NACOSA Strategic Plan

2016 –2021

NACOSA

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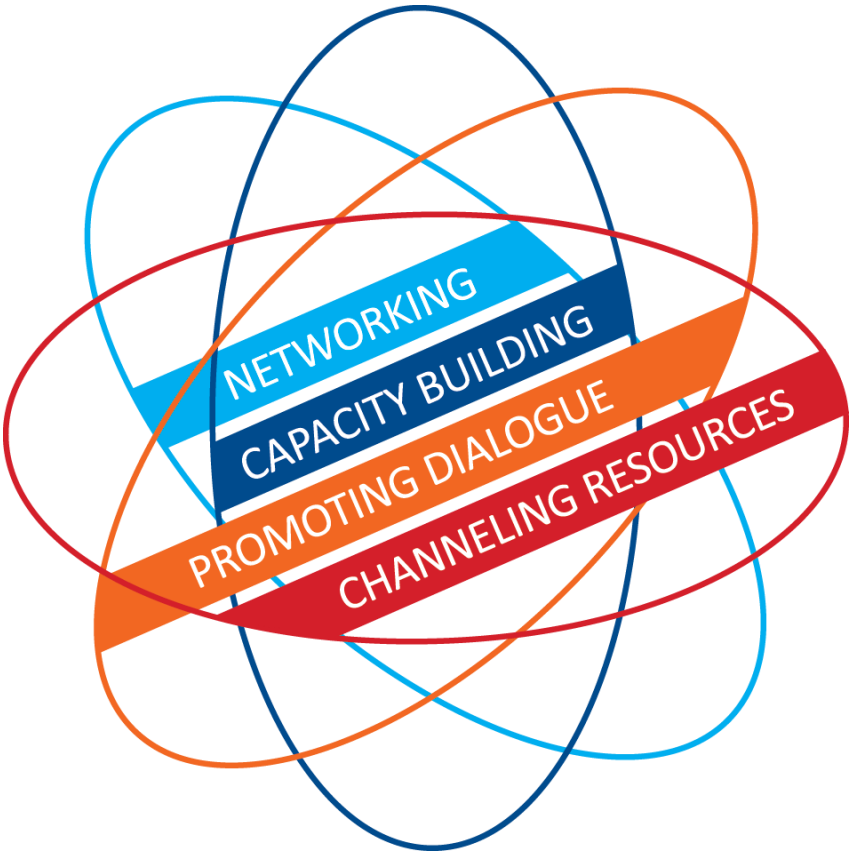


Introduction

NACOSA recognises that the next five years presents a unique window of opportunity to ramp up the HIV and TB response, towards achieving the Fast Track targets[1] and ending HIV and TB as public health threats by 2030. We can only accomplish this if we redouble our efforts, with strong and committed partnerships of governments, funding partners, civil societies and communities. Within this shared responsibility, NACOSA's role has never been more vital.

With this strategy, we renew our commitment to promote dialogue, build capacity, and strategically channel resources to support service delivery on the ground. In particular, this includes reaching young women and girls, sex workers, those most affected by gender-based violence, orphans and vulnerable children, and other vulnerable and key populations.

We also set bold new strategic objectives, consolidated into focus areas that are transformative and forward-looking. Our agenda is clear: maximise efficiencies and grow sustainably.

Anchoring our new directions, NACOSA's Vision, Mission and Values remain consistent:

VISION	**Collectively turning the tide on HIV, AIDS and TB**
MISSION	**Reduce the impact of HIV, AIDS, TB and other socio-economic conditions through building capacity, networking and strengthening the multi-sectoral response to these conditions in Southern Africa.**
VALUES	**Integrity, Inclusiveness and Non-Discrimination, Culture of Learning, Respect, People and Community-Centred Approach, Excellence, Commitment, Accountability and Transparency**

This strategy reflects our belief that that in order to be truly sustainable we need to do things differently. This means that we are looking beyond how we have done things in the past, turning towards how we can do them better in the future.

In keeping with NACOSA's values of inclusiveness, accountability and transparency, this strategy is the product of a highly consultative process. It includes input and consensus from 48 key stakeholders, consulted through four provincial-level workshops, a high-level strategy forum, and a series of partner interviews. This participatory approach ensures that our strategy is truly a reflection of our collective priorities as a network.

"NACOSA takes forward the voices of the people on the ground."

[1] See http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf. Note: South Africa has adopted the 90-90-90 treatment coverage targets for both HIV and TB.

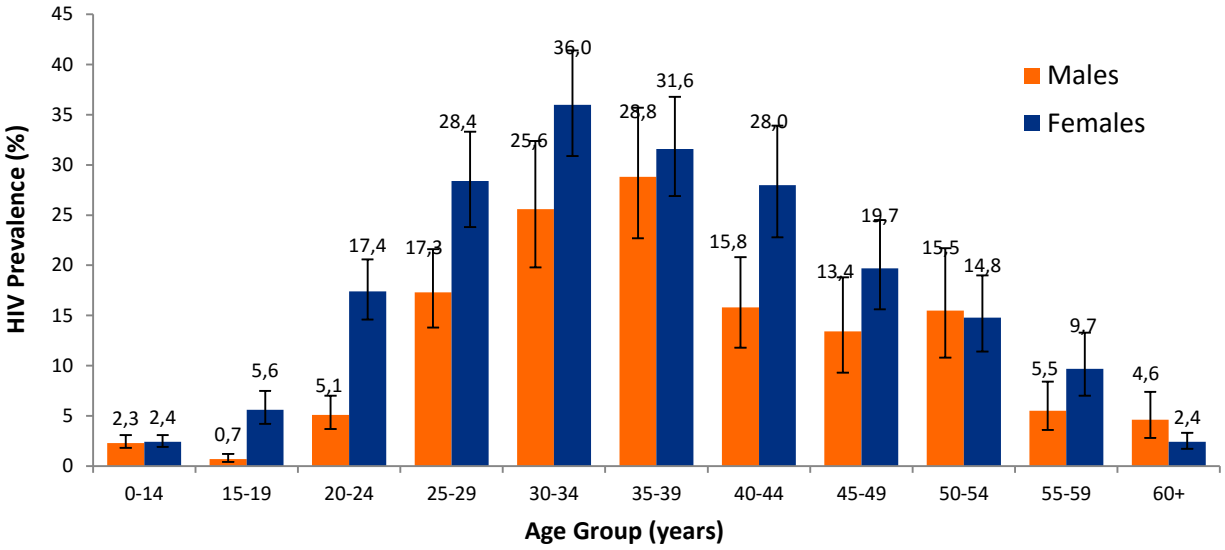
OUR CONTEXT

As a network of over 1,530 members, we know that our strength lies in our partnerships. We have grown these partnerships a great deal during our last strategic plan, and we strive to continue to broaden our reach over the next five year period. We are embarking on new strategic partnerships as a Global Fund Principal Recipient, working with new sub-recipients, in new districts, and on new programme areas. We are also leaning into partnership opportunities in our capacity as a new Linking Organisation with the International HIV/AIDS Alliance and a partner for the DREAMS initiative.[2] Guiding and shaping our new directions, important external factors necessarily inform our strategy for this five year period. These include the epidemiology of HIV and TB and other health challenges, the funding landscape of investment in these areas, and the policy space which steers the collective response.

Health Landscape

South Africa is home to the largest HIV epidemic in the world, with 6.8 million people living with HIV.

Figure 1: HIV Prevalence in South Africa, By Sex and Age (2012)[3]



Within South Africa's generalised epidemic there are concentrated sub-epidemics among vulnerable and key populations. HIV prevalence among sex workers is exceedingly high, at 72% in Johannesburg, 54% in Durban and 40% in Cape Town.[4] As many as 40% of sex workers in Cape Town and 16% in Johannesburg also test positive for syphilis, signalling the need for more integrated service provision for HIV as well as other sexual and reproductive health needs. Similarly, HIV prevalence among men who have sex with men is higher than the general population, at 27% in Johannesburg, 48% in Durban and 22% in Cape Town.[5] National estimated for HIV prevalence among people who inject drugs is approximately 19.4%.[6]

[2] DREAMS is a $385 million partnership to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries. For more information, see http://www.pepfar.gov/partnerships/ppp/dreams/

[3] HSRC (2014) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Page xxiv.

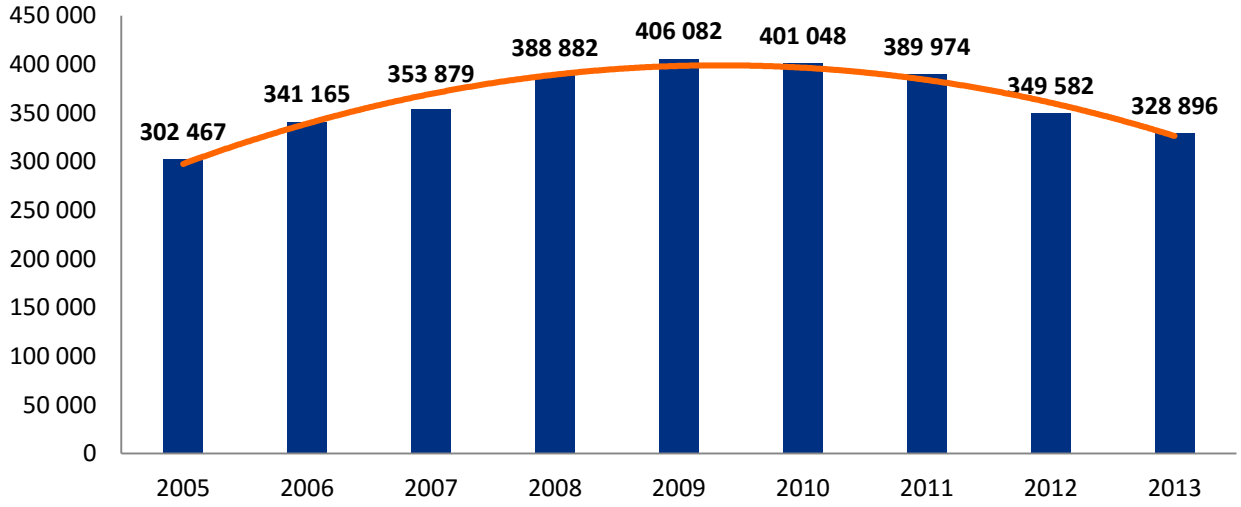
[4] UCSF, Anova Health Institute & WRHI (2015). South African Health Monitoring Study (SAHMS), Final Report: The Integrated Biological and Behavioural Survey among Female Sex Workers, South Africa 2013-2014. San Francisco: UCSF. Page 47.

[5] HSRC (2014). The South African Marang Men's Project. HIV bio-behavioural surveys conducted among MSM in Cape Town, Durban and Johannesburg. Page 32.

However, one of the most greatly affected key populations in South Africa (and indeed across the Southern African region) is young women and girls. In South Africa, adolescent girls have an HIV prevalence of 5.6%, which is eight times higher than their male counterparts at 0.7%. The epidemic among young women in South Africa is among the fastest growing worldwide. Of the 7,000 new infections occurring each week among young women (15-24)[7], globally, 2,363 occur in South Africa alone.[8] South Africa is also home to 15% of all adolescents living with HIV, globally.[9] Further, with more than 99,000 South African teenagers falling pregnant in 2013[10] - a number that has been increasing over the past few years - the need for an HIV response that also addresses the sexual and reproductive health and rights (SRHR) of these young women and girls is vital.

Paired with the largest HIV epidemic, South Africa is also home to the third largest TB epidemic, globally. The nature of these twin epidemics in the country means that two thirds of people living with HIV also have TB. Statistics South Africa estimates that TB is the leading natural cause of death in South Africa.

Figure 2: Total TB Cases in South Africa, 2005-2013[11]



As with the HIV epidemic, South Africa's TB burden falls disproportionately among certain vulnerable and key populations, and in specific geographic locations. Inmates as well as people living in informal settlements and peri-mining communities are disproportionately affected and underserved.

Funding Landscape

Overall, total funding for HIV and TB in South Africa is expected to continue to grow over the coming years. However, it is clear that increasing government investments will largely drive this growth, with international funding partners either shrinking or levelling their contributions. While projections beyond 2018/2019 are not yet clear, it is expected that PEPFAR funding for South Africa has flat-lined and that the Global Fund may shrink the country's allocation based on its income status.

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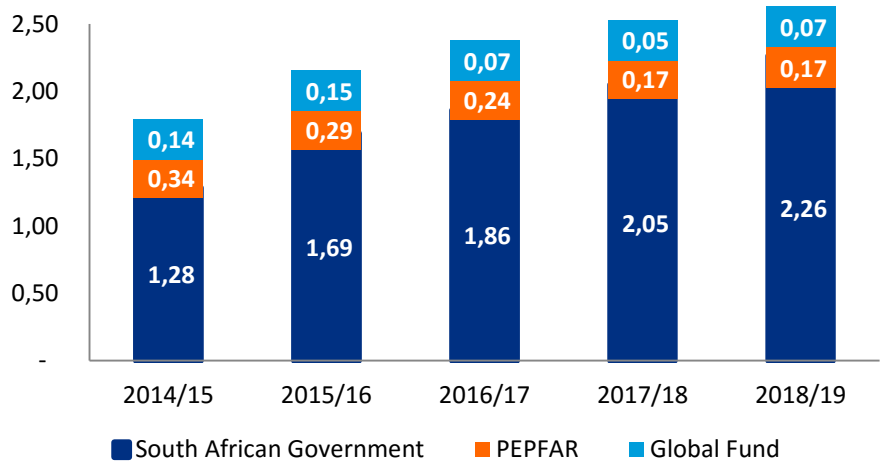
[6] SANAC (2014) Republic of South Africa Global AIDS Response Progress Report. Page 28.
[7] According to the UNAIDS 2014 GAP Report, there are between 6,500 and 8,400 new infections on average, per week.
[8] DREAMS fact sheet https://za.usembassy.gov/wp-content/uploads/sites/19/2015/12/DREAMS-SA_FactSheet_Nov-6-1.pdf
[9] UNAIDS & UNICEF (2015). All In Fact Sheet: South Africa.
[10] Statistics South Africa, 2013.
[11] Computed from ETR.Net (2014)

On the other hand, government investment in the two diseases continues to rise (Figure 3). From a sustainability perspective, this informs NACOSA's strategy to maintain a supportive position within its dialogue and advocacy with government. The value of the Rand against the dollar also informs decision-making about how to maximise the purchasing power of domestic and international investments.

Figure 3: Total HIV and TB Investments in South Africa, by Major Source (USD, billions)[12]



Policy Landscape

NACOSA's new strategy begins at a time of policy transition in South Africa. As the country's National Strategic Plan (NSP) for for HIV, TB and STIs 2012-2016 ends, and the next NSP (2017-2021) comes into effect, NACOSA's strategic plan is poised to bolster and support several national objectives. First, the country's 90-90-90 strategies for both HIV and TB[13] are a principal focus for all stakeholders over the next five years, towards achieving the Fast Track targets. NACOSA recognises the critical importance of the civil society response in supporting government to reach these goals. Community delivery models are becoming increasingly important towards achieving these targets.

The District Implementation Plans (DIPs) for the 90-90-90 targets exist for all 52 districts in South Africa and are linked to government HIV and TB budgets. However, government indicates that there is a need to expand the DIPs to include structural issues of HIV and TB and get the District AIDS Councils involved in oversight. Once again, NACOSA sees significant opportunity for its network to support critical enablers for effective DIPs rollout and to promote dialogue at all levels around implementation.

While the government is heavily focused on treatment targets for the next five years, there is also policy space for NACOSA to ramp up prevention efforts, particularly among vulnerable and key populations. The recent approval or PrEP (pre-exposure prophylaxis) as an HIV prevention option opens new doors for innovative programming among sex workers, men who have sex with men and young women and girls. There is also more to be done on demand generation to reach national voluntary medical male circumcision (VMMC) targets; the government policy aims to double current coverage levels by 2017.

[12] South Africa Investment Case: HIV and TB Expenditure Analysis (2011/12-2013/14).
[13] This 90-90-90 strategy aims to ensure that by 2020, 90% of all people living with HIV will know their status, 90% of all people with diagnosed HIV will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression. The 90-90-90 strategy has also been adapted for TB in South Africa, so that by 2020, 90% of vulnerable groups should have been screened for TB, 90% of people with TB are diagnosed and started on treatment, and 90% of those treated for TB are cured.

OUR STRATEGY

The NACOSA Strategic Plan for the period April 2016 - March 2021 is structured around five focus areas:

FOCUS AREA 1	SYSTEMS STRENGTHENING
FOCUS AREA 2	INTEGRATED APPROACHES
FOCUS AREA 3	INNOVATIVE IDEAS
FOCUS AREA 4	STRONG PARTNERSHIPS
FOCUS AREA 5	SUSTAINABLE RESPONSES

The focus areas are grouped into two agendas – the efficiency agenda (integration and innovation) and the growth agenda (partnerships and sustainability).

For each focus area there are three strategic objectives. In total, the NACOSA Strategic Plan (2016-2021) has 15 strategic objectives. As NACOSA's core business, systems strengthening is a cross-cutting focus area which has lateral objectives across each of the other four areas. The figure below presents a high-level overview of the NACOSA Strategic Plan for the period April 2016 to March 2021.

NACOSA Strategic Plan (2016-2021)

Recall from the Funding Landscape section that there are shrinking investments from international funding partners. This means shrinking budgets for civil society. At the same time, we know that the need is growing. As such, our strategy necessitates that we find ways of doing more, with less – the crux of our efficiency agenda. It is only through efficiency gains that we will turn the tide on HIV and TB with diminishing resources matched against expanding needs.

Our growth agenda is centred upon principles of long-term sustainability and shared responsibility. This is why partnerships and sustainable financing are the core focus areas here. We strive to ensure that all new opportunities – for us and for our network - are built on preparedness for self-reliance in future. But our growth agenda is not just about growing outwards. It is also about growing inwards, deepening and entrenching our network and our ability to response to HIV, TB and other health challenges until the very end – until we end them as major health threats.

The following sections scaffold our 15 strategic objectives for the period 2016-2021, providing further details under each one about what we aim to achieve.

FOCUS AREA 1 SYSTEMS STRENGTHENING

Strengthening systems is our core business at NACOSA. It is at the heart of everything we do, which is why it is a cross-cutting focus area in our strategic plan. Here, systems strengthening refers primarily to strengthening community systems, such as improving coordination, building community networks, and fostering linkages and partnerships. Community systems strengthening also means promoting advocacy and creating enabling legal and policy environments. We also support the development of community service delivery models as part of this focus area.

For civil society organisations themselves, our community systems strengthening objectives aim to bolster organisational and leadership capacity, resource mobilisation, governance, finance and monitoring and evaluation capacity. However, we increasingly acknowledge the need to strengthen health and community systems together, within one continuum of care. This is why our strategy chooses to view systems strengthening as a more comprehensive approach, which does not further segment the existing gaps between facility-based and community-based health.

Strategic Objective 1

Develop and deliver quality trainings in South Africa and the region, including technical content on integrated service delivery and biomedical advances.

One of our core priorities in this strategic plan is to enhance our network's capacity in addressing TB, HIV/TB integration, and new and innovative models for delivering biomedical advances in community settings. As such, our systems strengthening objective for this focus area revolves heavily around technical training and capacity building, particularly in (though not limited to) these areas. This strategic objective also links with strategic objective 12, which articulates training and capacity building as our value-add to neighbouring countries for our expansion into the Southern African region.

Strategic Objective 2

Provide institutional and grant-making support to civil society organisations, improving the delivery of quality health services and creating more opportunities for mentoring and capacity building.

By ensuring that our grant-making is always paired with long-term institutional support, we can instil confidence in our funding partners by enhancing the successful implementation of our sub-grants. At the same time, we also build recipient organisations to be able to manage funds and produce results, towards a more sustainable response. Our objective to provide this kind of institutional and grant-making support is linked with our objectives to promote strong partnerships and sustainable responses. It also works to maximise how effective and efficient our members' service delivery is.

Strategic Objective 3

Enable and promote networking among civil society organisations and other key stakeholders to create a more effective and efficient health response.

We know that we are stronger when we work together. This strategic objective is linked with promoting dialogue, ensuring a coordinated response, bridging health and community systems and creating and maintaining strong partnerships. This also carries forward a strategic objective from our previous strategy, which aimed to establish links and strategic partnerships with similar networks to enhance impact on HIV and AIDS. The difference is, in this strategy we increasingly recognise the connection between networking and creating greater efficiencies through integrated approaches, having impact beyond HIV. With a network made up of organisations and individuals working across a broad range of diverse health and development areas, our collective skillset as a network enables a highly integrated linking and learning approach. This objective promotes sharing across areas of expertise in HIV, TB, gender, violence, sexual and reproductive health, and other related social development challenges.

FOCUS AREA 2 INTEGRATED APPROACHES

We know that for many health issues, responses that employ collaborative activities are both more efficient and more effective. This means that more than one problem can often be addressed with a single, integrated solution – at lower cost and at greater convenience. As civil society, integrated approaches go beyond service provision. It means harmonising our advocacy messages, bridging gaps between fragmented sectors, and combining our data collection tools to adequately capture a wider spectrum of health information. While NACOSA remains HIV and TB-focused, there are a number of areas where we believe enhanced integration will improve the overall health response. Our deepened focus on integration in this strategy is well-aligned with the priorities of many of our key partners. The Global Fund emphasises integrated HIV/TB approaches. DREAMS focuses on delivering a package that goes beyond health, also addressing poverty, gender inequality, sexual violence and education - all drivers that directly and indirectly increase young women and girls' HIV risk. The International HIV/AIDS Alliance also points to integration as one of its guiding principles in its current South Africa strategy.

Strategic Objective 4

Ensure the provision of a comprehensive package of care which integrates HIV and TB with other related health and social development challenges through a rights-based approach.

While there is a need to integrate HIV services with a wide range of related health issues, TB is particularly poorly integrated into the current response, especially within community systems. This is largely driven by limited capacity among civil society in this area. For this reason, strategic objective 1 aims at ensuring a comprehensive package of services is provided, but with a particular emphasis on ensuring civil society is able to integrate TB adequately into community HIV responses. Further, sexual and reproductive health (SRH) as well as gender-based violence (GBV) requires improved integration into the HIV response, and importantly through a human rights–based approach. This means mainstreaming human rights in all our work as part of our integration objectives. In addition, increasingly HIV is being regarded as a pre-chronic condition which ought to be addressed in an integrated way with some non-communicable diseases (NCDs). This is another important integration area under this strategic objective.

Strategic Objective 5

Bridge the gap between health and community systems by creating strong linkages and referral networks.

This objective aims at ensuring that community delivery models can effectively alleviate the burden from the public sector. This is a clear efficiency gain. It also means building strong community systems which can effectively find and refer people to the public sector who cannot be given the right quality of care at a decentralised level. Along with service provision, the second strategic objective also aims to bridge knowledge and information gaps between community and health systems, ensuring that there is seamless exchange of information across the spectrum of care. This objective represents an expanded understanding of an objective in our previous strategy, which aimed to promote community systems strengthening to support the cascade of care. In this strategy, we increasingly prioritise an approach that sees that continuum of care extending between both health and community systems, requiring bridging mechanisms in order to maximise efficiencies in both.

Strategic Objective 6

Collect regular and reliable data across a broad range of health issues, including uptake and demand, to better-understand how to respond most efficiently.

While we have strong data on HIV, we rarely collect information on other related health issues that is as comprehensive and robust. This includes HIV/TB co-infection, particularly among vulnerable and key populations. It also includes HIV and human papillomavirus (HPV) co-infection, both of which make young women and girls more susceptible to cervical cancer. There are opportunities to leverage existing data collection tools and methodologies for HIV to develop a broader understanding of related health issues. Without good data on these kinds of co-infections/co-morbidities, it is difficult to know exactly what the optimal package of services should be for a given population in a given location.

FOCUS AREA 3 INNOVATIVE IDEAS

Innovation is not necessarily always about doing new things. It is also about finding creative ways of scaling proven-practice to reach the most vulnerable and hardest to reach populations. Innovative ideas are also about embracing new scientific developments and ensuring that community models are able to employ them as part of their response. We must also continue to push the research agenda towards finding new and improved treatment and prevention options that work well.

As with integration, innovation is also well-aligned with core priorities of several of our partners, including being a guiding principle for the International HIV/AIDS Alliance's South Africa strategy, as well as forming a significant part of the DREAMS initiative through the DREAMS Innovation Challenge.

Strategic Objective 7

Bring biomedical advances to communities by building biomedical literacy among civil society and translating scientific developments into community models.

One of NACOSA's recurring themes in our objectives is to bridge the gap between health and community systems (see strategic objectives 2 and 9, and overview of focus area 1). Part of this means making sure communities can benefit from biomedical advances. This involves strategic scaling of breakthroughs in a specific way, which is acceptable and accessible to communities. This often means ensuring that information is packaged in the right way, and that technologies are adapted appropriately to suite community services delivery models. There have been many exciting biomedical advances in the HIV and TB field in recent years. These include the Medicines Control Council (MCC) approval of PrEP, as well as its inclusion for roll-out as part of the National Strategic Plan for HIV Prevention, Care and Treatment for Sex Workers. Further, home-based as well as self-administered HIV testing continue to prove themselves as promising tools for increasing uptake. As more advances are made, we strive to get the right information to the people who need it, and develop community models to ensure that vulnerable and key populations have access to the latest in treatment and prevention options.

Strategic Objective 8

Creatively scale interventions among vulnerable and key populations in areas where the need is greatest.

Innovation is needed at two points in an epidemic curve: in the beginning, when we are first learning how to respond, and then again closer towards the end, when we are trying to target to hardest-to-reach populations (those not reached through traditional scale-up). South Africa has made great progress in the fight against HIV and TB. However, the nature of the two diseases means that certain populations in certain locations (sometimes termed "hot spots") remain persistently overburdened as well as disproportionately challenging to reach. Under this strategic objective, we aim to develop innovative ways of scaling proven-practice and ensuring that those who are most vulnerable are reached with information, services and support.

Strategic Objective 9

Develop a research agenda to build a body of knowledge around how community responses can be more efficient and effective in delivery of health services and related social development needs.

It is clear that there is an increasing role for community systems in finding people living with HIV and TB and other related health issues, and linking them to care. This is especially true as we seek to place more and more people on treatment, moving towards the national targets of 90-90-90 for both HIV and TB. We know that the public sector cannot cope with the volume of people, and that strong community systems are a more efficient and effective way to approach many components of the "90s".

But what do these community delivery models look like? How can community systems optimise their role in reaching global Fast Track targets and ultimately ending the epidemics? This part is not yet clear. By prioritising a research agenda in this area, NACOSA will mobilise the collective knowledge of its vast and diverse network to ensure community systems are at the centre of an optimal HIV and TB response.

FOCUS AREA 4 STRONG PARTNERSHIPS

As a network, we believe that partnerships are the core of what makes for a successful response. But not all partnerships thrive. Strong partnerships require the right kind of linkages, the right kinds of spaces for exchange, and the right kinds of support – sometimes reinforcing, sometimes more critical.

Strategic Objective 10

Promote inclusive dialogue aimed at improving coordination of the HIV and TB response at all levels.

The main aim of this strategic objective is to improve coordination through more inclusive dialogue, to ensure that all partners are aware of what other stakeholders are doing, to minimise duplication and identify possible synergies.

Dialogue is also vital for identifying good practice and replicating it elsewhere. This means ensuring that government, funding partners, civil society, the private sector and communities all work together towards the most efficient and effective HIV and TB response. Particularly, the kind of dialogue that NACOSA promotes bridges the gap between health and community systems, ensuring that information flows freely and referral networks are strong in both directions. Through our consultative forums and community dialogues, we ensure a more streamlined response. We also embark on more regular and rigorous dialogues with structures like the Provincial Councils on AIDS (PCAs), among other key partners.

Strategic Objective 11

Conduct targeted and collective advocacy through a process of supportive stakeholder engagement.

NACOSA'S advocacy increasingly focuses on the effective and efficient use of resources in the health response, particularly those distributed by government. Recall from Figure 3 that funding for HIV and TB from the South African government is projected to top 90% of total funding by 2018/2019. We need to be realising better outcomes for our investments, and government cannot do this alone. When we say 'collective' advocacy, we mean that the movement for efficient use of resources must be a shared agenda of civil society, government, funding partners and communities. The private sector, too, must be brought in. Our style of advocacy is meant to support partners to deliver services more effectively and efficiently, by responding directly to the needs of people on the ground. We amplify that voice through our collective advocacy, providing guidance and direction for all stakeholders.

Strategic Objective 12

Broaden NACOSA's network by creating opportunities for new partnerships across the Southern African region.

NACOSA prioritises forming new partnerships in high-burden neighbouring countries. There are several good reasons for this. First, there are important opportunities for two-way exchange - from South Africa to the region and from the region to South Africa. In many ways, South Africa's response has a lot to share with its neighbours. On the other hand, South Africa's neighbours also have a lot to offer us. The rationale for this strategic objective is also in the recognition that HIV and TB are regionally-driven epidemics. The region's high-volume migration patterns mean there is an increasing level of population movement across porous country borders. A regional response will help ensure that progress in one country is not made fragile by challenges in another. We believe forming strong, cross-border partnerships is the best way to ensure a coordinated regional approach. NACOSA will use its accredited training and capacity building as a strategic entry point to the region through a demand-driven model. This way, we bring added value to the region, growing in a very purposeful way.

FOCUS AREA 5 SUSTAINABLE RESPONSES

This focus area is closely aligned with the NACOSA Sustainability Framework (2014-2020). Assets like the NACOSA Training Institute and training venue, HWSETA-accreditation and Level 2 B-BBEE status are a strong foundation for greater financial sustainability for the organisation. But sustainability is about more than just money. As NACOSA, we believe that in order to be truly sustainable we need to consider things like political and programmatic sustainability, too, so that the response is not made fragile by new government leadership or shifting donor priorities. Part of this focus area includes ensuring that there is transformation at all levels of NACOSA. In this sense, our strategic objectives to be more inclusive and create more opportunities for our network will permeate all levels of our response.

Strategic Objective 13

Support local and emerging civil society organisations, as well as those which bring strong skillsets to NACOSA as a network.

Our annual grant management turnover has more than tripled in just two years, making NACOSA one of the biggest civil society grant managers in the country. Despite this rapid growth, we believe that our absorptive capacity to mobilise and invest resources in civil society and communities has not yet been fully tapped. There is a lot more potential for NACOSA to strategically distribute and expertly manage the level of investment that is needed to achieve epidemic control in South Africa and in the region. This strategic objective is closely linked with the focus areas of the efficiency agenda (innovation and integration). Under this strategic objective, priority actions include investing strategically in organisations with TB capacity as well as capacity in innovative biomedical approaches.

Strategic Objective 14

Create more funding opportunities for existing members while supporting them to plan for and responsibly manage donor transitions, building their capacity to generate their own income and become self-reliant.

Along with outward growth, both into the region and with emerging organisations in South Africa, NACOSA will also seek to grow inwards, by deepening our commitment to our existing members. NACOSA's existing network, comprising of 1,530 members, has made a critical contribution to building a strong and diverse community response to HIV and TB in South Africa. As such, part of our growth agenda includes opening up more spaces for subsidised trainings and capacity buildings. It also includes working towards a renewed identity of what it means to be a member of the NACOSA network and the critical role our members play within the national response. Most importantly, this objective includes a focus on supporting our network to become more self-reliant, generating income from diverse sources and planning to responsibly manage donor transitions.

Strategic Objective 15

Raise grant funds, generate income and promote efficient expenditure to enable NACOSA to be less reliant on grant funding for its core operational costs.

This strategic objective is directly linked to the NACOSA Sustainability Framework (2014 – 2020). It aims to raise grant funding, generate revenue, manage costs and promote NACOSA as a pathway to sustainability. A significant component of this strategic objective is NACOSA's Training Institute. This objective is therefore closely linked with the NACOSA Training Institute Business Plan, which demonstrates how the Institute is a viable sustainability mechanism for NACOSA's public benefit work and will provide a long-term return on investment. Specific targets for this strategic objective are aligned with those in our Sustainability Framework and our Training Institute Business Plan.

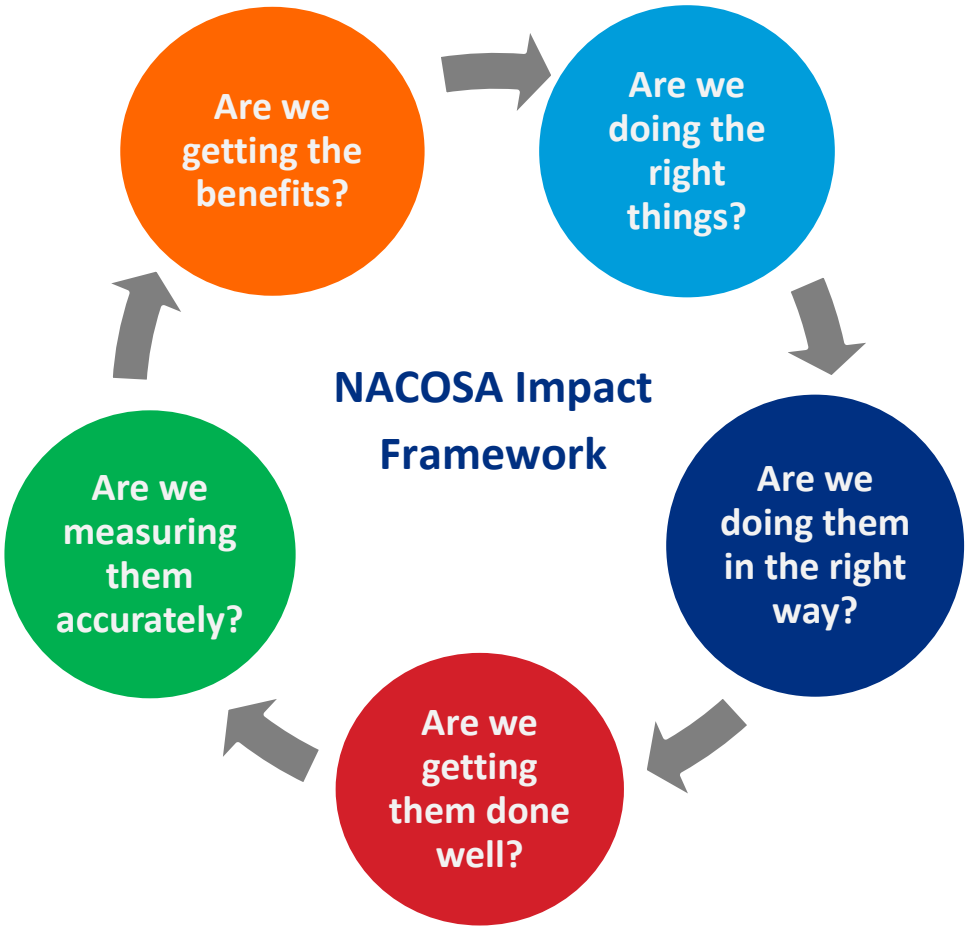
OUR IMPACT

With our 1,530 members, 126 sub-recipients, and 5 South African offices, our current impact on the HIV and TB response in South Africa is considerable. We currently reach 36,435 orphans an vulnerable children, 111,969 people living with HIV, 34,425 sex workers, 25,255 gender-based violence survivors and 21,704 young women and girls.

But we believe we can do better. Indeed, we know we have to. In order to end HIV and TB by 2030, we know that our collective impact must be ramped up, or we risk the epidemics springing back even stronger. The five year period of this strategic plan is a vital window of opportunity for achieving impact.

Impact Framework

Measuring our impact is not just about getting the best results. It is also about using the best processes to get those results. Efficiency is at the core of this strategy. For this reason, our impact framework asks five critical questions, which will be used to assess the results of our work. This framework informs the indicators we select to measure our success, and guides our monitoring and evaluation in an ongoing manner.



NACOSA is developing an organisational M&E framework, which will speak directly to this strategy. The section below presents a set of working indicators which have been identified as part of that process. As such, this is not a final or exhaustive list of how we measure our progress. These indicators will be refined in an ongoing manner, throughout implementation of this strategy, based on the NACOSA Impact Framework. Similarly, the M&E framework is a living document that is revised based on the disease landscape, new grants and income streams, policy changes, among other important external and internal factors.

While targets are often grant-specific, part of the development of NACOSA's organisational M&E framework includes efforts to streamline programme targets towards achieving our 15 strategic objectives. As such, specific targets for this strategy appear in the NACOSA M&E Framework.

Indicators of Success

FOCUS AREA 1	SYSTEMS STRENGTHENING
What we want to achieve	**How we measure our progress**
Strategic Objective 1 Develop and deliver quality trainings in South Africa and the region, including technical content on integrated service delivery and biomedical advances.	• Number and types of training curriculums developed • Number and types of trainings provided • Number and types (size, stage of development, BEEE etc.) of civil society organisations receiving capacity building
Strategic Objective 2 Provide institutional and grant-making support to civil society organisations, improving the delivery of quality health services and creating more opportunities for mentoring and capacity building.	• % of civil society organisations receiving long term mentoring that display positive improvement on Capacity Assessment Tool (CAT) • % of capacity building plans implemented • Capacitated civil society organisations; total number of individuals accessing HIV and Health services • Long(er) term: Number of evidence-informed best practice programmes that meet the priority health needs of the country and the region

Strategic Objective 3
 	
Enable and promote networking among civil society organisations and other key stakeholders to create a more effective and efficient health response.
	• Member survey
	  • Network management
	  • Knowledge development & dissemination
	  • Sustainable service systems
	  • Data-driven decision making
	  • Policy and advocacy

FOCUS AREA 2	INTEGRATED APPROACHES
What we want to achieve	**How we measure our progress**
Strategic Objective 4 Ensure the provision of a comprehensive package of care which integrates HIV and TB with other related health and social development challenges through a rights-based approach.	• Number and percentage of programmes providing integrated services • Number and percentage of implementers providing integrated services (disaggregated by network members and sub-recipients) • Number and types of members and sub-recipients implementing technical trainings provided under strategic objective 1 (integrated service delivery) • Programme performance (i.e. a grant rating scale) • Programme indicators (i.e. beneficiaries reached)
Strategic Objective 5 Bridge the gap between health and community systems by creating strong linkages and referral networks.	• Feedback and reporting to the Provincial Councils on AIDS (PCAs) • Number and percentage of successful referrals from members and sub-recipients to necessary HIV, TB and other health services • Number and type of services delivered at community level rather than in facilities (sub-recipients)
Strategic Objective 6 Collect regular and reliable data across a broad range of health issues, including uptake and demand, to better-understand how to respond most efficiently.	• Tracking numbers of HIV tests provided alongside TB and STI screenings and referrals for related sexual and reproductive health services • Number and types of members and sub-recipients collecting regular data on integrated service delivery • Number and types of members and sub-recipients implementing technical trainings provided under strategic objective 1 (integrated data collection)
FOCUS AREA 3	**INNOVATIVE IDEAS**
What we want to achieve	**How we measure our progress**
Strategic Objective 7 Bring biomedical advances to communities by building biomedical literacy among civil society and translating scientific developments into community models.	• Number of communications, learnings and evidence-based data disseminated • Digital and printed newsletter • Website & social media updates • Good practice guides • Training e-books • Consolidated provincial reports • Number of members and sub-recipients implementing biomedical programs integrated into existing community models

Strategic Objective 8 Creatively scale interventions among vulnerable and key populations in areas where the need is greatest.	• Number of vulnerable and key populations reached with services (disaggregated by population) • % coverage in hot spot/target districts and sub-districts (saturation measure)

Strategic Objective 9
 	
Develop a research agenda to build a body of knowledge around how community responses can be more efficient and effective in delivery of health services and related social development needs.
	• Number of communications, learnings and evidence-informed data disseminated (linked to strategic objective 7)
	  • Conferences
	  • Research papers

FOCUS AREA 4	**STRONG PARTNERSHIPS**
What we want to achieve	**How we measure our progress**
Strategic Objective 10 Promote inclusive dialogue aimed at improving coordination of the HIV and TB response at all levels.	• Feedback and reporting to the Provincial Councils on AIDS (PCAs) (linked to strategic objective 5) • Critical issues driven by NACOSA at sector meetings, district to provincial level meetings, consultative forums, etc. • Disaggregate by type of issue and track over time • Agenda items tabled by NACOSA (i.e. advocacy issues) • % of eligible critical issues followed up at subsequent meeting • % of well-functioning multi-sectoral structures
Strategic Objective 11 Conduct targeted and collective advocacy through a process of supportive stakeholder engagement.	• Develop internal as well as members' advocacy plans and track outcomes • Long(er) term: input to policy frameworks, influence of priorities
Strategic Objective 12 Broaden NACOSA's network by creating opportunities for new partnerships across the Southern African region.	• Number and types of context/country specific training curriculums developed for countries outside South Africa • Number and types of trainings provided in countries outside South Africa • Number of countries where NACOSA has a training and capacity building presence • Number and types (size, stage of development, etc.) of civil society organisations receiving capacity building in countries outside South Africa

FOCUS AREA 5	SUSTAINABLE RESPONSES
What we want to achieve	**How we measure our progress**
Strategic Objective 13 Support local and emerging civil society organisations, as well as those which bring strong skillsets to NACOSA as a network.	• Number and type of members and sub-recipients • Amount of donor funds distributed to civil society organisations (disaggregated by area, and type of organisation) • Management processes implemented by NACOSA - checklist of activities per quarter (i.e. monthly reports, site visits, management meetings, etc.). • Capacity building measures for local and emerging civil society organisations linked with indicators in focus area 1
Strategic Objective 14 Create more funding opportunities for existing members while supporting them to plan for and responsibly manage donor transitions, building their capacity to generate their own income and become self-reliant.	• Amount of donor funds distributed to civil society organisations (Disaggregated by area, type of civil society organisation, etc.) • Ability of sub-recipients to spend funds (absorptive capacity as a network) • Amount of donor funds raised independently by members and sub-recipients (ability to leverage NACOSA investment to bring in other income) • Diversity of funding sources for members and sub-recipients (Disaggregated by area, type of civil society organisation, etc.)
Strategic Objective 15 Raise grant funds, generate income and promote efficient expenditure to enable NACOSA to be less reliant on grant funding for its core operational costs.	• Grant ratings and the grant audit findings (finance and M&E) • % of successful proposals • Diversity of income streams (disaggregate by type and size of grants) • % of total budget raised though NACOSA income generating activities • Rate of income generation • Proportion of overheads to total expenses (to demonstrate cost effectiveness and maximise efficiencies)

“We’re stronger, together”

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