



**SANAC CIVIL SOCIETY FORUM**

# STRATEGY

2016

**“Civil Society takes charge,  
Community Matters.”**

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## **Executive Summary**

### **Background**

The SANAC Civil Society Forum (CSF) is a formal advisory body established in 2012 by the South African National AIDS Council to facilitate the participation of Civil Society Organisations and networks, including those representing People Living with HIV, in the HIV and AIDS and TB within the National HIV response and for the implementations thereof National Strategic Plan (NSP) 2012-2016 through Sectors.

Its aim is to strengthen the Civil Society HIV and TB response and ensure that Civil Society Sectors (CSS) are equal, meaningful and visible partners at all levels.

The core objectives of Civil Society Forum and its structures are to provide leadership, coordinate, support provide political oversight and advocate for the development, monitoring and evaluation of the National Strategic Plan of HIV, TB and STI in order to reduce the personal, social and economic impacts' of these diseases in the community.

### **Mandate of Civil Society**

The mandate of Civil Society Forum and its structures at a national level are to provide strategic leadership by ensuring effective harmonisation of the HIV and AIDS related activities of the various players within agreed policy and programme parameters and to engage through Sectors and organisations in direct implementation of HIV and AIDS programmes.

The key results areas of Civil Society Forum for 2013-2016 are:

- Strengthening CSF management/governance/coordination; and
- Increasing access to services in the NSP program priority areas

### **Role of the Civil Society in the HIV and TB response**

Its aim is to strengthen the Civil Society HIV and TB response and ensure that Civil Society Sectors (CSS) are equal, meaningful and visible partners at all levels.

### **Objectives:**

To represent the collective voice of the CSO and influence policy, programmes and decision making processes

To strengthen Civil Society response and contribution to fight against HIV and TB.

To advise SANAC on HIV and AIDS, STI and TB policy and strategy, and related matters.

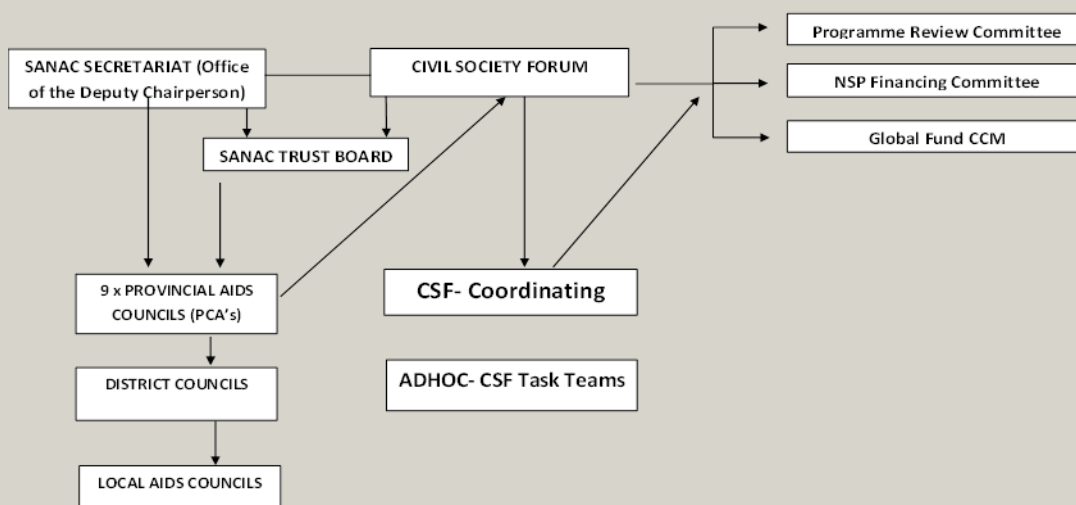
Strengthen partnership within Government, CSO and Private Sector for an integrated and expanded national response to HIV and AIDS, STI's and TB in South Africa.

Monitor the national response to HIV and AIDS, STI's and TB in South Africa and ensure the needs of those affected by HIV and TB are addressed.

## Membership of the SANAC Civil Society Forum

CSF Membership	
18 SANAC CSF Sectors	PLHIV; Sports and Entertainment; Traditional Health Practitioners; LGBTI; Women; Youth; Faith Based; NGO; Health Professionals; Children's; Disabilities; Sex Workers; Labour; Men; Traditional Leaders; Research, Higher Education; Legal and Human Rights.
Sector Leader plus Sector Reps	1 x formally elected leader per SANAC Sector (i.e. 18 x 1) 2 x sector reps elected per SANAC sector (i.e. 18 x 2)
Provincial PCA Co-Chairpersons/ CSF Chairperson Meetings	Gauteng, Mpumalanga, Free State, Kwa-Zulu Natal, Northern Cape, Eastern Cape, North West, Limpopo, Western Cape Target to meet 4 times per annum in advance of each Plenary.

## SANAC CSF STRUCTURE (including where CSF members are deployed in SANAC)



## **CHAPTER 3: STRENGTHENING OF THE CIVIL SOCIETY RESPONSE TO HIV, TB AND STI**

### **OVERARCHING GOAL OF THE CIVIL SOCIETY SECTOR HIV AND TB RESPONSE:**

To ensure that civil society provision of HIV and TB prevention, care, treatment, and support advocacy and services are harmonized and streamlined and they effectively contribute to the attainment of the goals of the NSP 2012-2016.

### **KEY RESULTS AREAS FOR 2014-2016:**

In order to make a recognizable contribution to the attainment of the goals of the current five-year NSP, it is recommended that the Civil Society Sector focuses on following key result areas:

- 1. Strengthening CSF management/governance/coordination**
- 2. Increasing service delivery in the NSP program priority areas**

### **KEY RESULT AREA 1:**

#### **STRENGTHENED CSF GOVERNANCE SYSTEMS AND STRUCTURES TO DELIVER CSF SERVICE DELIVERY TARGETS BY THE END OF APRIL 2015**

**STRATEGIC INTERVENTION (SI) 1.** Establish, strengthen, and operationalize CSF systems and structures

#### **Reorganization of Civil Society Sectors at all levels: At national level:**

National sectors to have representation in all 9 provinces

National sector constituencies to have representation or affiliations in at least 5 provinces

It is recommended that organizations that are not represented nor have affiliations in at least 5 provinces become a part of the provincial Civil Society sector.

#### **At provincial level:**

Provincial sectors to have representation in all districts

Provincial sector constituencies to have representation or affiliations in 3-5 districts

It is recommended that organizations that are not represented nor have affiliations in several districts become a part of District Council on AIDS Civil.

#### **CSS capacity needs assessment**

CSS capacity needs assessment at national and provincial levels to be conducted

Capacity building plan to be developed and implemented

Resources to be mobilized through SANAC structures

**SI 1 and 2 Key outcomes:**

All relevant structures established, capacitated and fully functional

Monitoring tools to assess the degree of functionality of the different structures developed and operationalized

**SI2. Strengthen communication systems and mechanisms for coordination, collaboration, and linkages between the CSF and stakeholders at all levels**

CSF communication strategy to be developed and disseminated. That should include Strategic Information and IEC

SANAC CSF webpage/Social network to be updated on a regular basis

**Key outcomes:**

CSF communication strategy developed and disseminated by end of 2014.

CSOs profiles for coordination and collaboration in place and shared among the stakeholders by the end of 2014

CSO "information package" developed and disseminated by 2014

SANAC CSF Web/Social Network page updated and maintained regularly

**SI3. Mobilize and sustain adequate financial, material and human resources**

CSS consolidated strategic sectoral plan to be developed and costed

CSS annual work plans to be developed

Government, donor and international development partners resources and funding patterns to be revised against the CSS needs and

Basket funding for the CSS to be established. That would include coordination, capacity building and programme implementation activities.

**Key outcomes:**

CSF basket funding established and increased annually

Fundraising strategy for CSF developed by 2014 and implemented

#### **SI4. Periodic assessment of CSF's relevance, efficiency, effectiveness, and sustainability**

Internal and external audits are recommended to assess the relevance, effectiveness, efficiency, sustainability, and equity of the CSF as a mechanism to contribute to the national HIV and TB response.

Assessment to be conducted every two years.

##### **Key outcomes:**

Annual reviews conducted in the last quarter of every year and reports submitted to the CSF committee- PRC-Plenary

CSS sectoral plan mid-term evaluations conducted by end of 2015

End of strategic plan evaluation conducted by 2016

#### **SI5. Strengthening of an M&E component**

M&E framework for the consolidated CS sectoral plan to be developed

Reporting and feedback mechanism to be established

Training sessions for CSOs to be conducted on the harmonized set of CSF indicators for various programmes, such as BCC, HCT, PMTCT, palliative care etc, which are a part of the CSF recommended strategic activities.

##### **Key outcomes:**

M&E framework developed

M&E reporting and feedback mechanism

CSO staff at all levels trained on M&E components

Continuous mentoring and coaching being provided to CSOs

### **KEY RESULT AREA 2:**

#### **INCREASED SERVICE DELIVERY IN THE NSP PROGRAM PRIORITY AREAS**

**Purpose: To increase access and utilization of HIV and TB services through CSF**

CSF identified priorities to increase effective and efficient implementation of the NSP - Civil Society Sectors to focus its effort on the following NSP programme areas:

**SO 1- GBV, ISHP/sexuality education of youth**

**SO 2- HCT, condoms, MMC, EMTCT**

**SO 3 – ART (access and coverage)**

**SO 4- Reduction of stigma and discrimination**

### **NSP SUB-OBJECTIVE 1.3: IMPLEMENTING INTERVENTIONS TO ADDRESS GENDER INEQUITIES AND GENDER-BASED VIOLENCE AS DRIVERS OF HIV AND STI S**

- Collect and use information—in five-year age groups (especially 10–14, 15–19, 20–24)—on how HIV affects women and girls, particularly those living with HIV, and on how programmes affect women’s and girls’ human rights and health outcomes.
- Analyze how cultural factors, stigma and discrimination, poverty, and social and legal barriers prevent women and girls from exercising their human rights and make them more vulnerable to HIV and to the consequences associated with it.
- Monitor implementation of national, regional and global commitments by governments related to women, girls, gender equality and HIV, including through the Committee on the Elimination of Discrimination against Women (CEDAW), and use the information for advocacy and to hold governments accountable.
- Support ‘know your rights’ campaigns and the provision of free and accessible legal aid services to enable women and girls to exercise their rights.
- Incorporate into national AIDS programmes actions to prevent and respond to violence against women and girls, based on improved data on violence against women and girls.
- Ensure implementation of a national minimum package of integrated services for sexual and reproductive health, HIV and tuberculosis.
- Support women, especially young women and girls, to demand sexual and reproductive health rights, including safe and consensual sexual relations and increased access to sexual and reproductive health services, information and HIV prevention commodities, including female condoms.
- Educate men and boys about a woman’s right to negotiate whether and how sex takes place.
- Ensure sensitisation and develop health competency for key population
- Advocate for and support nationwide access to comprehensive sexuality education that promotes gender equality, human rights and skills-building for negotiation of sexual relations.
- Promote broad social movements to reduce stigma and discrimination and to advance women’s rights.
- Support microfinance and social protection schemes that strengthen women’s economic positions and that reduce their vulnerability to HIV.
- Engage men and boys and address social norms about gender and sexual relationships in ways that reduce violence, address stigma and discrimination, and provide the foundation for gender equality.
- Partner with political, religious and other leaders to establish common advocacy messages for policy and for the protection of the human rights of women and girls.



## **Sub-Objective 2.2: Making accessible a package of sexual and reproductive health services**

**Sub-Objective 2.1: Maximising opportunities to ensure everyone in South Africa tests voluntarily for HIV and is screened for TB at least annually, and is subsequently enrolled in relevant wellness and treatment, care and support programmes**

**HCT and MMC programmes.**

Create a social movement to increase demand for HCT and MMC.

**Condom and lubricant distribution programme.**

Significantly contribute to promotion of comprehensive HIV prevention methods

Encourage condom and lubrication use, and mobilize communities to discuss sero-discordance and the use of condoms among couples.

**Sexuality education.**

Create and re-shape social norms around sexual behaviours, sexuality, traditional and cultural practices that increase vulnerability or risk of HIV infection.

## **Sub-Objective 2.3: Preventing transmission of HIV to reduce mother-to-child transmission to at least 2% at six weeks and to less than 5% at 18 months by 2016**

Mobilize a social and political movement to demand HCT and prevention of mother-to-child (PMTCT) services, as well as integration of HIV and sexual and reproductive, maternal and child health care services.

Advocate for and monitor that all women who access PMTCT are also able to access antiretroviral treatment (ART).

Monitor and advocate for a women's right to HIV testing in conformance with the 3 Cs (confidentiality, consent and counselling).

Ensure women who are tested for HIV in the context of pre-natal services and those who receive PMTCT are protected from stigma and discrimination. In addition, support women who as a result of their HIV status are subject to domestic violence and social exclusion.

Mobilize men to engage in advocacy and HCT for couples - through trade unions, men's groups,

Advocate and ensure that -Faith-based organizations, nongovernmental organizations and other groups do provide sexual and reproductive health, PMTCT services and should be included in national scale up plans. Civil society service providers can be included in training on guidance tools/clinical standards.

Task shifting- community based volunteers and midwives can be mobilized to support demand for, uptake of HIV testing and PMTCT services as well as adherence to medication and long term support.

### **Sub-Objective 4.3: Reducing unfair discrimination in access to services**

#### ***NSP Intervention 4.3.1: Ensuring that oversight bodies receive and address complaints***

#### ***NSP Intervention 4.3.2: Providing training to prevent unfair discrimination***

Develop an early warning system to highlight punitive laws in countries and hold governments accountable to remove them.

Document examples of punitive laws that block the AIDS response, or cases of the violation of human rights e.g. lack access to HIV treatment or prevention services.

Lead on implementation of the people living with HIV Stigma Index and follow-up activities.

Document and promote positive examples – where the removal of punitive laws has led to reduction in stigma, promotion of rights and increased access to HIV related services.

Create enabling environments and political will for the removal of punitive laws and create the social movements to advocate for the removal of punitive laws- e.g. to lobby and inform parliamentarians.

Empower people living with HIV and other key populations at higher risk with knowledge about human rights.

Provide training to health care/police/prison and other professionals on punitive laws and HIV to reduce stigma and discrimination.

Provide legal aid, facilitate access to legal aid, engage in strategic litigation and support justice programmes for PLHIV and key population groups.

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