E officers in each of the nine provinces. The unit has been able to produce its first progress report on the NSP and the UNAIDS inspired Global AIDS Response Progress Report (GARP). The mid-term review has been launched and is expected to be completed in the first quarter of the next financial year. Funding for the mid-term review has been secured from DFID and WHO.

The unit submits country data each year to UNAIDS through an online tool as well as data twice per year on ART and prevention of mother-to-child transmission (PMTCT).

For the first time the management team is working with provincial AIDS Councils to address their M&E needs. The unit has seconded M&E officers to each of the provinces and has conducted a capacity assessment and appointed consultants to assist each province in the production of a progress report covering the first two years of the NSP implementation.

## **2.5 Donor Coordination**

The Secretariat is currently busy preparing the next country proposal to the GF. This requires an extensive consultative and technical process. The Secretariat has partnered with the Department of Health (DoH) and UNAIDS to conduct an investment case (IC) exercise that establishes what is the best mix of interventions that South Africa must invest to yield maximum results. The results of the IC have been presented to the Minister of Health and the Country Coordinating Mechanism (CCM) and will inform the proposal that is submitted to the GF.

The successful submission of a proposal to the GF could yield approximately R2 billion over the next three years for South Africa.

The Secretariat also raised funds for and organised a country dialogue discussion including civil society and provinces to ascertain their priorities for submission to the GF.

The Secretariat actively participates in the co-management of PEPFAR funds through the Partnership Framework Implementation Plan (PFIP) Management Committee. It is responsible, together with USAID and CDC counterparts, for guiding grants awarded by US agencies for prevention, key populations, HCT and surveillance. A prevention advisor has been appointed to support this function, and work has commenced to geo-spatially map high prevalence as an entry point to prevention programming that will be proposed to all donors.

## **2.6 SANAC Meetings**

Trust funds have been effectively used to arrange two SANAC Plenary meetings in the year. The first meeting was the last Plenary chaired by the former Deputy President and the second was the first chaired by the new Deputy President. The Plenary represents the highest consultation opportunity to foster dialogue and bring together government, civil society and the private sector. Provinces are also well represented in the meeting.

The Secretariat offered support to the Deputy President in the preparation of 7 parliamentary questions about SANAC and the HIV and TB response in the country.

In addition to the SANAC Plenary, meetings of the Programme Review Committee and the Civil Society Forum (see section below) were also organised by the Secretariat. These meetings involved large numbers of members and required extensive logistics on the part of the Secretariat, including booking venues, accommodation, catering, sound and transport arrangements for all participants.

Extensive support has been provided to the Civil Society Forum (CSF) and sectors. Five sectors have received financial support from the Secretariat and even more have received technical assistance. Procedural Guidelines for the SANAC Plenary and the committees have been completed.

The Secretariat provides limited support in the form of technical and financial assistance to government departments including Health, DSD, DBE, DHET, Correctional Services and Justice and Constitutional Development. The Secretariat is planning to work more closely with the Departments of Science and Technology (DST) and Cooperative Governance and Traditional Affairs (COGTA).

## **2.7 Human Rights**

SANAC, together with PLHIV organisations, HSRC and key donors, played a leading role in driving several programmes related to legal and human rights throughout the 2014/15 financial year.

### **The South Africa Stigma Index**

South Africa undertook its first National Stigma Index Survey among PLHIV in 18 districts across South Africa (two per province). The study included over 10 000 participants who are HIV positive and who are older than 15 years.

The purpose of the Stigma Index is to measure self-reported stigma and discrimination experienced by PLHIV and will ultimately inform the development and implementation of national policies and programmes that protect the rights of PLHIV. The results of the survey will be released in March 2015.

### **Stigma reduction programme in the Eastern Cape**

A provincial Stigma Index survey was undertaken between October 2011 and August 2012 in the Eastern Cape, and involved a sample of 799 PLHIV from three local municipalities in the OR Tambo district: King Sabatha Dalindyebo, Nyandeni and Ngquza. It provided important findings on the nature and extent of HIV-related stigma and discrimination in these municipalities.

In order to respond effectively to both the Stigma Index that was undertaken in the Eastern Cape, as well as the national Stigma Survey that has recently been completed, the SANAC Trust is supporting the development of a co-ordinated stigma and discrimination strategy in the Eastern Cape. A model for provincial and national level will be developed.

### **National communication campaign**

The SANAC Trust wants to create a long-term dialogue around stigma and discrimination with South Africans during 2015 and this commenced with a Stigma and Discrimination campaign on World AIDS Day 2014 working with 8 PLHIV, telling their stories.

These stories, supported by the Legal Aid South Africa number, will be launched in June 2015.

A proposal for a 360-degree communication strategy was drafted and submitted to several donors. DFID has agreed to provide R5,8 million of funding to support the implementation of the campaign.

### **Legal Aid South Africa**

Access to legal-aid services for people living with HIV/AIDS and TB, particularly those among already-vulnerable populations, is central to a more effective response to HIV/AIDS and TB. Legal Aid plays an important role in guaranteeing protection from discrimination and getting redress for rights.

It is against this background that Legal Aid SA and SANAC entered into a memorandum of understanding with the purpose of, among others, promote access to justice to vulnerable groups especially to persons living with HIV/AIDS and TB, create a linkage between Legal Aid SA and SANAC's collaborating partners and provide quality legal advice and services in matters relating to HIV/AIDS and TB stigma and discrimination.

In a bid to improve access to legal services for individuals living with HIV/AIDS and TB, through the HIV/AIDS and TB Legal Programme ("The Programme") driven by Webber Wentzel Attorneys (Webber Wentzel); SECTION27 Incorporating the AIDS Law Project (SECTION27) and the International Labour Organisation (ILO), SANAC intends to enhance legal services of Legal Aid SA by incorporating the Programme within its civil legal aid plan. The primary aim of the Programme is to provide and facilitate access to quality legal services largely pertaining to HIV/AIDS and TB related stigma and discrimination.

### 3. ORGANISATIONAL ENVIRONMENT

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As an institution, the Trust is now fully independent and has a well-established governance, management and administrative infrastructure. The new Board of Trustees has met 6 times in the last financial year. An Audit and Risk Committee (ARC) has also met 6 times in the last financial year and has been active in ensuring that risk management and internal and external audit are addressed at the highest standard. Although the Auditor-General's opinion of the 2013 financial statements was unqualified, he did point out that financial, HR and IT policies needed to be in place during 2014. This was implemented and there is now added governance and control over internal processes.

The expenditure of the Trust increased from R20 million in 2013 to R31 million in the last financial year. The current APP projects a further expansion to R41 million with further increases in the following years. The increase in this budget has been made possible by a new grant from the CDC for R7.5 million. The demand for additional funds outstrips the available resources and many activities could not be fully funded in this financial year. The establishment of a Trust Fundraising Committee as contemplated by the Trust Deed has now become a priority.

The Trust has expanded its staffing complement to 17 staff and benefits from 6 secondments. Recruitment of talented and effective personnel remains a high priority for this year. Budgetary provision has been made to fill the majority of vacant posts during the year.

### 4. PRIORITY CHALLENGES TO ADDRESS

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#### 4.1 Insufficient funds

Now that the Trust is on a stronger administrative footing an approach should be made to the National Department of Health and the National Treasury for expanding the financial base of the Trust. This will allow the Trust to address its objects more comprehensively. The National Treasury has written the Trust into the budget from 2015/16 bringing some longevity into the core funding of the Trust. Treasury will need to be convinced that their allocations to the Trust can be increased.

After a period of scepticism by donors to support the Trust directly due to the lengthy delays with getting the Trust functional, at least two donors have signed agreements with the Trust. In the case of DFID, the funds are earmarked for M&E and communications. For CDC, the funds are earmarked for strengthening our GF portfolio, surveillance, M&E and prevention.

#### 4.2 Support to Provinces

Although there has been a greater engagement with the provinces within SANAC structures and the establishment of a meeting of the Heads of Provincial AIDS Council Secretariats, progress has been slow. M&E support, as mentioned above, is on the cards in this year. The Trust does not have the financial means to fully support the PCAs and alternative capacity building support is being explored with partners. The Trust needs to review its role in respect of provinces more carefully and agree on a plan in this regard. This should include additional fundraising for the PCAs from the provincial governments.

### 4.3 Supports to Sectors

Although a few sectors have proven to be very effective there are many sectors that have been struggling. Only at the very end of the last year were sector plans systematically reviewed and sector funding approved for those that applied and met the minimum criteria. As per last year's strategic plan there will be an evaluation of the sectors. The last review was done in 2010.

## 5. FUTURE PLANS AND ACTIONS AND MEDIUM- TO LONG-TERM GOALS

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The new Trust Deed sets out a clearer set of goals and objectives for the Trust. The Strategic Plan for the next three years is aligned with the objects of the Trust Deed, which in turn are aligned to the goals of NSP. Now that SANAC has made good progress to truly represent all stakeholders, it is clear that it needs to strengthen its M&E; fundraising and technical ability to ensure the NSP is implemented. It is clear that meaningful support to provinces, districts, local councils, civil society and non-governmental organisations will require a substantial increase in government allocations to the SANAC Trust.

With the institutional arrangements in place, the main internal goal will be to ensure that all policies and procedures are in place and that the Secretariat is staffed with skilled and competent personnel so that overall efficiency and effectiveness can be optimised. A key objective is to continually increase the funds available to expand the role of the Trust in achieving its objects.

## 6. LEGISLATIVE AND OTHER MANDATES

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### 6.1 Overarching Mandate

#### Constitution of the Republic of South Africa, Act No.108 of 1996

Pertinent sections provide for the right of access to health care services

#### South African National AIDS Council Trust Deed

The Trust Deed states the objects of the Trust. The founder of the Trust is the government represented by the Deputy President of the Republic of South Africa.

#### National Strategic Plan for HIV, STIs and TB

The object of the Trust stipulates that the overall mandate of the Trust is to support the implementation of the NATIONAL STRATEGIC PLAN ON HIV, STIS AND TB 2012 - 2016.

#### Other legislative, functional and policy mandates

The following Acts of Parliament are pertinent to the functions of SANAC TRUST:

- **The Trust Property Control Act No. 57 of 1988:** Provides for control of trust property and for matters connected thereto.
- **Basic Conditions of Employment Act No. 75 of 1997:** Provides for the minimum conditions of employment that employers must comply with in their workplaces.
- **Child Care Act No. 74 of 1983:** Provides for the protection of the rights and well being of children.
- **Compensation for Occupational Injuries and Diseases Act No. 130 of 1993:** Provides for compensation for disability caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.
- **Conventional Penalties Act No. 15 of 1962:** Provides for the enforceability of penal provisions in contracts.

- **Designs Act No. 195 of 1993:** Provides for the registration of designs and matters incidental thereto.
- **Employment Equity Act No. 55 of 1998:** Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.
- **Labour Relations Act No. 66 of 1996:** Regulates the rights of workers, employers and trade unions.
- **Occupational Health and Safety Act No. 85 of 1993:** Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
- **Promotion of Equality and the Prevention of Unfair Discrimination Act No. 4 of 2000:** Provides for the further amplification of the Constitutional principles of equality and elimination of unfair discrimination.
- **Protected Disclosures Act No. 26 of 2000:** Provides for the protection of whistle-blowers in the fight against corruption.
- **Public Finance Management Act No. 1 of 1999:** Provides for the administration of State funds by functionaries, their responsibilities and incidental matters.
- **Skills Development Act No. 97 of 1998:** Provides for the measures that employers are required to take to improve the levels of skill of employees in workplaces.
- **The Copyright Act No. 98 of 1998:** Provides for the protection of intellectual property of a literary, artistic or musical nature that is reduced to writing.
- **The Merchandise Marks Act No. 17 of 1941:** Provides for the covering and marking of merchandise and incidental matters.
- **Trade Marks Act No. 194 of 1993:** Provides for the registration of trademarks, certification and collective trademarks and matters incidental, thereto.
- **Unemployment Insurance Contributions Act No. 4 of 2002:** Provides for the statutory deduction that employers are required to make from the salaries of employees.

## 7. POLICY MANDATES

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None

## 8. RELEVANT COURT RULINGS

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None

## 9. THE SANAC TRUST DEED

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The SANAC Trust Deed determines the mandate for the SANAC Trust. In the development of the APP specific attention is given to Clause 5:

The Trust shall have as its main object to support the implementation of the NSP and promote and secure nationally in South Africa the provision of related educational, prevention, care and treatment programmes and to promote or advocate for the human rights of persons infected with or affected by HIV, TB and STI's; and research in relation to these diseases and their impact.

In addition to the general goal of co-ordinating and managing a comprehensive response to HIV, STIs and TB as described in Clause 5 above, the Strategic Plan for the next three years focuses on the following objectives as set out in Clauses 23 to 26 of the Trust Deed:

### **Clause 23**

The Trust shall have as an ancillary object to obtain, provide and secure funding for and to promote and facilitate the execution of its mandate as reflected in clause 5 hereof; which shall include managing NDOH or Treasury allocated funds designated to the Trust to fulfil its functions in terms of the multi-sectoral HIV, TB and STI response.

### **Clause 24**

A further ancillary object of the Trust is to promote and secure nationally in South Africa implementation support of and collaboration with SANAC TRUST in the provision of HIV, TB and STI educational, prevention, care and treatment programmes and to promote or advocate for the human rights and access to justice of persons infected with or affected by HIV, TB and STIs. This is to be guided by the prevailing National Strategic Plan.

### **Clause 25**

It is recorded that the Trust facilitates the implementation of the overall SANAC TRUST mandate in respect of the national HIV, TB and STI response and the prevailing NATIONAL STRATEGIC PLAN ON HIV, STIS AND TB 2012 - 2016 and supports the sectors and committees of SANAC TRUST.

### **Clause 26**

For purposes of implementing the objectives of the Trust, the Trust promotes and facilitates the execution of the aims and objectives of SANAC TRUST which are as follows:

- Foster dialogue between government, civil society and all other stakeholders and oversee the country's response to HIV, TB and STIs;
- Advise government on HIV and AIDS, TB and STIs policy and strategy and related matters;
- Strengthen the governance, leadership and management of the response to HIV, TB and STIs at national, provincial, district and local levels;
- Strengthen the multi-sectoral response to HIV, TB and STIs as a contribution to the overall social and economic development of South Africa, including but not limited to, policy review, programme management and co-ordination, technical assistance and capacity building and sector support;
- Mobilise resources domestically and internationally to finance the response to HIV, TB and STIs, including but not limited to estimating expenditure and resource needs, fund-raising from domestic and international institutions, including Treasury, donor co-ordination and investigating new sources of funding for the multi-sector response and the NSP;
- Ensure the monitoring of progress against the targets set out in the NSP and ensure mid- and end-of-term evaluations for the prevailing NSP; and
- Create and strengthen partnerships for an expanded national response in South Africa to HIV, TB and STIs among government agencies, non-governmental organisations (NGOs), donors of funds, agencies of the United Nations, the South African private sector and people living with HIV, TB and STIs.

## 10. OVERVIEW OF 2014/15 BUDGET AND MTEF ESTIMATES

### Expenditure Estimates

Programme R thousand	Audited outcomes	Adjusted appropriation	Medium-term expenditure estimate		
	2013/2014	2014/2015	2015/2016	2016/2017	2017/18
Direct charges against the National Revenue Fund					
<b>Total</b>					
Change to 2014/15 budget estimate					
Economic classification					
Current payments					
Compensation of employees	12,273	12,883	23,358	24,782	26,294
Goods and services of which:					
Communication & Campaigns	2,943	783	986	1,045	1,108
Computer services					
Consultants, contractors and special services	18,080	14,524	17,025	15,336	11,278
Maintenance repair and running cost	2,288	4,495	4,589	4,656	4,984
Travel and subsistence					
Other Interest and rent on land					
Transfers and subsidies to:					
NGOs/Partners	3,121	3,038	810	859	911
Payments for capital assets					
Machinery and equipment					
<b>Total</b>	<b>38,705</b>	<b>35,723</b>	<b>46,768</b>	<b>46,678</b>	<b>44,575</b>

# PART B: PROGRAMME PLANS

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The Annual Performance Plan for the SANAC TRUST is divided into six programmes:

<b>Programme 1:</b> Governance and Administration	14
<b>Programme 2:</b> Communication	15
<b>Programme 3:</b> NSP Implementation	16
<b>Programme 4:</b> Monitoring and Evaluation	18
<b>Programme 5:</b> Donor Co-ordination	19
<b>Programme 6:</b> Governmental and Civil Society Support (GCSS)	20



## PROGRAMME 1: GOVERNANCE AND ADMINISTRATION

### 1.1 Programme Purpose

To provide overall governance and administration of the SANAC Trust and centralised support services. The following departments report to the CEO, CFO and Human Resources Manager.

### 1.2 Strategic objective, annual targets and performance indicators

Strategic objective	Performance indicator	Actual performance	Estimated performance	Medium-term targets		
		2013/2014	2014/2015	2015/2016	2016/2017	2017/18
Ensure the effective <sup>9</sup> functioning of the Trust according to the prescripts of the Trust Deed and appropriate <sup>10</sup> legislation.	Number of effective Trustees Meetings	5	4	4	4	4
	Number of effective meetings of the Audit and Risk Committee	1	4	4	4	4
	Type of audit opinion by external auditor	Unqualified with emphasis of matter	Unqualified audit report	Unqualified audit report	Unqualified audit report with no emphasis of matter	Unqualified audit report with no comments
Raise <sup>11</sup> funds to finance activities of the SANAC Trust.	Amount of funds raised	R18.5 mil	R35 mil	R36 mil	R46 mil	R44 mil
	Number of sources of income (diversification) <sup>12</sup>	3	4	4	5	5

9) A quorum has been reached in terms of the Trust Deed; 10) As mentioned in Section 6; 11) New funds contracted with donors and government 12) Diversification of the income streams i.e. more donors, National Treasury.

### 1.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
			Q1	Q2	Q3	Q4
Number of effective Trustees Meetings	Annual	4	1	1	1	1
Number of effective meetings of the Audit and Risk Committee	Annual	4	1	1	1	1
Type of audit opinion by external auditor	Annual	1	0	1	0	0
Amount of funds raised	Annual	R36 mil	R16 mil	R5 mil	R5 mil	R10 mil
Number of sources of income (diversification)	Annual	4	1	1	1	1

### 1.4 Reconciling performance targets with the Budget and MTEF

Expenditure estimates

Programme R thousand	Expenditure outcome 2013/2014	Adjusted appropriation 2014/2015	Medium-term expenditure estimate		
			2015/2016	2016/2017	2017/18
<b>Total</b>					
<b>Economic classification</b>					
<b>Current payments</b>					
Compensation of employees	12,273	12,883	23,358	24,782	26,294
<b>Goods and services of which:</b>					
Communication					
Computer services					
Consultants, contractors and special services	3,868				
Maintenance repair and running cost	2,288	4,495	4,589	4,656	4,984
Operating leases					
Travel and subsistence					
<b>Transfers and subsidies to:</b>					
Payments for capital assets					
Machinery and equipment					
<b>Total</b>	<b>18,429</b>	<b>17,378</b>	<b>27,947</b>	<b>29,438</b>	<b>31,278</b>

### 1.5 Performance and expenditure trends

There has been a stabilisation of the level of expenditure for governance and administration. The baseline increase is due to the costs of office rental over the next three years due to the move of the office to new premises. Overheads have been controlled to about 10% of the budget for the next three years.

## PROGRAMME 2: COMMUNICATION

### 2.1 Programme Purpose

To coordinate all communication related activities and requirements for SANAC Trust programmes and projects.

### 2.2 Strategic objective, annual targets and performance indicators

Strategic objective	Performance indicator	Actual performance	Estimated performance	Medium-term targets		
		2013/2014	2014/2015	2015/2016	2016/2017	2017/18
Effectively and efficiently coordinate the implementation of the NSP	6 SANAC News published		6	6	6	6
	World AIDS Day Communication toolkits developed and published on SANAC website	1	1	1	1	1
	Exhibition at the AIDS Conference	0	1	1	1	1

Stigma campaign, Legal Aid South Africa, other communication campaigns

### 2.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
			Q1	Q2	Q3	Q4
6 SANAC News published	Bi-monthly	6	1	2	2	1
World AIDS Day Communication toolkits developed and published on SANAC website	Annual	1	1	0	1	0
Exhibition at the AIDS Conference	Annual	1	0	1	0	0

### 2.4 Reconciling performance targets with the Budget and MTEF

Expenditure estimates

Table 2: Budget estimates: Communications

Programme R thousand	Expenditure outcome	Adjusted appropriation	Medium-term expenditure estimate		
	2013/2014	2014/2015	2015/2016	2016/2017	2017/18
<b>Total</b>					
<b>Economic classification</b>					
<b>Current payments</b>					
Compensation of employees					
<b>Goods and services of which:</b>					
Communication	2,943	783	986	1,045	1,108
Travel and subsistence					
<b>Total</b>	<b>2,943</b>	<b>783</b>	<b>986</b>	<b>1,045</b>	<b>1,108</b>

### 2.5 Performance and expenditure trends

In the last financial year, the budget for communications has been substantially decreased due to a lack of funds. This trend continues in the current year and for the next two years. The Secretariat will invest in low-cost communication items and continue to raise funds for specific communication projects such as the R5,8 million raised for the stigma campaign in the last financial year from DFID. Costs relating to the production of SANAC NEWS and publications remain unchanged from the previous year. A small allocation has been made for the enhancement of the website.

## PROGRAMME 3: NSP IMPLEMENTATION

### 3.1 Programme Purpose

The programme exists to:

- Support the development of an effective national prevention strategy;
- Support the development of a strategy to reduce new infections in young women
- Update and complete strategies for controlling HIV in key populations
- Strengthen provincial, district and local AIDS councils

### 3.2 Strategic objective, annual targets and programme performance indicators

Strategic objective	Performance indicator	Actual performance	Estimated performance	Medium-term targets		
		2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Prepare <sup>14</sup> or update strategies for prevention, prevention in young women, sex workers, MSM and PWID for consideration by SANAC committees	Report with recommendations prepared for consideration by SANAC PIC, Plenary or Trust	New indicator	1	2	2	2
Ensure successful World AIDS Day event <sup>15</sup>	Number of successful World AIDS Day events conducted <sup>16</sup>	1	1	1	1	1
Strengthen provincial AIDS councils	Number of meetings of HOS held to discuss coordination, capacity gaps and key programmes	N/A	N/A	4	4	4
	Strengthen management and financial capacity of NWPCA and LPAC	2	0	0	0	0
AIDS Councils toolkit developed	Toolkit completed and published	0	0	1	1	1
AIDS Councils trained	No of training sessions held with AIDS councils on capacity needs gaps i.e. governance training	New indicator	1	2	3	4

14) Coordination, facilitating, overseeing; 15) Efficiently executed according to plan as recorded in final report of the event; 16) One national World AIDS/TB Day event held

### 3.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
			Q1	Q2	Q3	Q4
Report with recommendations prepared for consideration by SANAC PIC, Plenary or Trust	Annual	4	1	1	1	1
Number of successful World AIDS Day event conducted	Annual	2	1	1	0	0
Number of meetings of HOS held to discuss coordination, capacity gaps and key programmes	Annual	2	0	0	1	1
Strengthen management and financial capacity of NWPCA and LPAC	Annual	2	0	1	0	1
Toolkit completed and published	Annual	1	0	0	0	1
No of training sessions held with AIDS councils on capacity needs gaps i.e. governance training	Annual	1	0	1	0	0

### 3.4 Reconciling performance targets with the Budget and MTEF

Expenditure estimates

Programme R thousand	Expenditure outcome 2013/2014	Adjusted appropriation 2014/2015	Medium-term expenditure estimate		
			2015/2016	2016/2017	2017/18
<b>Total</b>					
<b>Economic classification</b>					
<b>Current payments</b>					
Compensation of employees					
<b>Goods and services of which:</b>					
Communication					
Consultants, contractors and special services	8,952	8,101	10,466	10,758	6,809
Travel and subsistence					
Transfers and subsidies to:					
<b>Total</b>	<b>8,952</b>	<b>8,101</b>	<b>10,466</b>	<b>10,758</b>	<b>6,809</b>

### **3.5 Performance and expenditure trends**

The unit has now found a focus for its activities. These include developing an overall prevention strategy for the country in line with the broad guidance of the NSP and a prevention strategy that targets young women. Funding from the CDC is earmarked for these prevention projects. In addition, the unit will focus on key populations, especially sex workers, MSM and IDU. This is also externally funded. It will also target the disabled, orphans and the youth for greater attention, though this is not specifically funded. Funds have now been raised for the building the capacity of provincial, district and local AIDS councils. The funding for these projects will continue over three years. Unrestricted funds are being invested in priority campaigns. These include the HCT campaign, demand creation for medical male circumcision (MMC) and social mobilisation for maternal and child health.

## PROGRAMME 4: MONITORING AND EVALUATION

### 4.1 Programme Purpose

This programme exists to:

- Collate and analyse data that describe progress towards meeting the targets of the NSP and the production of the second annual NSP M&E report
- Support the provinces to produce M&E reports
- Commission the NSP mid-term evaluation
- Support NSP related research

### 4.2 Strategic objective, annual targets and programme performance indicators

Strategic objective	Performance indicator	Actual performance	Estimated performance	Medium-term targets		
		2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
To monitor progress of the NSP and to fulfil international reporting requirements <sup>18</sup>	Annual Monitoring and Evaluation Report published <sup>19</sup>	1	1	1	1	1
	Global AIDS response progress reporting completed and submitted to Cabinet for noting <sup>20</sup>	1	1	1	1	1
	Number of PCAs with annual M&E reports published	9	9	9	9	9
	NSP mid-term review published	Not audited	No target set	1	0	0

18) International governing bodies requiring progress reports on the initiatives signed by South Africa; 19) Approved by CEO and loaded onto the SANAC Trust website and distributed to the public; 20) Approved by CEO and loaded onto the SANAC Trust website and distributed to the public

### 4.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
			Q1	Q2	Q3	Q4
Annual Monitoring and Evaluation Report published <sup>21</sup>	Annual	1	0	0	Development of the report	Publication of the report
Global AIDS response progress reporting completed and submitted to Cabinet for noting <sup>22</sup>	Annual	1	0	Publish 2013 report	0	Complete and submit report; Publishing will be in the first quarter of 2014/15
Number of PCAs with annual M&E reports published	Once off	1	The NSP mid-term review implementation on-going	MTR Published		
Annual Monitoring and Evaluation Report published <sup>23</sup>	Annual	9	0	0	0	9

21, 22, 23) Approved by CEO and loaded onto the SANAC Trust website and distributed to the public

### 4.4 Reconciling performance targets with the Budget and MTEF

Expenditure estimates

Programme R thousand	Expenditure outcome 2013/2014	Adjusted appropriation 2014/2015	Medium-term expenditure estimate		
			2015/2016	2016/2017	2017/18
<b>Total</b>					
<b>Economic classification</b>					
<b>Current payments</b>					
Compensation of employees					
<b>Goods and services of which:</b>					
Consultants, contractors and special services	2,345	2,656	2,752	2,900	3,356
<b>Total</b>	<b>2,345</b>	<b>2,656</b>	<b>2,752</b>	<b>2,900</b>	<b>3,356</b>

### 4.5 Performance and expenditure trends

The level of expenditure for this programme has stabilised now that a regular set of outputs has been agreed on. This trend will continue for the next three years. The main activities over the three years will include the production of the annual progress report and the GARP Report each year as well as the equal spread of costs for the mid- and end-of-term evaluations. Funding from the CDC has been secured in the last financial year and the next three financial years for the salaries of M&E officers in the nine provinces and the production of provincial M&E reports.

## PROGRAMME 5: DONOR CO-ORDINATION

### 5.1 Programme Purpose

The purpose of this programme is to:

Mobilise, coordinate, influence and monitor and evaluate the use of resources for the implementation of the NSP.

### 5.2 Strategic objective, annual targets and programme performance indicators

Strategic objective	Performance indicator	Actual performance	Estimated performance	Medium-term targets		
		2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
To raise and support the effective management of resources from donors for the implementation of the NSP	Number of effective CCM meetings held	7	5	4	4	6
	Application for additional funds submitted to Global Fund	1	N/A	1	N/A	N/A
	Funds disbursed by the Principal Recipients by the Global Fund	88 197 972 million USD	99.9 million USD as at end of February 2015	80 million USD	70 million USD	70 million USD
	Oversight Committee Reports submitted to the CCM	1	4	4	4	4
	Number of costing TTT Reports published	2	1	1	2	2

### 5.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
			Q1	Q2	Q3	Q4
Number of effective CCM meetings held	Quarterly		2	2	1	1
Application for additional funds submitted to Global Fund.	Annual	1	0	1	1	1
Funds disbursed by the Principal Recipients by the Global Fund	Annual	80 million USD				
Oversight Committee Reports submitted to the CCM	Quarterly	4	1	1	1	1
Number of costing TTT Reports published.	Annual	1	0	0	0	1

### 5.4 Reconciling performance targets with the Budget and MTEF

Expenditure estimates

Programme R thousand	Expenditure outcome 2013/2014	Adjusted appropriation 2014/2015	Medium-term expenditure estimate		
			2015/2016	2016/2017	2017/18
<b>Total</b>					
<b>Economic classification</b>					
<b>Current payments</b>					
Compensation of employees					
<b>Goods and services of which:</b>					
Communication					
Consultants, contractors and special services	2,915	3,767	3,807	1,678	1,113
Maintenance repair and running cost					
Travel and subsistence					
Transfers and subsidies to:					
<b>Total</b>	<b>2,915</b>	<b>3,767</b>	<b>3,807</b>	<b>1,678</b>	<b>1,113</b>

### 5.5 Performance and expenditure trends

A small investment of R2.8 million in the 2013 financial year, raised approximately R3 billion in external funding for South Africa. A further investment in strengthening the capacity of grant recipients to manage these funds have led to an increase in the level of disbursements in the last year to USD\$ 100 million, which was the highest disbursement in 10 years. A similar level of funding is needed to prepare the next country submission to the GF and is expected to raise an estimated USD\$200 million for the period 1 April 2016 to 31 March 2019 and to continue to draw down the maximum levels of disbursement for the next three years. Funds for grant recipient capacity building arise out of the CDC grant and are earmarked for this purpose.

## PROGRAMME 6: SANAC MEETINGS

### 6.1 Programme Purpose

The purpose of this programme is to co-ordinate and provide support to government and Civil Society to implement the NSP. This is being done through:

- Ensuring that the structures of SANAC are fully supported (Plenary, PRC, CSF, etc.)
- Overseeing the co-ordination and implementation of the Stigma Reduction Programme

### 6.2 Strategic objective, annual targets and programme performance indicators

Strategic objective	Performance indicator	Actual performance	Estimated performance	Medium-term targets		
		2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Effectively and efficiently coordinate the implementation of the NSP	Number of Plenary meetings	2	2	2	2	2
	Number of CSF meetings	3	3	2	2	2
	Number of PRC meetings	2	2	2	2	2
	Technical Task Team meetings	8	8	8	8	8

### 6.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
			Q1	Q2	Q3	Q4
Number of Plenary meetings	Quarterly	2	0	1	0	1
Number of CSF meetings	Quarterly	3	0	1	1	1
Number of PRC meetings	Quarterly	2	0	1	0	1
Number of CS Sector Leaders attending the SA AIDS Conference	Annual	1	0	1	0	0
Number of Technical Task Team meetings	Quarterly	8	2	2	2	2

### 6.4 Reconciling performance targets with the Budget and MTEF

Expenditure estimates

**Table 6: Expenditure Estimates for SANAC Meetings**

Programme R thousand	Expenditure outcome 2013/2014	Adjusted appropriation 2014/2015	Medium-term expenditure estimate		
			2015/2016	2016/2017	2017/18
<b>Total</b>					
<b>Economic classification</b>					
<b>Current payments</b>					
Compensation of employees					
<b>Goods and services of which:</b>					
Communication					
Maintenance repair and running cost					
Travel and subsistence					
<b>Transfers and subsidies to:</b>					
Civil Society	3,121	3,038	810	859	911
<b>Total</b>	<b>3,121</b>	<b>3,038</b>	<b>810</b>	<b>859</b>	<b>911</b>

### Performance and expenditure trends

Due to the shortage of funds the number of meetings has been reduced as well as the financial and technical assistance to civil society sectors. Additional funds will have to be raised for this purpose. Funds have been raised for the coordination of a stigma reduction programme and for legal services support to victims of HIV related stigma and discrimination.

# PART C: LINKS TO OTHER PLANS

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## **Links to the long-term infrastructure and other capital plans**

None

## **Conditional Grants**

None

## **Public Entities**

None

## **Public-Private Partnerships**

None



## VISION

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To have a South Africa free from the burden of HIV, TB and Sexually Transmitted Infections (STIs)

## MISSION

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To build a credible Trust that leads the effective implementation of the National Strategic Plan through superb execution and co-ordination of government, civil society and the private sectors.

## SANAC TRUST VALUES

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- Stakeholder Orientation
- Accountability
- Integrity
- People
- Performance
- Service Excellence

## STRATEGIC OUTCOME ORIENTED GOALS

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<b>Strategic Outcome Oriented Goal 1:</b> To support the implementation of the NSP for its full term.	It is recorded that the Trust facilitates the implementation of the overall SANAC TRUST mandate in respect of the national HIV, TB and STI response and the prevailing NSP and supports the sectors and committees of SANAC
<b>Strategic Outcome Oriented Goal 2:</b> To secure funds for the Trust.	The Trust shall have as an ancillary object to obtain, provide and secure funding for and to promote and facilitate the execution of its mandate as reflected in clause 5 hereof; which shall include managing NDOH or Treasury allocated funds designated to the Trust to fulfil its functions in terms of the multi-sectoral HIV, TB and STI response.
<b>Strategic Outcome Oriented Goal 3:</b> Foster dialogue between government, civil society and all other stakeholders and oversee the country's response to HIV, TB and STIs.	For purposes of implementing the objectives of the Trust, the Trust promotes and facilitates the execution of the aims and objectives of SANAC

## SANAC TRUST STRATEGIC OBJECTIVES

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The Strategic Objectives of the Trust are derived from the Trust Deed and the NSP. They are:

- Ensure the effective functioning of the Trust according to the prescripts of the Trust Deed and appropriate legislation
- Raise additional funds from government and donors to ensure sufficient funds are available to finance the activities of the Trust and to ensure budgeted capital reserves and positive cash flow
- To ensure that information and communication supports the business objectives of the Trust
- Support NSP programmes across all four strategic objectives of the NSP
- Ensure the monitoring and evaluation of NSP implementation and meet international reporting requirements
- To raise and effectively manage resources from the Global Fund, optimise disbursements and ensure adequate oversight over allocated funds
- Support PCAs to implement the NSP at the provincial level
- Support NSP related research
- Ensure effective and meaningful participation of all stakeholders in SANAC TRUST structures at the national level
- Support to civil society organisations
- Support to government

PART D:  
TECHNICAL INDICATOR  
DEFINITIONS

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## Programme 1: Governance and Administration

Indicator name	Short definition	Purpose/importance	Source/collection of data	Method of calculation	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator Responsibility
Number of effective Trustees Meetings	Number of meetings held with 80% participation	Track progress on tabulation issues for discussion	Minutes of the meetings Attendance registers	Simple calculation Number of people present divide by expected number of people	None	Output	Proportion	Annual	No with minor changes	Full participation	CEO
Number of effective meetings of the Audit and Risk Committee	Number of meetings held with 80% participation	Track progress on tabulation issues for discussion	Minutes of the meetings Attendance registers	Simple calculation Number of people present divide by expected number of people	None	Output	Proportion	Annual	No with minor changes	Full participation	CEO
Type of audit opinion by external auditor.	Simple audit process	Good management	Audit report	N/A	N/A	Output	N/A	Annual	Yes	Good compliance audit report	CFO
Amount of funds raised	The amount of income raised during the reporting period	Tracks the total amount raised	Expenses reports	Simple finance report/statement	None anticipated	Output	None Documented evidence	Annual	No	To raise more than stated amount	CEO
Number of sources of income (diversification) <sup>24</sup>	The number of funders directly providing income through SANAC's mobilisation	To track diversity of income sources	Commitment letters from funders	Simple count	None anticipated	Output	Simple count	Annual	No	Source income from all states sources	CEO

24) Diversification of the income streams i.e. more donors, National Treasury.

## Programme 2: Communication

Indicator name	Short definition	Purpose/importance	Source/collection of data	Method of calculation	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Responsibility
Number of SANAC News published <sup>25</sup>	SANAC newsletters published on website and printed	Information sharing	Website snap shots and Newsletter prints	Simple count	None anticipated	Output	Simple count	Annual	No	Publish regularly	Communications Manager
Number of SANAC Trust Publications <sup>26</sup>	The indicator simply measures the number of news pieces published on the SANAC website	Information sharing	Website snap shots SANAC Publications	Sum	None anticipated	Output	Cumulative	Annual	No	Publications exceed targeted number	Communications Manager

25) Approved by CEO and loaded onto the SANAC Trust website and distributed to the public; 26) Approved by CEO and loaded onto the SANAC Trust website or printed hardcopy (excluding SANAC NEWS)

### Programme 3: NSP Implementation

Indicator name	Short definition	Purpose/importance	Source/collection of data	Method of calculation	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Responsibility
Number of SANAC Trust reports with recommendations to improve NSP programmes.	Reports with recommendations to improve NSP programmes addressing strategic objectives of the NSP	To enhance NSP programmes	Reports	Simple count	None	Output	N/A	Annual	No but adjusted for easy means of verification	NSP implementation improvement	NSP Implementation unit
Number of NSP programmes launched	Provides a number of programmes launched	Tracks number of NSP related programme launched	Launch reports and website snapshots	Simple count	No limitation identified	Output	N/A	Annual	No	Increase in the number of NSP programmes launched and operational	NSP Implementation Unit
Number of successful World AIDS/TB Day events conducted <sup>27</sup>	Tracks effective world celebration days	To facilitate NSP implementation	Campaign reports	Simple count	Results based on campaign data collection tools	Output	Simple count	Annual	No	Conduct all planned campaigns	NSP Implementation

27) One national World AIDS/TB Day event held.

### Programme 4: Monitoring and Evaluation

Indicator name	Short definition	Purpose/importance	Source/collection of data	Method of calculation	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Responsibility
Annual Monitoring and Evaluation Report published <sup>28</sup>	NSP indicators progress report	Tracks the NSP indicators to mark progress annually	Paper based Report	Simple count	None	Output	Simple count	Annual	No	Completion of report	M&E Manager
Global AIDS response progress reporting completed, submitted to Cabinet for noting <sup>29</sup>	UNAIDS report international report	To fulfil international reporting	Paper based report	Simple count	None	Outcome	Simple count	Annual	No	Completion of report	M&E Manager
NSP mid-term review published	Mid-term review report of the NSP	To check progress at mid-term of the NSP implementation	Report	Simple count	None	Outcome	Simple count	Once off	Yes	Report produced and changes made according to lessons learned	M&E Manager
Number of PCAs with annual M&E reports published.	NSP indicators progress report	Tracks the NSP indicators to mark progress annually	Paper based Report	Simple count	None	Output	Simple count	Annual	No	Completion of report	M&E Manager

28, 29) Approved by CEO and loaded onto the SANAC Trust website and distributed to the public

### Programme 5: Donor Co-ordination

Indicator name	Short definition	Purpose/importance	Source/collection of data	Method of calculation	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Responsibility
Number of effective CCM meetings held	Meetings held	Track progress of the GF	Minutes of the meetings	No calculation required	None anticipated	Output	Simple count	Annual	No	Progress of PF funded PR	Manager Donor Coordination
Application for additional funds submitted to Global Fund	Additional amount raised	To raise more funds to meet the needs	Award document/ Letter	No calculation required	None anticipated	Output	Simple count	Annual	No	Raise more funds	Manager Donor Coordination
Funds disbursed to the Principal Recipients by the Global Fund	Total Amount disbursed	To track disbursement amounts	Financial statements	No calculation	None anticipated	Output	Simple count	Annual	Yes	To get committed funds disbursed	Manager Donor Coordination
Oversight Committee Reports submitted to the CCM	Reports submitted	Track performance of PRs	Oversight reports	No calculation required	None anticipated	Output	Simple count	Annual	Yes	Progress and performance of PF funded PR	Manager Donor Coordination
Number of costing TTT Reports published	Reports on Costing form costing TTT	To influence treasury and donor funding allocations	TTT reports	Simple count	None	Output	Simple count	Annual	Yes	More funds Allocated to HIV and TB programmes	Manager Donor Coordination

### Programme 6: SANAC Meetings

Indicator name	Short definition	Purpose/importance	Source/collection of data	Method of calculation	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Responsibility
Number of Plenary meetings	Funds raised a Meetings held regularly	Provision of Input on major national decisions	Minutes of meetings and documents shared	Simple count	None anticipated	Output	Simple count for the year	Annual	No	Buy-in into major health related matters	Manager – GCSS
Number of Programme Review Committee Meetings	Meetings held regularly	Share experiences and plot way-forward	Minutes of meetings and documents shared	Simple count	None anticipated	Output	Simple count	Annual	No	Share experiences and collectively plotted way-forward	Manager – GCSS
Number of Civil Society meetings	Meetings held regularly	Share experiences and plot way-forward	Minutes of meetings and documents shared	Simple count	None anticipated	Output	Simple count	Annual	No	Share experiences and collectively plotted way-forward	Manager – GCSS
Number of IMC Meetings	Meetings held regularly	Share experiences and plot way-forward	Minutes of meetings and documents shared	Simple count	None anticipated	Output	Simple count	Annual	No	Share experiences and collectively plotted way-forward	Manager – GCSS



