



# South African National AIDS Council Trust (SANAC Trust)

ANNUAL PERFORMANCE PLAN  
2016/17





# CONTENTS

<b>1</b>	<b>ACRONYMS</b>
<b>3</b>	<b>FOREWORD FROM THE CHAIRPERSON OF THE BOARD OF TRUSTEES</b>
<b>5</b>	<b>STATEMENT FROM THE CHIEF EXECUTIVE OFFICER</b>
<b>7</b>	<b>OFFICIAL SIGN-OFF</b>
<b>8</b>	<b>PART A: STRATEGIC OVERVIEW</b>
<b>9</b>	1 Situational Analysis in HIV, AIDS and TB
<b>9</b>	1.1 Introduction
<b>11</b>	1.2 Epidemiological context
<b>12</b>	1.3 Political and policy context
<b>12</b>	1.4 Economic context
<b>14</b>	1.5 Social context
<b>15</b>	2 Progress towards Strategic Priorities of the SANAC Trust
<b>15</b>	2.1 Governance and Administration
<b>15</b>	2.2 Communications
<b>16</b>	2.3 NSP Coordination
<b>17</b>	2.4 Monitoring and Evaluation (M&E)
<b>17</b>	2.5 Donor Coordination
<b>19</b>	2.6 Government and Civil Society Support
<b>21</b>	3 Organisational Environment
<b>21</b>	4 Priority Challenges to address
<b>21</b>	4.1 Insufficient funds
<b>22</b>	4.2 Support to Provinces
<b>22</b>	4.3 Support to Civil Society and Implementing NGOs
<b>22</b>	5 Future Plans and Actions, and Medium-To-Long Term Goals
<b>23</b>	6 Legislative and Other Mandates
<b>23</b>	6.1 Overarching Mandate
<b>23</b>	6.2 Other legislative, functional and policy mandates
<b>24</b>	7 Policy Mandates
<b>24</b>	8 Relevant Court Rulings
<b>24</b>	9 The SANAC Trust Deed
<b>25</b>	10 Overview of 2016/17 Budget And MTEF Estimates
<b>26</b>	<b>PART B: PROGRAMME PLANS</b>
<b>27</b>	Programme 1: Governance and Administration
<b>29</b>	Programme 2: Communication
<b>30</b>	Programme 3: NSP Implementation
<b>32</b>	Programme 4: Monitoring and Evaluation
<b>33</b>	Programme 5: Donor Coordination
<b>35</b>	Programme 6: Government and Civil Society Support
<b>36</b>	<b>PART C: LINKS TO OTHER PLANS</b>
<b>39</b>	<b>PART D: TECHNICAL INDICATOR DEFINITIONS</b>

# ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>APP</b>	Annual Performance Plan
<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>COGTA</b>	Department of Constitutional Governance and Traditional Affairs
<b>CSF</b>	Civil Society Forum
<b>DAC</b>	District AIDS Council
<b>DFID</b>	Department for International Development (UK)
<b>DHET</b>	Department of Higher Education
<b>DREAMS</b>	Determined, Resilient, AIDS-free, Mentored and Safe Initiative
<b>DST</b>	Department of Science and Technology
<b>FDC</b>	Fixed dose combination
<b>GARP Report</b>	Global AIDS Response Progress 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>	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (German International Cooperation)
<b>HCT</b>	HIV Counselling and Testing
<b>HIV</b>	Human Immunodeficiency Virus
<b>HOS</b>	Heads of Secretariats
<b>IC</b>	Investment Case
<b>IDU</b>	Injecting Drug Users
<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>LGBTI</b>	Lesbian, Gay, Bisexual, Transgender and Intersex
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MMC</b>	Medical Male Circumcision
<b>MSM</b>	Men having sex with Men
<b>MTBPS</b>	Medium Term Budget Policy Statement
<b>MTR</b>	Mid Term Review
<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>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>PSP</b>	Provincial Strategic Plans
<b>SALGA</b>	South African Local Government Association
<b>SANAC</b>	South African National AIDS Council
<b>STIs</b>	Sexually 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 FROM THE CHAIRPERSON OF THE BOARD OF TRUSTEES



In the last quarter of 2015, the Deputy President of the Republic of South Africa appointed a new Board of Trustees for the SANAC Trust. The incoming Trustees were registered with the Master of the High Court in January 2016 and have quickly taken charge of governance responsibilities over the activities of the SANAC Secretariat.

We inherited a well-functioning Trust that fulfilled its fiduciary and governance responsibilities. The Trust and its sub-committees (an Audit and Risk Committee and a Remuneration Committee) ensured good financial management and oversight over the activities of the Secretariat and its compliance with legislation. This was confirmed by independent external audit of both financials and performance against pre-determined objectives that yielded three consecutive unqualified audit opinions for the 2013, 2014 and 2015 financial years. The external audit of the 2016 financial year was conducted in June and July of this year.

The overall aim of the Secretariat, under the guidance of the Trustees, as stated in Clause 5 of the Trust Deed is as follows: "The Trust shall have as its main object to support the implementation of the National Strategic Plan for HIV, TB and STIs 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 STIs; and research in relation to these diseases and their impact."

The Trust's programme for the next year must therefore aim to fulfil these objectives as far as is possible with the available funds. Since the available funds are always less than the funds required, the Secretariat is expected to extract as much efficiency and value for money as possible in order to achieve the objectives of the Trust with the limited funds available.

The incoming Trustees, in their wisdom and after consultations with the CEO and his management team have added a Governance and Strategic Risk Committee to guide the Board of Trustees and the Secretariat in respect of clarifying the mandate, scope of work and financing channels of the Secretariat as these may pose strategic and reputational risk given the overlapping accountability mechanisms in the Trust and the SANAC environment. The Committee will benefit from the Treasury review of the mandate, scope of work and financing of the Secretariat that is currently under way.

The SANAC Trust must also support the Deputy President in his role as Chairperson of the South African National AIDS Council 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 response in South Africa.

A key responsibility of the Secretariat is to raise additional funds for the Trust. The Trustees will support fundraising efforts whilst constantly ensuring that core costs are met through sustainable financing from government sources.

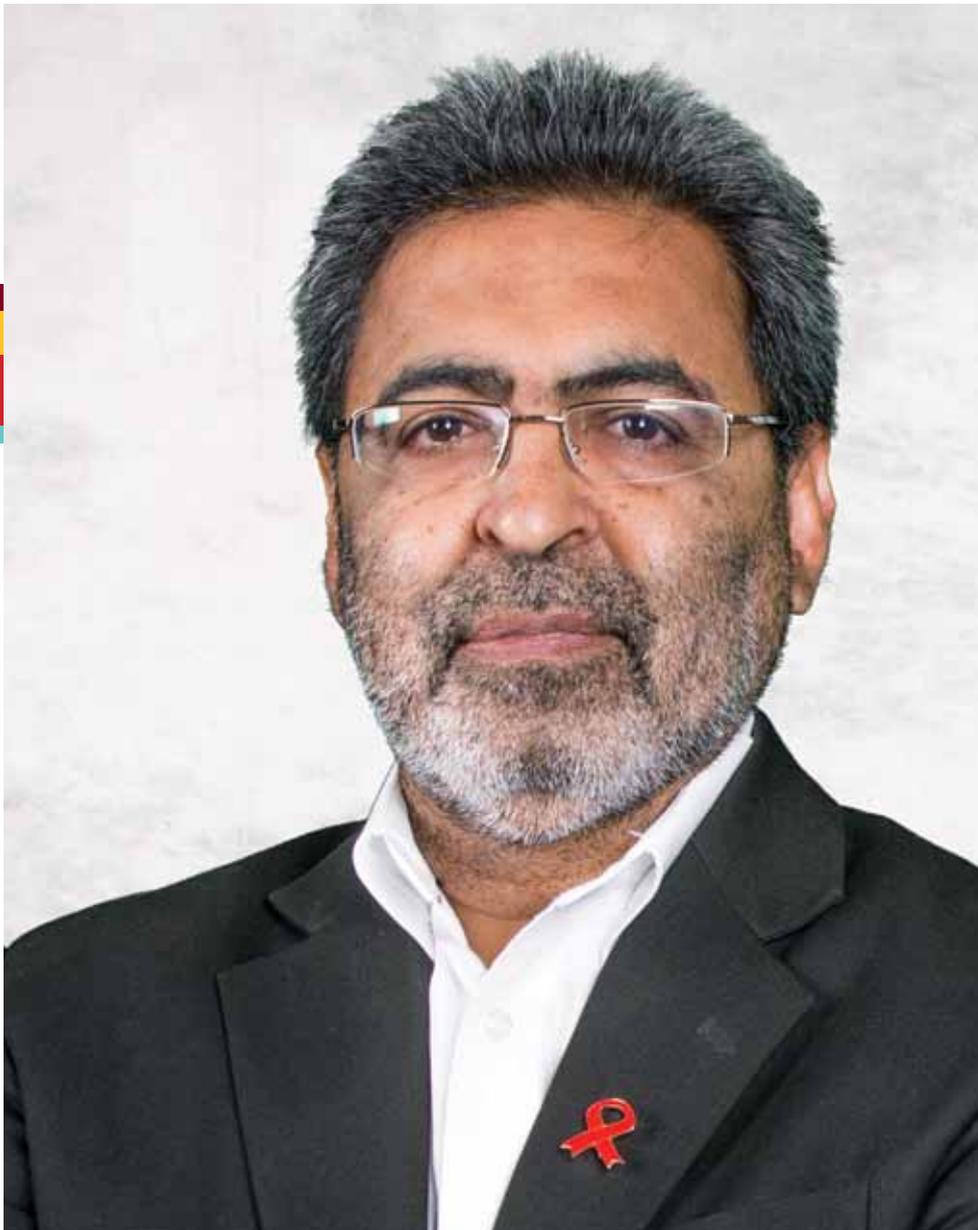
On behalf of my fellow Trustees I would like to assure the Deputy President and the people of South Africa, of our commitment to ensuring that the objectives of the Trust are met to the extent that available finances permit, and to the highest levels of good corporate governance.

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 National Strategic Plan for HIV, TB and STIs.



**Dr Gwen Ramokgopa**

Chairperson of the SANAC Board of Trustees



## STATEMENT FROM THE CHIEF EXECUTIVE OFFICER

For the ten-year period between 2002 and 2011, the SANAC Secretariat was administered by the National Department of Health until the Trust began trading on 1 April 2012. The Secretariat therefore enters its fifth year since it began operating as an independent institution under the governance of the SANAC Trust and has grown substantially over the last four years; both in terms of human capacity and financial resources.

The staff complement at the Secretariat has grown to 39 from 29 at the end of the previous year and expenditure (including donations in kind) is now just shy of R50 million at the end of the last financial year. This represents an increase of just over 35% from the previous financial year.

The recognised improvements in the financial integrity of the Secretariat has resulted in increased revenues both from government and donor sources especially in the last two financial years.

During this period the Secretariat continues to strengthen its administration to ensure greater agility and speed with financial management, human resources, IT and procurement systems. This has allowed the team at the Secretariat to increase its scope of work and its activities year on year as described later in this report.

The Secretariat has now reached a point where it can credibly state that it effectively coordinates large scale projects such the DREAMS project funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) - (US\$67 million over two years), the national sex worker programme and the Global Fund portfolio of grants (US\$304 million over the next three years). In addition, our work with government, civil society and the private sector is growing apace with the increasing presence of the Secretariat being felt by key stakeholders in the HIV and TB communities.

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 externally, from local and international donors. Fundraising is a critical function of the Secretariat.

In this Annual Performance Plan the Secretariat will strengthen its National Strategic Plan (NSP) coordination, campaigns and communications 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.

There will be further growth in the monitoring and evaluation function with dedicated funding from the grant from the US Centres for Disease Control (CDC). This year will also see the all-important development of the next NSP for the period April 2017 to March 2022. This will establish the basis for the country response to HIV, TB and STIs for the next five years and is a critical ingredient to the successful national project, setting ambitious targets for the control of the three epidemics under the umbrella of the recently adopted United Nations Sustainable Development Goals.

I believe that the groundwork has been done to take the work of the SANAC Trust to a new level and to allow the Secretariat to achieve the objectives laid out in this Annual Performance Plan.

I would like to take this opportunity to thank the Deputy President, the Minister of Health and the SANAC Trustees for their invaluable support of the management team who – notwithstanding challenging and often difficult conditions – are committed to the bold pursuit of the objectives of SANAC and the SANAC Trust.



**Dr Fareed Abdullah**  
Chief Executive Officer



## OFFICIAL SIGN-OFF

It is hereby certified that this Annual Performance Plan (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 Dr G Ramokgopa, Chairperson of the SANAC Trust;
- Was prepared in line with the current NSP of 2012-2016 and the SANAC Trust Deed; and
- Accurately reflects the performance targets which the SANAC Trust will endeavour to achieve given the resources made available in the budget for 2016/2017.

**Ms A Uys**  
Chief Financial Officer

Signature

**Ms L Motsieloa**  
M&E Manager

Signature

**Dr F Abdullah**  
Chief Executive Officer

Signature

Approved by  
**Dr GM Ramokgopa**  
Chairperson of the SANAC Trust

Signature



# PART A: STRATEGIC OVERVIEW

# PART A

# STRATEGIC OVERVIEW

## 1. SITUATIONAL ANALYSIS ON HIV, AIDS AND TB

### 1.1 Introduction

The South African National AIDS Council (SANAC) is a voluntary association of institutions established by the national cabinet of the South African Government to build consensus across government, civil society and all other stakeholders to drive an enhanced country response to the scourges of HIV, TB and STI. The Council is not a juristic person. Under the direction of SANAC, the government of South Africa created the SANAC Trust as the legal entity that is charged with achieving its aims. The SANAC Secretariat exists to implement the objects of the SANAC Trust established in terms of the Trust Property Control Act.

#### The main objectives of the Council are to:

- Foster dialogue between government, civil society and all other stakeholders and to oversee the country's response to HIV, TB and STI;
- Advise government on HIV and AIDS, TB and STI policy and strategy, and related matters;
- Strengthen the governance, leadership and management of the response to HIV, TB and STI at national, provincial, district and local levels;
- Strengthen the multi-sectoral response to HIV, TB and STI as a contribution to the overall social and economic development of South Africa, including but not limited to policy review, programme management and coordination, technical assistance and capacity building, and sectoral support;
- Mobilise resources domestically and internationally to finance the response to HIV, TB and STI, including but not limited to estimating expenditure and resource needs, fund-raising from domestic and international institutions, including Treasury, donor coordination,

and investigating new sources of funding for the multi-sectoral response and the National Strategic Plan (NSP);

- Ensure the monitoring of progress against the targets set in the NSP and ensure mid and end of term evaluations for the prevailing NSP;
- 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.

SANAC and its committees meet regularly to discuss HIV, TB and STIs. These meetings agree on the strategy for the country; they consider policies and programmes that are inadequately catered for in the NSP and which need further attention. The committees bring together government, civil society and the private sector in what must be the most representative stakeholder forum on HIV on the continent and also an example of fostering consensus and collaboration for other sectors of South African society. SANAC has been hailed in the State of the Nation Address and by Parliament as a best practice.

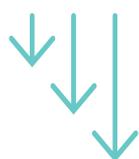
The SANAC Trust (Secretariat) organises and finances the SANAC Plenary and all its committee meetings and processes but the Trust does much, much more than organise meetings. The Secretariat works with multiple partners in government and other institutions to deepen the country's ability to plan for the short and the long term. In 2015, the Trust partnered with the Department of Health, UNAIDS and University of the Witwatersrand to conduct the Investment Case Study that modelled the optimal mix of interventions needed to bring the HIV and TB epidemics under control by 2030, and also estimated

the cost over that period of time. The Investment Case Study has informed the budget decisions of the National Department of Health (NDoH) and the National Treasury.

The Secretariat has financed and led work on how to reduce HIV incidence in young women and detailed the approach and programme planning necessary to comprehensively address the needs of sex workers and men who have sex with men. The Secretariat finances and manages the monitoring and evaluation of the NSP. It has produced the first ever NSP Annual Progress Report and is currently finalising the

mid-term review assessment of the NSP. Two reports have been submitted to UNAIDS that review progress against the UN Top 10 indicators and the M&E team submits country data to UNAIDS every six months. The Secretariat's donor coordination and resource mobilisation section manages the Global Fund portfolio in South Africa. The Secretariat finances and manages a whole system of proposal writing, consultation with stakeholders (CCM), oversight and PR capacity building that has resulted in annual disbursements to the country in excess of US\$100 million per annum.

## THE NSP HAS SET AMBITIOUS GOALS FOR THE 2016/17 FINANCIAL YEAR. THESE ARE TO:



Reduce new HIV infections by at least **50%** using combination prevention approaches



Initiate at least **80%** of eligible patients on Antiretroviral Treatment (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%**



Reduce self-reported stigma related to HIV and TB by at least **50%**<sup>1</sup>

Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP

### 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.

<sup>1</sup> Department of Health (2011) National Strategic Plan on HIV, STIs and TB (NSP) 2012-2016

## 1.2 Epidemiological context

South Africa has a generalised HIV epidemic, which has stabilised over the last four years at a national antenatal prevalence of around 30%. It is estimated that some 6.8<sup>2</sup> million people are currently living with HIV.

HIV infection fuels the tuberculosis epidemic, with more than 70% of patients living with both infections. The highest prevalence of TB infection is among people aged 30-39 years who are living in townships and informal settlements.



South Africa currently ranks the third highest in the world in terms of the TB burden (after India and China), with an incidence that has increased by 400% over the past 15 years<sup>3</sup>. There is a wide variation in HIV and TB prevalence across age, race, gender, socio-economic status and geographical location. In 2014, new TB infections were estimated at 270 000 (240 000 – 310 000) amongst People Living with HIV (PLHIV) out of a total of 450 000 (400 000 – 510 000), translating into an overall incidence of 834 (737 – 936) cases per 100 000<sup>4</sup>.

However, not everyone who is infected will progress to active TB disease. Certain populations are at higher risk of TB infection and re-infection. These include health care workers, miners, prisoners, prison officers and household contacts of confirmed TB patients. In addition, certain groups are particularly vulnerable to progressing from TB infection to TB disease. These include children, people living with HIV, diabetics, smokers, alcohol and substance users, people who are malnourished or have silicosis, mobile, migrant and refugee populations, and people living and working in poorly ventilated environments. These groups are considered “key populations” for TB. The 2015 WHO report estimates TB mortality at 96 000 deaths, of which 72 000 is related to HIV. Non-HIV mortality has been declining over the last 10 years with HIV related TB mortality also declining, although more slowly.

National programmatic data depicts a steady decline in STI incidence since 2012, however one must be cognisant that the prevalence of STIs, which is a co-factor in the acquisition for HIV, is still high in many sectors of the population<sup>5</sup>.

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. 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 and in key populations. The National Development Plan (NDP) aspires to have an AIDS-free generation (under 20 ) by 2030.

Comparing across surveys, HIV incidence appears to be declining, especially among youth. The same trends are seen in both the Spectrum and the Thembisa models, showing a decline in incidence. According to the Spectrum 2014 model, incidence is estimated to have been 330 000 in 2014 among persons 15 years and older, a decrease of 17.5% from 410 000 in 2011. However, by any measure HIV incidence in adults remains unacceptably and intractably high in South Africa. The 2013 National Antenatal Sentinel HIV Prevalence survey illustrates that HIV prevalence has stabilised between 29% and 30% since 2004, indicative of stabilisation at a national Level.

In contrast, the reduction in vertical transmission of HIV has been dramatic and sustained. In 2014 only 1.5% of babies born to HIV infected mothers were infected with HIV (measured at 6 weeks), a dramatic decline from the 25 to 30% of babies infected before the widespread use of ART to prevent mother

2 Spectrum, 2014

3 Global fund Concept note, 2015

4 WHO Global TB report, 2015

5 Enhanced Progress report of the South African National Strategic Plan on HIV, STIs and TB: 2012- 2016, 2016 Draft

to child transmission. The transmission rate at 18 months is estimated to be approximately 5%<sup>6</sup>. South Africa has therefore already fully met the targets for the Prevention of Mother to Child Transmission (PMTCT) as set by the NSP.

By the end of 2014, South Africa had 3,078,570 PLHIV on ART. This makes the South African ART programme the biggest in the world, and has been increasing by an average of 25% per year over the last three years, although that increase is slowing<sup>7</sup>.

The rate of loss to follow up (LFU) was 27% at 12 months on ART, and 52% at 5 years. However, there may well be people accessing care at different facilities, and who may be recorded as LFU, as opposed to transferred between facilities<sup>8</sup>.

Amongst the 59.6% who have had viral load tests performed, in 2014, 81% were virally suppressed.

### 1.3 Political and policy 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.

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>9</sup>. This declaration explicitly outlined

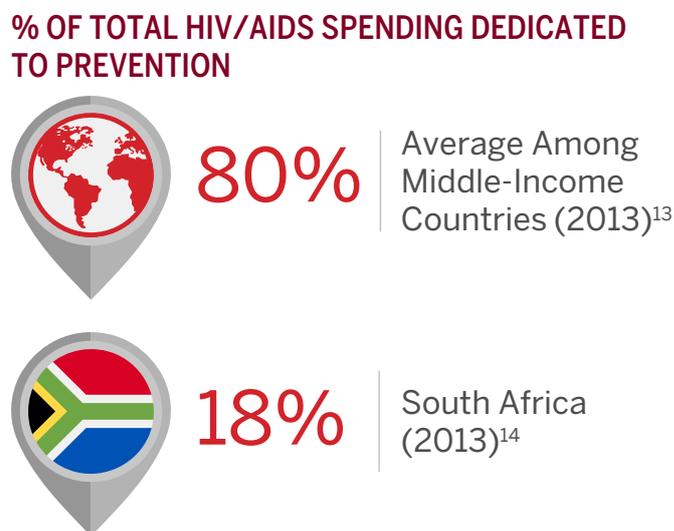
commitment for all UN member states to address the inadequacy of HIV prevention strategies by focusing on men who have sex with men (MSM), injecting drug users (IDU) and sex workers (SW) and improving access to HIV prevention, treatment, care and support services for migrant populations<sup>10</sup>. In March 2016, the Deputy President launched the South African National Sex Worker HIV Plan, 2016-2019, to address the needs through a comprehensive standardised package of services.

### 1.4 Economic context

Based on global modelling by UNAIDS, investing around a quarter of total HIV/AIDS resources into prevention services is optimal.<sup>11</sup> However, globally, we are not moving in the right direction. As a proportion of total spending, investments in prevention have fallen from 2008 to 2013, and most sharply in low-income countries. In upper-middle income countries such as South Africa, prevention spending fell from 20% in 2008 to 18% in 2013.<sup>12</sup>

According to modeling from the South African Investment Case (published in March 2016), South Africa invests approximately 21% of total HIV/AIDS resources in prevention efforts. This is closer than other countries of similar income status to the 25% recommended by UNAIDS.

**Figure 1: HIV/AIDS spending dedicated to Prevention**



6 South Africa PMTCT Report; MRC. 2011

7 Annual Report. National Department of Health, 2014/15

8 Annual Report. National Department of Health, 2014/15

9 [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)

10 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)

11 UNAIDS (2015) Invest in HIV Prevention. Page 1. Online at [http://www.unaids.org/sites/default/files/media\\_asset/JC2791\\_invest-in-HIV-prevention\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/JC2791_invest-in-HIV-prevention_en.pdf)

12 UNAIDS (2015). How AIDS Changed Everything. Page 188.

13 UNAIDS (2015). How AIDS Changed Everything. Page 188.

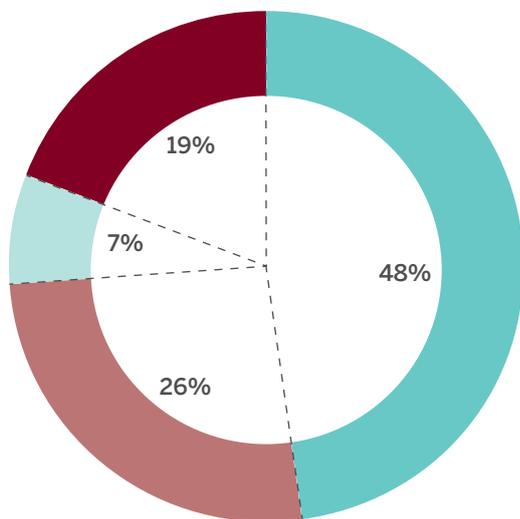
14 Estimated based on Spending Reported in South African Investment Case (March 2016) Page 59 of Full Report.

**Table 1: Approximate breakdown of spending on HIV Prevention Interventions by Investment Case programme areas (2013)**

<b>SPENDING ON HIV PREVENTION INTERVENTIONS</b>	HIV Counselling and Testing	<b>6.4%</b>
	Medical male circumcision	<b>3.2%</b>
	Prevention of mother-to-child transmission	<b>3%</b>
	Other biomedical prevention <sup>15</sup>	<b>1%</b>
	Key populations	<b>1.4%</b>
	Comprehensive condom programming	<b>1%</b>
	Social and Behavioural Change Communication	<b>2%</b>

**Figure 2: HIV spending split in South Africa (2013) compared to UNAIDS Recommended Split to Reach 2020 Fast-Track targets**

**A balanced and efficient AIDS response portfolio**

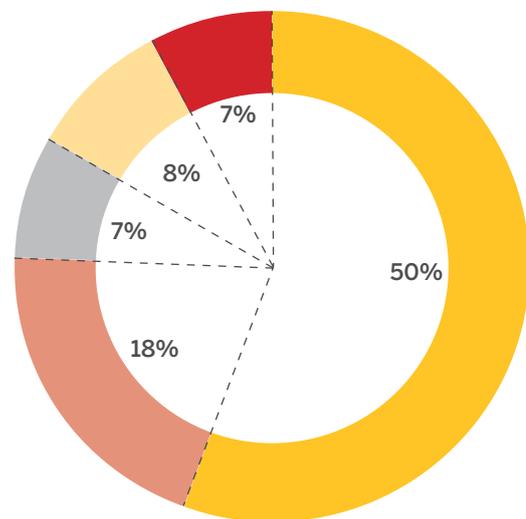


- Prevention\*
- Treatment
- Critical enablers
- Synergies

\*Includes PrEP and a small allocation to cash transfers

Source: UNAIDS Modelling, 2014

**2013 Spending in South Africa (Investment Case, 2016)**



- Care and Treatment
- HIV Prevention Interventions
- Programme Enablers
- Social Enablers
- Spending in non-investment case areas

<sup>15</sup> Including PEP, PrEP, STI treatment and microbicides.

South Africa is spending about the same percentage of total HIV funds on prevention as other middle-income countries, but we are still not spending a large enough proportion. At ~18% for prevention, we are below the 26% recommended by UNAIDS to reach the Fast-Track targets

The Investment Case shows that there are allocative efficiencies to be gained within South Africa's HIV spending. These largely point towards the need to increase proportional spending on prevention interventions. Specifically, allocative efficiencies can be realised by spending proportionally more on medical male circumcision and HIV counselling and testing and proportionally less on ART, in-patient care and PMTCT. Specifically, comparing proportional spending from baseline 2014 with the most cost-effective package of interventions to achieve the 90-90-90 targets, proportional spending on medical male circumcision should double, and proportional spending on HIV counselling and testing should triple<sup>16</sup>.

## 1.5 Social context

The 2012 HSRC survey illustrates the links between HIV prevalence, race and locality type with HIV prevalence being overall highest among black Africans at 20.8% in formal rural areas, 20.4% in informal urban areas, 15.0% in formal urban areas and 13.4% in informal rural areas. HIV incidence among the population as a whole, aged two years and older, is highest in informal urban areas at 2.46%, followed by formal urban areas (1.06%), informal rural areas (0.87%) and rural formal areas (0.84%).

According to the 2013 HIV and TB review, South Africa's interventions and policies respect human rights in their conceptualisation and implementation. It was found that HIV Counselling and Testing (HCT) was taking place with informed consent, PLHIV eligible for ART were referred appropriately, patients with drug-resistant TB were managed as per guidelines, women were not denied their sexual and reproductive health, and rape survivors were provided with appropriate post-exposure prophylaxis (PEP) services.

Health care guidelines and policies follow a rights-based approach, and there are examples of provision for rights-based responses such as prevention of stigma and discrimination campaigns, provision of human rights training, and improving enforcement of rights in programmatic responses for vulnerable and key populations.

There is also a strong commitment to addressing gender-based violence (GBV) and ensuring women and girls have access to health and legal services following sexual violence. SANAC has made progress in setting up systems to ensure effective monitoring of human rights abuses and increasing access to justice. There is a long list of legal precedents in South Africa that relate to the protection of patient rights. A number of these judgements have been made in the Constitutional Court.

The SANAC Secretariat has established a partnership with Legal AID South Africa to provide legal and paralegal support for any member of the public experiencing HIV discrimination. Hundreds of cases have already been fielded through this service.

The South African Human Rights Commission (2012) Equality Report<sup>17</sup> and the Equality Roundtable Dialogue Report of 2015<sup>18</sup> noted ongoing concerns regarding the rights of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) populations, persons with disabilities, and the achievement of gender equality.

National population-based surveys have shown low levels of stigma-related attitudes among the general population. For example, the National Communication Survey found that 87% of respondents would remain friends with a person who was known to be HIV positive, while 16% said they would be embarrassed being seen with a person known to have HIV.<sup>19</sup>

The perspectives of 10 000 PLHIV were explored through the National Stigma Index Survey carried out in 2014. This found that 36% of PLHIV had experienced some form of external stigma and discrimination and 43% some form of internal stigma, respectively<sup>20</sup>. Experiences of most formats of external stigma were low. For example, 90% of PLHIV reported that they had not been excluded from social events, 92% reported never having been excluded from family activities and 96% had not been excluded from religious activities. Some experiences of social exclusion were attributed to reasons not related to HIV status.

TB-related stigma and discrimination was more common among PLHIV with TB than HIV-related stigma, with experiences in the past 12 months including being gossiped about (41%) and being teased, insulted or sworn at (36%).

<sup>16</sup> Department of Health, South Africa, and South African National AIDS Council: *South African HIV and TB Investment Case - Summary Report Phase 1*. March 2016. Page 263.

<sup>17</sup> South African Human Rights Commission – *Equality Report (2012)*

<sup>18</sup> South African Human Rights Commission – *Equality Roundtable Dialogue Report (2015)*

<sup>19</sup> Johnson et al., 2013

<sup>20</sup> National Stigma Index Survey

## 2 PROGRESS TOWARDS STRATEGIC PRIORITIES OF THE SANAC TRUST

This section reflects on the progress made during the 2015/16 period and how it contributes to the strategic priorities of the SANAC Trust.

### 2.1 Governance and Administration

The Trust has grown significantly over the last three years, both in terms of income and expenditure as well as staff capacity. Preliminary figures show a 50% increase in expenditure on 2014/15 to 2015/16 financial years as well as a 35% growth in staff complement.

During 2015/16 the Trust received its 3rd consecutive, unqualified audit report. This places the Trust on firm ground to expand projects and build relationships with donors to increase funding with a view to fulfilling its mandate to effectively coordinate the implementation of the NSP for South Africa.

The Trust has embarked on a joint project with National Treasury to address the mandate and role of SANAC within the larger HIV/AIDS landscape in South Africa. This project aims to review the Trust's governance arrangements and address the risks that face the Trust. With the appointment of new Trustees in 2015/16, we have strengthened the Trust's Remuneration Committee, Audit and Risk Committee, as well as initiated a Governance and Strategic Risk Committee. More detail on the Trust and Board of Trustees is available on the SANAC website <http://sanac.org.za/about-sanac/board-of-trustees/>

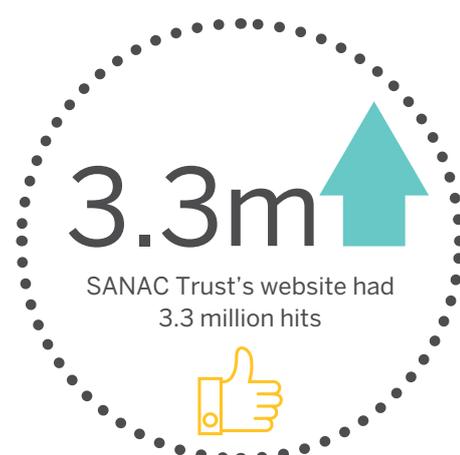
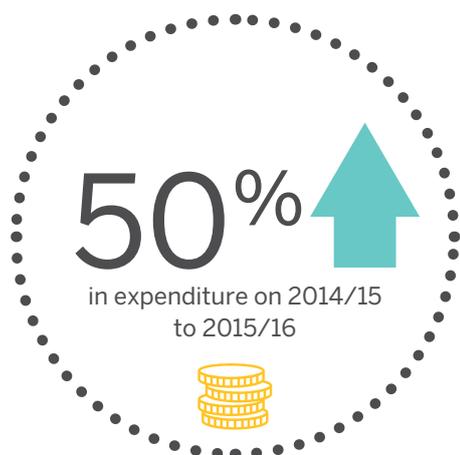
As the Trust grows, strong financial and administrative systems and policies are vital to support the Trust's programmes for the implementation of its strategic objectives. These systems and policies provide a solid platform to maintain the confidence of the Trust's auditors and donors, and reflect the Trust's commitment to sound corporate governance goals whilst remaining responsive in order to achieve the Trust's strategic objectives.

### 2.2 Communications

Five editions of SANAC NEWS were produced in the year with special editions for the South African AIDS Conference, and World AIDS Day 2015. These newsletters are available on the SANAC website <http://sanac.org.za/category/publications/newsletters/>. SANAC saw important growth in digital engagement following the introduction of a SANAC Twitter and Facebook account. The website recorded steady growth, and there has been an increase in the number of visitors, pages that have been downloaded, and hits. In the 2014/15 financial year the SANAC Trust's website had 3.3 million hits; and from July 2015 – December 2015 the website garnered almost 2 million hits. As part of this digital outreach, an overhaul of the SANAC website began in 2016 and the site was switched to a more user-friendly format.

SANAC coordinated the development of a Government and Civil Society exhibition at the 2015 South African AIDS Conference, which showcased the country's response to HIV as well as the progress made towards the implementation of the NSP for HIV, STIs and TB.

SANAC's World AIDS Day theme for 2015 was 'Towards an HIV-free Generation: Rise. Act. Protect'. A series of videos and other promotional materials were produced for the campaign, which included a dynamic social media campaign involving local celebrities. The World AIDS Day concept was developed and conceptualised in partnership with Civil Society, in order to celebrate and



acknowledge the vital role that communities play in the HIV response. This culminated in a series of profiles of local champions working to end HIV in their communities. A communication toolkit with information on how to use the different materials during the campaign has also been shared with all stakeholders (Government, Private Sector and Civil Society). The toolkit can be viewed on the SANAC website [http://sanac.org.za/category/wad\\_toolkit/](http://sanac.org.za/category/wad_toolkit/).

SANAC led several high-visibility initiatives this year. At the 2015 South African AIDS Conference, the Deputy President launched the Stigma Index report, which resulted in widespread national coverage that included radio, television and print media. The release of the Sex Worker HIV Plan in March 2016 attracted considerable media interest, and the event trended on Twitter – a notable first for SANAC’s recently-launched social media presence.

### 2.3 NSP Coordination

Support for the Provincial Councils on AIDS (PCA) remained a key area for the NSP Coordination unit. Programmes for PCA support included both financial and capacity building 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.

The Management team finalised the strategy on capacity building and support of Provincial, District and Local AIDS Councils to increase the effectiveness of these structures.

Trust funds were used to specifically support the Limpopo PCA (LPCA). The support included technical assistance with the development of an organogram and recruitment of staff for the Provincial Secretariat. The Secretariat was also assisted in terms of capacity building on the guidelines and roles for AIDS Councils. In Limpopo, Trust funds supported the establishment of the PCA Secretariat in the office of the Premier until May 2015 after which the funding was taken over by the Premier’s office in Limpopo from 1 June 2015.

Another major achievement of the NSP Coordination Unit has been the successful submission of a proposal for prevention of new infections in young women and girls, referred to as DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe Initiatives). DREAMS is an initiative to reduce new HIV infections in adolescent girls and young women, funded by the U.S. President’s Emergency Plan for AIDS Relief, the Bill & Melinda Gates Foundation, and the Nike Foundation Partner. The proposal translated in funding to the value of US\$66m for the provinces of Gauteng and KwaZulu Natal. The development of the DREAMS work plan and implementation plan has been a multi-stakeholder, multi-

level process to bring together stakeholders from across sectors, including Governmental departments, NGOs and donors, with the aim of making this programme the single highest priority across the portfolio. Both the Global Fund (GF) (see section below) and PEPFAR have committed funds to this programme. It is estimated that a total of R300 million for young women and girls will be invested over the next two years in South Africa.

The NSP unit has also been leading the work with key populations. One example is the launch of the National Sex Worker plan on 11 March 2016 (see more at <http://sanac.org.za/2016/03/18/national-AIDS-council-responds-to-hiv-in-sex-workers/>). A similar approach is being followed for the development of the LGBTI strategy and a road map to address IDUs. A coordination structure that addresses matters around key populations is managed by the unit and has met twice during the reporting period.

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 National Treasury.

The NSP Unit provided support to the Department of Social Development (DSD) in conducting a review of gender disparities as it applies to HIV in each of the nine provinces. The report was launched during the current financial year after approval by Parliament.

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. Key highlights for the financial year 2015/2016 have been the development of a multi wave campaign proposal for demand generation for HCT services. The proposal was developed in consultation with the civil society sectors within SANAC to ensure buy-in, and was submitted to the National Lotteries for funding.

The private sector engagement strategy has been finalised and we are now working on the costing of the implementation plan. Some aspects of ensuring private participation in HCT campaigns have already started with the formation of strategic partnerships to implement the demand generation campaign waves targeted at the retail sector; the mining sector; small scale contractors in Gert Sibande and Fezile Dabi districts through SASOL and EOH as well as the taxi industry and the farming sector through AGRI AIDS. Additionally, campaigns will be run in conjunction with the National House of Traditional Leaders focusing on villages; and a women’s campaign wave in partnership with Pink Drive SA.



By leveraging International Health days (such as World TB and World AIDS Days), we facilitated the transformation of the focus for these days from events to campaigns. These campaigns have an increased service delivery focus that include social mobilisation, screening for HIV, TB and other non-communicable diseases as well as a scale-up on condom distribution. Leveraging of resources has ensured greater access for hard to reach communities and also ensured the maximum participation of the AIDS councils, and resuscitation where the councils had not been actively meeting. The added benefit has been the mobilisation of SANAC sectors around the HCT campaign and strengthening the partnership with government departments.

Resources have been mobilised from UNAIDS during the reporting period for the documentation of the HCT campaign launched in 2010, and the lessons learnt were shared with the international community during the International AIDS conference in July 2016. The unit has started work on the revitalisation of the HCT newsletter targeting health professionals involved in the HCT Campaign.

## 2.4 Monitoring and Evaluation (M&E)

The M&E Unit has made considerable 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. During the year under review, the unit has been able to produce the NSP Mid Term Report (Report is part of the NSP Annual report covering progress made up to March 2015), and the UNAIDS inspired Global AIDS Response Progress Report (GARP) for 2015. The NSP Mid Term Report was funded through DFID (the UK government's Department for International Development) and the WHO. In addition to this, nine Provincial Annual Progress Reports have been produced. The reports reviewed and assessed progress made in the Provincial Strategic Plan (PSP) for the period looking at major achievements, gaps/challenges and recommendations for the remaining period of the PSP implementation.

The unit submits country data each year to UNAIDS through an online tool, as well as data twice per year on ART and PMTCT. The first reporting was completed in March 2015 and second reporting in June 2015.

For the reporting period the unit had M&E Officers for all the nine provinces working with Provincial AIDS Councils (PCAs) to address their M&E needs. Following the capacity assessment conducted in 2014/2015, M&E Officers have been able to produce M&E Plans for the provinces addressing some of the identified gaps from the assessments.

## 2.5 Donor Coordination

There were five Global Fund Country Co-ordinating Mechanism (GF CCM) meetings and one retreat over two and half days held during the reporting period. They were all well attended with a quorum being met at all meetings. The GF CCM also successfully met the requirements set out in the Eligibility Performance Assessment that is administered by an independent technical service provider approved by the Global Fund (GF), which has allowed us to submit a concept note to the GF for further funding.

The unit submitted the country concept note to the Global Fund in July 2015 for US\$380 million. The concept note was based on findings from the Investment Cases for HIV and TB as well as the NSP Mid-Term review and consultation with multiple stakeholders. The consultations included the development of a priorities charter by the members of the Civil Society Forum and a special note on key populations based on this. The concept note was deemed to be of a high quality by both the high level approval panels of the Global Fund, viz. The Technical



Review Panel, and the Grant Approvals Committee. This grant was finally approved by the GF Board for US\$304 million in March 2016 and included a record-breaking US\$80 million worth of incentive funding. This grant focuses on key populations for HIV and TB and health and community systems strengthening, and provides US\$59.5 million for TB programmes and US\$62.8 million for programmes for young women and girls. Significant funding also goes to civil society organisations with eight Principal Recipients (PRs), three of whom are government and five non-government organisations.

During this period the performance of the PRs of the Global Fund grant was maintained at a high level with the support

of the GF CCM, the Oversight Committee, and the CCM Secretariat. This success is reflected in the disbursements to the PRs that remained sustained at approximately US\$100 million this year. The Oversight Committee submitted four Quarterly Reports to the GF CCM that reflects the performance (financial and programmatic) of the PRs, the successes, challenges and areas of concern that need the attention of the GF CCM.

Due to a challenge with human resources, the Costing and Finance Technical Task Team was not able to meet as anticipated and the expected report was not published within the allocated timeline.



## 2.6 Government and Civil Society Support

The Government and Civil Society Support unit works closely with government departments, civil society sectors and development partners to provide secretarial and technical support in programme areas relating to the NSP.

### **SANAC Plenaries**

During this period the Trust's funds have been effectively used to arrange two SANAC Plenary meetings. The two-day Plenary served as the strategic planning workshop for SANAC and enabled participants to assess the overall efficacy of SANAC by reflecting and making recommendations on governance and programmatic reforms needed to revitalise SANAC. These Plenaries made the following critical resolutions:

- Resource issue should be addressed for both the Sectors and the Secretariat;
- Strengthening of the National and Provincial AIDS Councils and the importance of the leadership role of the Premiers in their Provinces;
- Approval of the Sex Worker programme.

### **Technical Task Team meetings (Prevention and Human Rights)**

Given the very similar focus areas between the Prevention, and the Social and Structural Drivers Technical Task Teams (TTT), it was agreed at a joint meeting of the two TTTs that they would meet jointly in future, under the chairmanship of Prof Quarraisha Abdool-Karim.

Highlights of the meeting included the recommendation that the Sex Worker strategy, as well as the process for the social and behaviour change communication strategy, be presented at the SANAC PRC meeting for recommendation to the Plenary. It was further recommended that SANAC should continue to lead the Young Women and Girls prevention strategy.

### **Legal and Human Right Technical Task Team**

Deputy Minister Jeffery and Ms Love have chaired the Legal and Human Rights TTT, with high-level participation from the Department of Justice and the South African Law Reform Commission.

With the completion of the South African Stigma Index survey in March 2015, we now for the first time in South Africa, have results that confirm the level of stigma, discrimination and its impact on PLHIV and their families. However, in order to mitigate stigma and discrimination, practical and innovative actions and programmes had to be developed to counter stigma and discrimination. The TTT provided technical assistance and played a crucial role in the roll-out of three critical programmes during this period:

### **Legal Aid South Africa**

SANAC signed a Memorandum of Understanding with Legal Aid SA with the purpose of promoting access to justice for vulnerable groups, especially to persons living with HIV/AIDS and TB; creating a link between Legal Aid SA and SANAC's collaborating partners; and to provide quality legal advice and services in matters relating to HIV/AIDS and TB stigma and discrimination.

Before the rolling out of the project to the Justices Centres, 80 LASA paralegals and call centre staff have been trained by Webber Wentzel Attorneys, SECTION27

and the International Labour Organisation (ILO), on a structured HIV&AIDS and TB human rights education programme which will enable them to handle HIV/AIDS and TB discrimination and related matters. The targeted employees include Civil Section, Paralegals and Civil Units who will be able to provide quality advice and legal services in these matters.

### Stigma and Discrimination Communication Campaign

Given the importance of creating a long term dialogue around stigma and discrimination, a campaign was developed featuring eight PLHIV telling their own moving stories. The campaign is based on real people and their stories, told in a series of short films that are honest, joyous, heart-breaking and authentic. The UK Government's Department for International Development (DFID) committed R5.8 million towards the 360-degree communication campaign, which ran from July to August 2015. This campaign aimed to promote the reduction in stigma and discrimination, and promote the call centre number as well as the AIDS Helpline.



**23-year-old Koketso Mokhetoa, was born HIV positive. Doctors told she would not make it past 13 years of age and that she would not have any children. Today she is mother to a healthy HIV-negative baby. "I met a guy by the name of Tyrone and I told him about being HIV positive, he didn't really take it well, honestly speaking he didn't, so we both did a couple's test, and he still couldn't believe it, but then the support groups helped him a lot... helped us a lot."**

### Development of a Stigma Model

A provincial Stigma Index survey was undertaken between October 2011 and August 2012 in the Eastern Cape, involving a sample of 799 people living with HIV drawn from three local municipalities in the OR Tambo district, namely King Sabatha Dalindyebo, Nyandeni and Ngquza.

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 AIDS Consortium was appointed to develop a coordinated stigma and discrimination programme for South Africa. Whilst it is relevant to promote understanding of the rights of PLHIV and TB, stigma and discrimination will not be prevented unless clear, visible action was seen to be taking place in communities and by demonstrating how these actions had contributed to positive social change.

The model development process included a number of local organisations working in partnership with a national non-governmental organisation and the Provincial AIDS Council. Through a series of participatory workshops the various forms of stigma and discrimination were identified and categorised, following which they were linked to examples occurring in participant communities. A model based on promoting action to prevent stigma and discrimination, in combination with providing training, communication tools and resource materials delivered through a community-based cascade model, has been developed to illustrate how social change can be brought about.

### Civil Society Support

The SANAC Secretariat is providing on-going support to civil society and one Civil Society Forum and three Civil Society Co-ordinating Committee meeting were held in the period under review.

Eighteen Civil Society Sector Leaders attended the South African AIDS Conference in Durban and the SANAC Secretariat covered their daily allowance. In preparation for the International AIDS Conference in Durban, SANAC hosted the "Friend of the AIDS" conference meetings, chaired by the Office of the Deputy President, bringing together government, civil society and business.

The Secretariat is participating in the study undertaken by UNAIDS on the role of civil society in the AIDS response. Over and above the participation of the elected members in various governance structures of SANAC, civil society participated in several working groups, including the Sex Worker TWG, Global Fund, DREAMS, the LGBTI strategy, the development of an HCT campaign proposal, as well as the AIDS Councils Technical Working group. The Secretariat co-funded the Men Sector Dialogue hosted on 21 August 2015 as well as the Women Sector Summit that took place on 20 November 2015.

A one-day Research meeting took place on 12 May 2015. Research stakeholders met to discuss the current status of HIV research and development in South Africa, with the view to determine which interventions should be supported/prioritised in future. The meeting was also expected to look at the behavioural factors driving the local HIV epidemic to ensure that the Department of Science and Technology's (DST) response addressed both

the biomedical and social challenges affecting the HIV epidemic. Inputs were received from four working groups and will be used to inform the research agenda set by SANAC and the DST-funded Strategic Health Innovation Partnerships at the Medical Research Council. Additional funding will need to be sourced for the social research agenda.

The Secretariat provided technical capacity-building support to the Positive Women's Network, as well as to the Sisonke sex worker movement.

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### 3 ORGANISATIONAL ENVIRONMENT

As an organisation, the Trust is now fully independent and has a well-established governance, management and administrative infrastructure. In October 2015 new trustees were appointed to the Board. The previous Board of Trustees met twice in the last financial year, and the new Board of Trustees met twice. The Audit and Risk Committee (ARC) also met four times in the last financial year and have been active in ensuring that risk management, internal audit, and external audit are addressed to the highest standards. The new Board of Trustees initiated a Governance and Strategic Risk Committee to oversee the mandate of the Trust and they met once in the financial year.

The expenditure of the Trust increased from R35 million in 2015 to R48 million in the last financial year. The current APP projects a further expansion to R69 million including the NSP 2017 - 2022 development, with further increases in the following years. The Trust's fundraising goals include the prioritisation of sustainable funding from Government to support the core needs such as staff salaries, and reduce the reliance on other donors.

The Trust has expanded its staffing complement to 39 staff and benefits from four secondments. Recruitment of talented and effective personnel remains a high priority for the coming year. Budgetary provision has been made to fill the majority of vacant posts during the year.



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### 4 PRIORITY CHALLENGES TO ADDRESS

#### 4.1 Insufficient funds

The Secretariat has an efficient administration system with a skilled and committed team in place. This puts the SANAC Secretariat in a position to significantly expand its scope of work and its level of effort so that its contribution to the coordination and implementation of the National Strategic Plan is greatly enhanced. This requires significant resources especially from the National Treasury and multiple government departments. Potential areas of expansion for which the Secretariat already has the skills and capacity include:

- HIV prevention campaigns targeting young women and key populations;
- Test and treat campaigns targeting adolescents and older men in male-dominated workplaces such as construction, mining, transport and the auto sector;
- Through traditional leader networks: and
- In the religious sector.

The Secretariat can significantly expand its role in donor coordination where it has excelled with the Global Fund portfolio; and monitoring and evaluation where it has built significant capacity, especially at a provincial level.

This challenge is being addressed through an organisational review of the Secretariat that is currently under way. This review is being conducted by the National Treasury and will address the mandate, scope of work and level of funding for the Secretariat. The review will inform the next round of budget discussions with the National Treasury and relevant government departments.

Donor funding in South Africa is declining and the Secretariat will need to explicitly state its competitive advantage and its value proposition to local and international donors if it is to tap into greater resources from this sector. Donor funds tend to be earmarked for specific projects and an increase in donor funds is unlikely to address the need for core funding.

The sustainability of the Secretariat will depend on additional funds being made available for core costs such as salaries and overheads. The level of funding from government will have to almost double to address this issue.

A successful resolution of the above mentioned conundrum 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. The task of the Secretariat is to convince National Treasury and the NDoH that their allocations to the Trust can be increased.

#### 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 Secretariats, progress has been slow. The bold approach of placing M&E officers in all Provincial AIDS Councils has proven to be an effective step forward. The Secretariat 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 a plan in this regard. This should include additional fundraising for the PCAs from the provincial governments.

#### 4.3 Supports to Civil Society and Implementing NGOs

The decline in donor funding has negatively impacted the NGO sector in South Africa. A thorough review of the domestic policy that governs NGO funding, as well as a better understanding of the decline in funding, needs to

be undertaken with a view to finding appropriate solutions to this problem. The SANAC Civil Society Forum has taken the lead by commissioning an external review. The findings and recommendations should receive the full attention and consideration of the Secretariat and government if the unity of purpose that has bound SANAC together, is to be retained.

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

Future plans are to expand the work of the Secretariat in the area of prevention, especially when it comes to young women and key populations. With respect to young women this will mean taking on a leadership role with government departments such as Social Development, Basic Education and Health and donors such as the PEPFAR, KfW Development Bank, and the Global Fund. With key populations this will mean building a solid partnership with donor funded programmes, the Departments of Health, Social Development and Justice and NGOs and civil society working in these communities. This is a potential niche area for the Secretariat and serious consideration should be given to deepening our investments in this area, and increasing our capacity and expertise.

**Another growth area is support to Provincial, District and Local AIDS Councils. It is clear that meaningful support to provinces, districts and local councils and civil society and non-governmental organisations will require a substantial increase in government allocations to the Secretariat. Partnerships with the Department of Co-operative Governance and Traditional Affairs (COGTA) and the South African Local Government Association (SALGA) should be explored as well as working with the Department of Health's very successful District Implementation Plan concept.**

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 committed 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 so fundraising will get more time and energy from the Secretariat management team.

## 6 LEGISLATIVE AND OTHER MANDATES

### 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.

### 6.2 Other legislative, functional and policy mandates

The following Acts of Parliament are pertinent to the functions of the 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 skills levels of employees.
- **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

None

## 8 RELEVANT COURT RULINGS

None

## 9 THE SANAC TRUST DEED

No changes



## 10 OVERVIEW OF 2016/17 BUDGET AND MTEF ESTIMATES

	2016/17	2017/18	2018/19
<b>INCOME</b>	<b>55 467 000</b>	<b>56 794 169</b>	<b>56 502 020</b>
Interest Received	1 200 000	1 300 000	1 300 000
NDOH	16 632 000	17 629 920	18 687 715
GIZ	9 750 000	7 250 000	-
DFID	-	-	-
CDC	12 750 000	18 515 000	17 000 000
CDC Rollover	4 250 000	-	-
CDC DREAMS	5 550 000	-	-
Global Fund	3 750 000	3 937 500	4 134 375
Private Sector	385 000	-	-
Fundraising	1 200 000	8 161 749	15 379 930
<b>EXPENDITURE</b>	<b>54 267 000</b>	<b>55 494 168</b>	<b>55 202 020</b>
Compensation	26 939 472	29 874 948	31 667 445
Governance & Administration	3 966 341	4 202 522	4 452 875
Communication	2 679 601	2 840 377	3 010 800
NSP Implementation	4 519 302	4 426 460	4 943 048
Monitoring & Evaluation	4 804 000	5 092 240	5 397 774
Donor Coordination	4 227 218	4 680 821	1 603 670
Governmental & Civil Society Support	7 131 066	4 376 800	4 126 408
<b>Net Surplus/(Deficit)</b>	<b>1 200 000</b>	<b>1 300 000</b>	<b>1 300 000</b>
<b>SPECIAL PROJECT</b>			
NSP 2017-2022 Development			
Confirmed funds raised	2 500 000		
Expected cost	15 000 000		
NSP Development Funding shortfall*	<b>12 500 000</b>		

\*Funding shortfall on NSP 2017-2022 Development to be covered by grants from government departments and international development partners

### SUMMARY INCLUDING SPECIAL PROJECT

INCOME	70 467 000
EXPENDITURE	69 267 000
Net Surplus/(Deficit)	<b>1 200 000</b>



# PART B: PROGRAMME PLANS

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

Programme 1: Governance and Administration

Programme 2: Communication

Programme 3: NSP Implementation

Programme 4: Monitoring and Evaluation

Programme 5: Donor Coordination

Programme 6: Governmental and Civil Society Support (GCSS)

## PART B

# PROGRAMME PLANS

### Programme 1: Governance and Administration

#### 1.1 Programme Purpose

To provide overall governance and administration of the SANAC Trust and centralised support services. The CFO and Human Resources Managers report directly to the CEO.

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

Strategic objective	Performance indicator	Actual performance	Estimated performance	Medium-term targets		
		2014/2015	2015/2016	2016/2017	2017/2018	2018/19
1.2.1 Ensure the effective <sup>21</sup> functioning of the Trust according to the prescripts of the Trust Deed and appropriate <sup>22</sup> legislation	Number of Trustees Meetings	4	4	4	4	4
	Number of meetings of the Audit and Risk Committee	4	4	4	4	4
	Number of Remuneration Committee (REMCO) Meetings	N/A	1	2	2	2
	Type of audit opinion by external auditor	Unqualified external audit report				
1.2.2 Raise <sup>23</sup> funds to finance activities of the SANAC Trust.	Amount of funds raised	R30 mil	R40 mil	R69 mil	R57 mil	R56 mil
	Number of sources of income (diversification) <sup>24</sup>	4	4	5	6	7

<sup>21</sup> A quorum has been reached in terms of the Trust Deed, or decisions ratified by Trustees electronically.

<sup>22</sup> As mentioned in Section 6

<sup>23</sup> New funds contracted with donors and government

<sup>24</sup> 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			
		2016/17	Q1	Q2	Q3	Q4
Number of Trustee Meetings	Quarterly	4	1	1	1	1
Number of meetings of the Audit and Risk Committee	Quarterly	4	1	1	1	1
Number of REMCO Meetings	Quarterly	2	0	1	0	1
Type of audit opinion by external auditor	Quarterly	Unqualified external audit report	N/A	Unqualified external audit report	N/A	N/A
Amount of funds raised	Quarterly	R69 mil <sup>25</sup>	R10 mil	R10 mil	R30 mil	R19 mil
Number of sources of income (diversification) <sup>26</sup>	Quarterly	5	1	2	1	1

<sup>25</sup> The Board has requested that an addition R12.5 million be raised for the development of the NSP

<sup>26</sup> Diversification of the income streams i.e. more donors, National Treasury.

## Programme 2: Communication

### 2.1 Programme Purpose

To coordinate all communication-related activities and requirements for SANAC Trust programmes and projects. The Communication Manager reports directly to the CEO.

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

Strategic objective	Performance indicator	Actual performance	Estimated performance	Medium-term targets		
		2014/2015	2015/2016	2016/2017	2017/2018	2018/19
2.2.1 Effectively and efficiently coordinate the implementation of the NSP	SANAC News published	4	6	6	6	6
	World AIDS Day Communication toolkits developed	New Indicator	1	1	1	1
	Exhibition at the AIDS Conference	New Indicator	1	1	1	1

### 2.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
		2016/2017	Q1	Q2	Q3	Q4
SANAC News published	Quarterly	6	1	1	2	2
World AIDS Day Communication toolkits developed	Quarterly	1	0	0	1	0
Exhibition at the AIDS Conference	Quarterly	1	0	0	1	0

## 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; and
- 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		
		2014/2015	2015/2016	2016/2017	2017/18	2018/2019
3.2.1 Develop the National Strategic Plan for HIV, STIs and TB 2017-2022 <sup>27</sup>	NSP 2017-2022 document prepared and submitted to SANAC Plenary	New indicator	New indicator	1	N/A	N/A
	Launch the NSP 2017-2022 on World AIDS Day 2016	New indicator	New indicator	1	N/A	N/A
3.2.2 Develop National LGBTI Plan	Report with recommendations prepared for consideration by SANAC PRC and Plenary	New indicator	Draft prepared	1	N/A	N/A
3.2.3 Develop strategy for HIV Prevention in Young Women aged 15-24	Launch of young women and girls national campaign	New indicator	New indicator	1	N/A	N/A
3.2.4 Strengthen Provincial AIDS Councils	Number of meetings of Heads of Secretariat (HOS) held to discuss the implementation of the strategy		1	2	2	2

<sup>27</sup> Coordination, facilitating, oversight

### 3.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
		2016/2017	Q1	Q2	Q3	Q4
NSP 2017-2022 document prepared and submitted to SANAC Plenary	Quarterly	1	0	0	1	0
Launch the NSP 2017-2022 on World AIDS Day 2016	Annual	1	0	0	1	0
Report with recommendations prepared for consideration by SANAC PRC and Plenary	Annual	1	0	0	0	1
Launch of young women and girls national campaign	Annual	1	1	0	0	0
Number of meetings of Heads of Secretariat (HOS) held to discuss the implementation of the strategy	Quarterly	2	0	1	0	1

## 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 any related M&E reports;
- Support the provinces to produce M&E reports;
- Support development of the NSP; and
- 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		
		2014/2015	2015/2016	2016/2017	2017/2018	2018/19
4.2.1 To monitor progress of the NSP and to fulfil international reporting requirements. <sup>28</sup>	Annual M&E Report completed	1	1	1	1	1
	Qualitative Report (GARPR data)	New indicator	New indicator	1	1	1
	Number of PCAs with annual M&E reports	9	9	9	9	9

### 4.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
		2016/2017	Q1	Q2	Q3	Q4
Annual M&E Report	Annual	1	0	0	0	1
Qualitative Report (GARPR data)	Annual	1	0	0	0	1
Number of PCAs with annual M&E reports	Annual	9	0	0	0	9

<sup>28</sup> International governing bodies requiring progress reports on the initiatives signed by South Africa.

## Programme 5: Donor Coordination

### 5.1 Programme Purpose

The purpose of this programme is to mobilise, coordinate, influence, 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		
		2014/2015	2015/2016	2016/2017	2017/2018	2018/19
5.2.1 To raise and support the effective management of resources from donors for the implementation of the NSP	Number of effective CCM meetings held	5	5	4	4	6
	Application for additional funds submitted to Global Fund	N/A	1	N/A	N/A	1
	Funds disbursed by the Principal Recipients by the Global Fund	US\$102 million	US\$98 million	US\$80 million	US\$90 million	US\$100 million
	Oversight Committee Reports submitted to the CCM	N/A	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			
		2016/2017	Q1	Q2	Q3	Q4
Number of effective CCM meetings held	Quarterly	4	1	1	1	1
Application for additional funds submitted to Global Fund	Annual	N/A	0	0	0	0
Funds disbursed by the Principal Recipients by the Global Fund	Quarterly	US\$80 million	US\$20 million	US\$20 million	US\$20 million	US\$20 million
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

## Programme 6: Government and Civil Society Support

### 6.1 Programme Purpose

The purpose of this programme is to coordinate 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 coordination and implementation of the Stigma Reduction Programme; and
- Promoting and encouraging evidence-informed Social and Behaviour change communication campaigns.

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

Strategic objective	Performance indicator	Actual performance	Estimated performance	Medium-term targets		
		2014/2015	2015/2016	2016/2017	2017/2018	2018/19
6.2.1 Effectively and efficiently coordinate the implementation of the NSP	Number of Plenary meetings held	2	2	2	2	2
	Number of CSF meetings held	6	3	4	4	4
	Number of PRC meetings held	2	2	2	2	2

### 6.3 Quarterly targets against performance indicators

Performance indicator	Reporting period	Annual target	Quarterly targets			
		2016/2017	Q1	Q2	Q3	Q4
Number of Plenary meetings held	Quarterly	2	1	0	1	0
Number of CSF meetings held	Quarterly	4	1	1	1	1
Number of PRC meetings held	Quarterly	2	0	1	0	1



# PART C: LINKS TO OTHER PLANS

## PART C

# LINKS TO OTHER PLANS

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

None

### Conditional Grants

None

### Public Entities

None

### Public-Private Partnerships

None



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### SANAC Trust Vision

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

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### SANAC Trust Mission

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

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### SANAC Trust Values

- Stakeholder Orientation
  - Accountability
  - Integrity
  - People
  - Performance
-

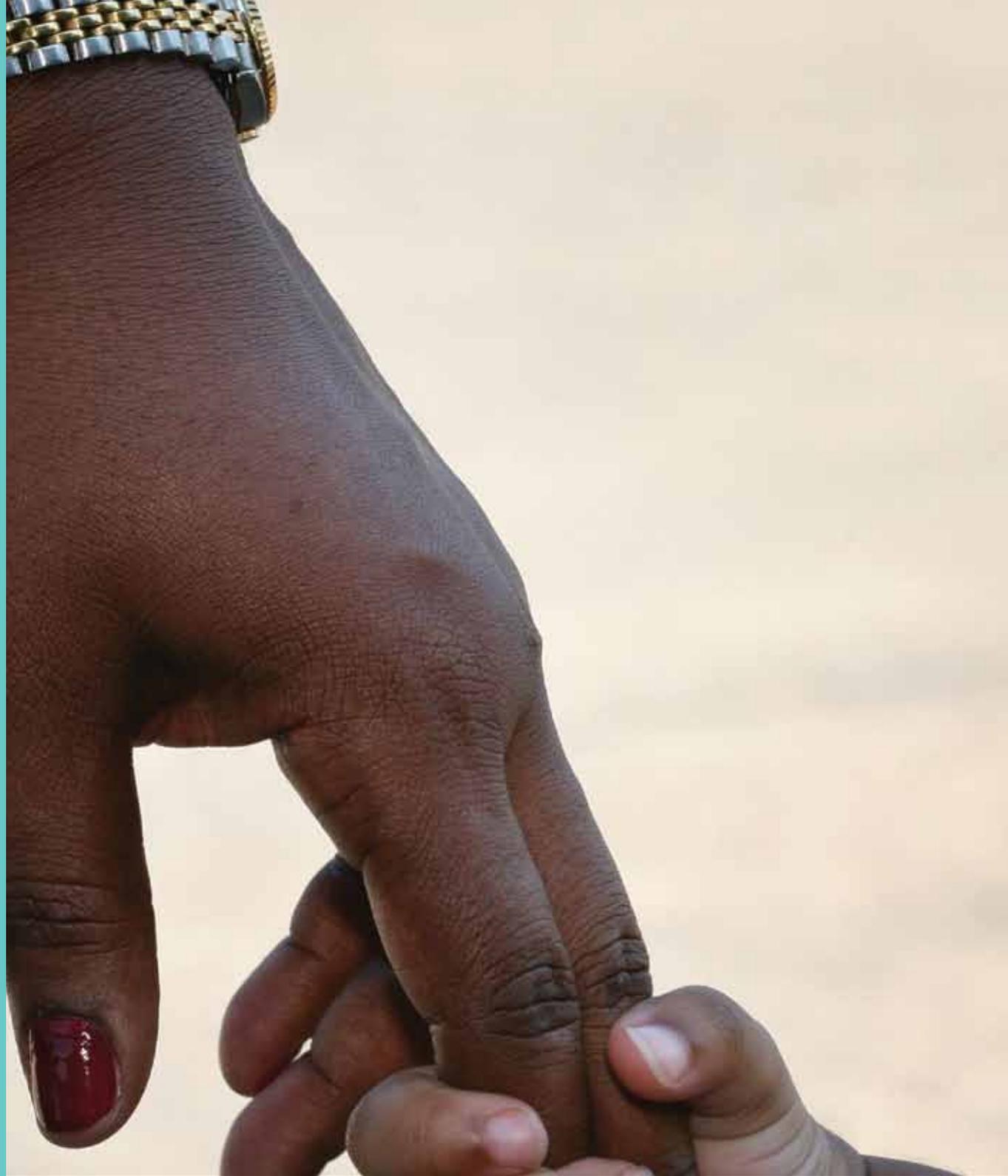
## SANAC Trust Strategic Outcome Oriented Goals

<p><b>STRATEGIC OUTCOME ORIENTED GOAL 1:</b></p> <p>To support the implementation of the NSP for its full term</p>	<p>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.</p>
<p><b>STRATEGIC OUTCOME ORIENTED GOAL 2:</b></p> <p>To secure funds for the Trust</p>	<p>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 National Treasury-allocated funds designated to the Trust to fulfil its functions in terms of the multi-sectoral HIV, TB and STI response.</p>
<p><b>STRATEGIC OUTCOME ORIENTED GOAL 3:</b></p> <p>Foster dialogue between government, civil society and all other stakeholders and oversee the country's response to HIV, TB and STIs</p>	<p>For purposes of implementing the objectives of the Trust, the Trust promotes and facilitates the execution of the aims and objectives of SANAC.</p>

## SANAC Trust Strategic Objectives

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

- 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
- 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
- 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 provincial level
- Support NSP-related research
- Ensure effective and meaningful participation of all stakeholders in SANAC Trust structures at national level
- Provide support to civil society organisations
- Provide support to government



# PART D: TECHNICAL INDICATOR DEFINITIONS

## Programme 1: Governance and Administration

Indicator Name	Short definition	Purpose/Importance	Source/Data Collection	Method of calculation	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New Indicator	Desired Performance	Responsibility
Number of Trustees' Meetings	Number of meetings held with 80% participation	Track progress on tabulation issues for discussion	Minutes of the meetings	Simple calculation	None	Output	Proportion	Annual	No	Full participation	CEO
			Attendance registers	Number of people present divided by expected number of people	None	Output	Proportion	Annual	No	Full participation	CEO
Number of 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	Simple calculation	None	Output	Proportion	Annual	No	Full participation	CEO
			Attendance registers	Number of people present divided by expected number of people	None	Output	Proportion	Annual	No	Full participation	CEO
Number of meetings of the Remuneration Committee (REMCO)	Number of meetings held with 80% participation	Track progress on tabulation issues for discussion	Minutes of the meetings	Simple calculation	None	Output	Proportion	Annual	No	Full participation	CEO
			Attendance registers	Number of people present divided by expected number of people	None	Output	Proportion	Annual	No	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	No	Good compliance audit report	CFO
Amount of funds raised	The amount of income raised during the reporting period	Tracks the total amount raised	Income and Expenditure Report	Simple finance report/statement	None anticipated	Output	Documented evidence	Annual	No	To raise more than the stated amount	CEO
Number of sources of income (diversification) <sup>29</sup>	The number of funders directly providing income through SANAC's mobilisation	To track diversity of income sources	Income and Expenditure Report	Simple count	None anticipated	Output	Simple count	Annual	No	Source income from all states sources	CEO

<sup>29</sup> Diversification of the income streams i.e. more donors, National Treasury.

## Programme 2: Communication

Indicator Name	Short definition	Purpose/Importance	Source/ Data Collection	Method of calculation	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New Indicator	Desired Performance	Responsibility
SANAC News published	SANAC newsletter published communicating events and activities of the organisation and its stakeholders	Information sharing	Website snap shots and newsletter prints	Simple count	None	Output	None	Annual	No		Communications Manager
World AIDS Day Communication toolkits developed	A guide on implementation of World AIDS Day communication activities	Coordinate World AIDS Day activities	Downloaded Website snap shots of World AIDS Day guide	Simple count	None	Output	None	Annual	Yes	Standardised World AIDS Day communication	Communication Manager
Exhibition at the AIDS Conference	Platform showcasing SANAC & stakeholders AIDS response work	AIDS response Information sharing	Exhibition stand	Simple count	None	Output	None	Annual	Yes	Show case SANAC & stakeholder AIDS response work	Communication Manager

## Programme 3: NSP Implementation

Indicator Name	Short definition	Purpose/Importance	Source/ Data Collection	Method of calculation	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New Indicator	Desired Performance	Responsibility
NSP 2017-2022 document prepared and submitted to SANAC Plenary	The National Strategic Plan for HIV, STIs and TB 2017-2022 draft document	Sets the priorities, targets and activities for the next 5 years of the HIV, STI and TB response	NSP draft document	Simple count	None	Output	None	Annual	No	NSP document guiding Implementation of AIDS response in the country - draft	NSP Executive Manager
Launch the NSP 2017-2022 on World AIDS Day 2016	The National Strategic Plan for HIV, STIs and TB 2017-2022 final document	Sets the priorities, targets and activities for the next 5 years of the HIV, STI and TB response	NSP final printed document	Simple count	None	Output	None	Annual	No	NSP document guiding implementation of AIDS response in the country – final printed	NSP Executive Manager
Report with recommendations prepared for consideration by SANAC PRC and Plenary	Reports with recommendations of improvements to programmes addressing strategic objectives of the NSP	To enhance NSP Programmes	Reports	Simple count	None	Output	None	Annual	No	NSP implementation improvement	NSP Executive Manager

### Programme 3: NSP Implementation cont.

Indicator Name	Short definition	Purpose/Importance	Source/ Data Collection	Method of calculation	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New Indicator	Desired Performance	Responsibility
Launch of young women and girls national campaign	Documents the public launch of the priority population of SANAC	Tracks number of NSP related programmes launched	Launch report	Simple count	None	Output	None	Annual	Yes	Launch campaign to communicate young women and girls interventions	NSP Executive Manager
Number of meetings of Heads of Secretariat (HOS) held	HOS Meetings held to discuss the implementation of the strategy	HOS Meetings to discuss implementation of the strategy	Minutes of meetings and documents shared	Simple count	None	Output	None	Annual	Yes	HOS share experiences	NSP Executive Manager

### Programme 4: Monitoring and Evaluation

Indicator Name	Short definition	Purpose/Importance	Source/ Data Collection	Method of calculation	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New Indicator	Desired Performance	Responsibility
Indicator Name	Short definition	Purpose/Importance	Source/Data Collection	Method of calculation	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New Indicator	Desired Performance	Responsibility
Annual M&E Report completed	Statistical trends Report tracking NSP progress	Tracks the NSP implementation to mark progress	Paper based Report	Simple count	None	Output	None	Annual	No but has minor changes	Report showcasing NSP progress	M&E Manager
AIDS Qualitative Online Report	Quantitative Report tracking global AIDS response	Tracks global AIDS response	Paper based report	Simple count	None	Outcome	Simple count	Annual	Yes	Quantitative analytical report showing progress on global aids response	M&E Manager
Number of PCAs with annual M&E reports published	NSP/PSP Indicators progress report	Tracks the NSP/PSP indicators to mark progress annually	Paper based Report	Simple count	None	Output	Simple count	Annual	No	Provincial reports showing NSP/PSP progress	M&E Manager

## Programme 5: Donor Coordination

Indicator Name	Short definition	Purpose/Importance	Source/Data Collection	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 fund	Minutes of the meetings	No	None	Output	Simple count	Annual	No	Progress of PF funded PR	Executive 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	None	Output	Simple count	Annual	No	Raise more funds	Executive Manager Donor Coordination
Funds disbursed by the Principal Recipients of the Global Fund	Total amount disbursed	To track amounts disbursed	Financial statements	No	None	Output	Simple count	Annual	No	To get committed funds disbursed	Executive Manager Donor Coordination
Oversight Committee Reports submitted to the CCM	Reports submitted	Track performance of PRs	Oversight reports	No	None	Output	Simple count	Annual	No	Progress and performance of PF funded PR	Executive Manager Donor Coordination
Number of Costing TTT Reports published	Reports published	Provide analyses of costing and financing information	Document	No	None	Output	Simple count	Annual	No	To improve understanding of the funding landscape and use of funds	Executive Manager Donor Coordination

## Programme 6: Governmental and Civil Society Support (GCSS)

Indicator Name	Short definition	Purpose/Importance	Source/Data Collection	Method of calculation	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New Indicator	Desired Performance	Responsibility
Indicator Name	Short definition	Purpose/Importance	Source/Data Collection	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 CSF 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, collectively plot way forward	Manager - GCSS
Number of PRC meetings	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





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