



# **FY 2012 Semi-Annual Progress Report October 2011 – March 2012**

**Pact South Africa  
HIV/AIDS Umbrella Grants Management Program**

**USAID Cooperative Agreement  
No. 674-A-00-08-00001-00**

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## Acronyms

ADP	Area development program
ARV	Antiretroviral
ART	Antiretroviral therapy
CADRE	Centre for AIDS Development, Research and Evaluation
CANE	Child abuse, neglect and exploitation
CBO	Community-based organization
CCC	Community care coalition
CCF	Child care forum
CCM	Chronic care model
CCMA	Council for Conciliation, Mediation and Arbitration
CCP	Community Care Project
CHC	Community Health Center
CHW	Community health worker
CIDA	Canadian International Development Agency
CINDI	Children in Distress Network
CLMP	Childline Mpumalanga
CLSA	Childline South Africa
COP	Country operational plan
COS	Circles of Support
CPC	Centre for Positive Care
CPD	Continuous professional development
CWSA	Child Welfare South Africa
CYCW	Child and Youth Care Worker
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
EPWP	Expanded Public Works Program
FY	Fiscal year
HAST	HIV, AIDS, STIs and TB
HCBC	Home and community-based care
HCT	HIV counseling and testing
HDA	Health and Development Africa
HES	Household economic strengthening
HWSETA	Health and Welfare Sector Educational Training Authority
I-ACT	Integrated access to care and treatment
ICDM	Integrated chronic disease model
IDT	Independent Development Trust
IPT	Isoniazid preventive therapy
LOC	Local organizing committee
m2m	mothers2mothers
MBPT	Mother-baby pair tracking
MCAT	Management capacity assessment tool
MERL	Monitoring, evaluation, reporting and learning
NACCA	National Action Committee for Children Affected by AIDS
NACCW	National Association of Child Care Workers
NSP	National Strategic Plan
NDA	National Development Agency
NICDAM	National Institute for Community Development and Management
NIMART	Nurse initiated and managed antiretroviral therapy
Noah	Nurturing Orphans of AIDS for Humanity

NSS	Non-state sector
NYDA	National Youth Development Agency
PEPFAR	US President's Emergency Plan for AIDS Relief
PHC	Primary health care
PIMS	Partner information management system
PMTCT	Prevention of mother-to-child transmission
PPL	PEPFAR provincial liaison
PSP	Partner support plan
OCA	Organizational capacity assessment
OD	Organizational development
OVC	Orphans and vulnerable children
RCA	Recipient contracted audit
RDQA	Routine data quality assessment
RDQM	Routine data quality management
SACSSP	South African Council for Social Service Professions
SAG	South African Government
SHC	Southern Hemisphere Consultants
STA	Senior technical advisor
SWWS	Social Welfare Workforce Strengthening
TB	Tuberculosis
TOC	Theory of change
TOR	Terms of reference
ToT	Training of trainers
TSP	Training service provider
UGM	Umbrella grants mechanism
USAID	United States Agency for International Development
USG	United States Government
VSL	Voluntary savings and loan

## I. Background

Since 2004, Pact has facilitated the efficient flow of grant funds to over 100 PEPFAR partners and sub-partners in South Africa playing valuable roles in the response to HIV and AIDS, while ensuring compliance with USAID rules and regulations as well as general principles of sound management. Pact's strategy integrates grant making with capacity building for enhancing effectiveness and sustainability through the development and implementation of documented organizational systems and human capacity development at management and operational levels. Through rigorous grant management and individualized capacity building, partners have dramatically increased the scope, scale and quality of services they offer through all nine provinces of South Africa.

Pact's grant management strategy is guided by principles of participation and flexibility, emphasizing results and ensuring coordination. As one of its core values, Pact believes in grant management through partnership and adapts a peer approach to build sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and quality services.

### 1. Grants Management

At the beginning of each year, Pact supports partners in developing detailed annual work plans and budgets. The ability of partner organizations to clearly articulate program goals and activities and develop realistic budgets greatly enhances prospects for diversifying revenue sources. Following work plan and budget approval, Pact maintains frequent contact with partners, monitoring program progress in order to facilitate early identification and resolution of implementation issues.

Pact closely monitors partners' financial management to ensure that grant funds are utilized for activities approved by USAID. All partners submit monthly financial reports and supporting documentation. Pact finance staff visit partners regularly to assist in strengthening financial management systems, audit program expenses and accompanying documentation, monitor compliance with USAID rules and regulations, and review progress towards meeting cost share requirements.

### 2. Individual and Organizational Capacity Development

Pact offers a customized training series for partners including basic grants management. This training focuses on compliance with USAID rules and regulations, minimum financial management standards, and principles of good management and governance. A course on financial management for non-financial managers is offered to enhance the skills of senior management and program staff in financial monitoring and reporting. Pact also offers courses on monitoring, evaluation, reporting and learning (MERL), data quality assurance, and basic program evaluation. Partners also have the opportunity to attend courses on resource mobilization, volunteer management, and board leadership and governance. Refresher courses are offered throughout program implementation in order to address issues of staff turnover within partner organizations. Pact complements the delivery of formal workshops with ongoing mentoring to ensure that the knowledge gained in various trainings is put into practice.

### 3. Monitoring, Evaluation, Reporting and Learning (MERL)

Pact assists each partner in developing a comprehensive monitoring and evaluation system for tracking progress against both PEPFAR and organizational indicators. Pact provides a wide range of MERL technical assistance to partners in order to ensure the continuous building and improvement of systems in order to adapt to changing programmatic and organizational requirements. Assistance includes: review and development of effective data collection tools; analysis and reporting of data; setting realistic targets; establishing and strengthening data quality management systems; conducting internal data quality audits; and verifying and validating partner and sub-partner data submissions.

#### **4. Technical Assistance**

Pact provides technical assistance by reviewing services delivered by partners. Issues are identified through formal assessments as well as routine program monitoring and site visits which result in recommendations for strengthening specific aspects of programs. When necessary, Pact contracts external consultants to provide targeted technical support.

#### **5. Organizational Development**

Pact conducts a participatory organizational capacity assessment (OCA) of each partner organization at the beginning and midpoint of the award. The OCA focuses on the organization's governance, management capacity, staffing and strategic development. Pact and the partner organization use the results to develop partner support plans (PSP), which outline interventions to be implemented to strengthen the organization.

#### **6. OVC Subcontracts Management**

Pact's OVC subcontracts portfolio is utilized to procure and manage technical assistance for the South African Government (SAG). This component of Pact's program primarily responds to the needs and priorities of the SAG and partners as communicated by USAID. Contracted support targets national level OVC policy development and related programming. Funds in this line item are also utilized to support cross-cutting PEPFAR OVC activities.

#### **7. PEPFAR Provincial Liaisons, Peace Corps Volunteers and DoH Senior Technical Advisor**

Pact provides contractual, financial and administrative support to six PEPFAR Provincial Liaisons (PPLs) as well as Peace Corps Volunteers placed to assist them. The PPLs are based in Eastern Cape, Free State, Limpopo, Mpumalanga, North West and Northern Cape, and the Peace Corps Volunteer is based in the Western Cape, assisting the PPL for that province. Pact has also recruited and seconded a Senior Technical Advisor to the National Department of Health to provide support in health systems strengthening.

## **II. Program Priorities and Progress**

During the final year of this cooperative agreement, in accordance with the principles of the Partnership Framework between the U.S. and South African governments, Pact is focusing on capacity development support to organizations that meet the following criteria:

- Engaged and aligned with South African government policies and priorities
- Delivering key services in underserved geographic areas
- Identified by USAID as strategic partners
- Historically receptive to organizational and programmatic support provided by Pact

All partners have received assistance in resource mobilization in an effort to ensure the continuation of service delivery to beneficiaries. In cases where this is not possible, Pact will work with partners to transition beneficiaries either to government or other NGOs working in the same geographic areas.

USAID has advised that partners should implement their programs through the end of the fiscal year, with award close-out conducted between October and December 2012.

## Program Management

Pact has continued to provide guidance and support to all partners in program planning and implementation. A matrix showing the types of support provided to each partner is attached as Appendix 1 of this report.

Support provided during the reporting period included the following:

- Development of child protection policies
- Development of household economic strengthening interventions
- Alignment with South African government plans and priorities
- Development and revision of annual work plans and budgets
- Development and implementation of program strengthening and corrective action plans
- Linkages to relevant tools, resources and contacts
- Assistance in program staff recruitment, selection and orientation
- Guidance on compliance with USG rules and regulations
- Review and approval of procurements, renovations, international travel and key personnel
- Review and revision of annual and semi-annual progress reports

### **Development of child protection policies**

In FY 2011, USAID and Pact identified child protection as a priority area for partner program strengthening. At household level, most partners have focused on legal support services such as facilitating access to birth and identification documents. At community level, mobilization and awareness of child abuse and child rights have been the main focus. Few organizations have provided support to children and families for prevention and early intervention on child abuse and neglect. Pact found that while a number of prime partners had strong child protection policies and practices in place, many of the CBO sub-partners lacked the capacity to develop and use a formal child protection policy. Both CARE and CompreCare requested Pact support in training their sub-partners in child protection. Offered by Childline South Africa in May 2011, the training equipped participants with practical knowledge on developing child protection policies and also familiarized participants with legislation applicable to child protection.

Pact has subsequently supported CARE, CompreCare and Starfish in working with their sub-partners to apply the knowledge from the training in developing and instituting child protection policies. CompreCare organized further training on the Children's Act and its implications for child protection in January 2012. During the workshop the sub-partners shared their draft policies and received inputs and recommendations for further improvement. CompreCare's sub-partners are currently in the process of finalizing their policies. Starfish embarked on a similar process of assisting their sub-partners to develop child protection policies. At Pact's recommendation Starfish participated in the CompreCare workshop in January 2012 and then shared the workshop information with their sub-partners. Starfish sub-partners are now also in the process of finalizing their policies.

### **Household economic strengthening**

USAID and Pact identified household economic strengthening as another priority area for partner program strengthening. Many partners had limited their work in this area to the facilitation of access to social grants. Several were also engaged in activities such as food gardens, animal husbandry and craft making, but these have not always been productive or profitable. USAID organized a workshop on household economic strengthening in FY 2011 and also conducted follow-up visits to selected partners, including CARE, Child Welfare South Africa and World Vision.

In FY 2012 Pact provided assistance to CompreCare in identifying a suitable savings and loan model for piloting with its sub-partners. Pact initially linked CompreCare to CARE's Voluntary Savings and Loan (VSL) program; however, CompreCare concluded that this model would be too costly and time-intensive and decided to explore other alternatives. CompreCare ultimately selected Shack Dwellers International (SDI), a network of community-based organizations in 33 countries including South Africa. SDI runs a savings and

loan program through “federations,” which are clusters of savings groups constituted at community level in informal settlements.

Following a February 2012 visit to an SDI affiliate site in South Africa, CompreCare is now working with several sub-partners to adapt and pilot the SDI model with a special focus on vulnerable children and their families. The selected sub-partners for the pilot phase will be Future Families, Luncedo, Pholo Modi and Sizanani. The program will begin with learning and exchange visits by sub-partner staff to existing SDI sites, followed by site-level training and mentoring. Pact will continue to support and monitor the pilot of the SDI model as needed.

### **TB training for OVC partners**

TB has often been treated as a strictly medical matter to be addressed by doctors and nurses in a clinical setting. This has limited efforts around TB prevention, case finding and treatment, given the limited number of healthcare professionals and facilities as well as the difficulty of reaching people at community and household level particularly in rural areas. Given their extensive reach at this level, USAID identified PEPFAR-funded OVC partners as a potential entry point for addressing TB and TB/HIV at the community and household level, through school-based programs, early childhood development centers, drop-in centers, home visits and various other program activities, and provided funding for an initiative in this area.

During the reporting period, Pact contracted an accredited service provider, Greenfield Management Solutions, to offer training to PEPFAR-funded OVC partners on how to integrate TB prevention, screening, infection control, DOT support, and referral for testing and treatment into their existing OVC care and support programs. The five-day training focused on teaching community care workers how to provide these services at household and community level during the course of their routine home visits and other program activities. Topics included screening household members for TB and referring for testing if symptoms exist, educating families on basic preventive measures and infection control, and providing DOT support for household members on TB treatment.

A total of 386 participants completed the training, which was offered through 14 workshops held in all nine provinces between October 2011 and February 2012. To maximize results, the training prioritized TB high-incidence districts and used a training-of-trainers methodology, empowering participants to replicate the training within their organizations.

Pre- and post-tests conducted during each workshop showed a dramatic overall increase in TB and TB/HIV knowledge among participants, as well as a strong commitment to replicating the training and rolling out TB activities within their organizations. Several of the partners have already reported significant progress in integrating TB and TB/HIV activities into their OVC work. Further follow-up support is planned for the second half of the fiscal year.

### **Child and Youth Care Worker training**

In FY2011 USAID allocated funding to NACCW for the provision of accredited Child and Youth Care Worker training to various PEPFAR OVC partners, which has continued into FY 2012. Comprising 14 modules and several electives, the curriculum is designed to be delivered over the course of 18-24 months, culminating in a professional qualification.

NACCW set a target of ensuring that at least 680 learners complete their qualification in Child and Youth Care Work by the end of FY 2012. During the reporting period, NACCW continued the training with a total of 749 learners, all of whom are on track to complete the program by July 2012, meaning that NACCW is likely to exceed its target by a substantial margin.

NACCW is currently negotiating with the Health and Welfare Sector Educational Training Authority (HWSETA) to secure dates for the verification visits that will determine whether learners are found competent and can therefore receive HWSETA’s endorsement for receipt of their qualification.

## Monitoring, Evaluation, Reporting and Learning

Pact provided substantial technical assistance to all partners in strengthening MERL systems and responding to PEPFAR requirements throughout the reporting period. A matrix summarizing the types of support provided to each partner can be found in Appendix 2.

Technical assistance provided during this reporting period included:

- Review of MERL systems at the beginning of the new fiscal year and updating MERL plans as needed
- Clarification of PEPFAR reporting requirements and technical assistance with quarterly reports
- Training in Basic MERL and Data Quality for selected partners
- Follow-up on data quality concerns arising from quarterly reporting
- Site-level data quality review and compliance monitoring
- Training and mentoring of site-level partner staff involved in data management
- Planning program evaluations and development of Terms of Reference (TORs)
- Coordinating and facilitating inception meetings for program evaluations
- Monitoring of the implementation of key evaluation activities by contractors and provision of technical input to improve the quality of deliverables

### Technical assistance on responding to changes in PEPFAR reporting requirements

Changes in PEPFAR reporting requirements and the transition from the Data Warehouse to the Partner Information Management System (PIMS) resulted in several partners requiring substantial technical support in order to submit their reports. In addition to PIMS-related challenges, facility-based partners had difficulty reporting against some of the new indicators due to the unavailability of required data. Pact communicated these challenges to the USG SI team, which plans to address them at an upcoming partners meeting.

### MERL training workshops

Demand for MERL training has shifted from general skills building requirements, which can be addressed in workshops open to various partners, to partner-specific organizational MERL capacity development, which requires tailored training for the staff of that particular organization. Partner-specific trainings therefore combine key components from Pact's standard curriculum in Basic MERL and Data Quality Management with data management tools developed specifically for that partner. These trainings enable partners to train various staff members in overall guidelines and principles as well as specific tools and practices. They also provide opportunity for Pact to mentor the organization's MERL manager(s) in planning and conducting further training for field staff.

During the reporting period, Pact worked with Childline Mpumalanga to conduct a Basic MERL training workshop targeting main office program staff as well as site-level staff. A total of 19 individuals (2 males and 17 females) attended the training. Feedback from participants was very positive, with most reporting that the training would be useful in developing plans for strengthening their MERL systems. The Childline Mpumalanga management reported that the training has resulted in significant improvements in the way staff engage in data collection, as they now understand the value of the data for learning, planning and decision-making. Additional partner-specific trainings for Childline Mpumalanga and Childline KZN are planned for the second half of the fiscal year.

### Planning of partner evaluations

Early in the fiscal year Pact received guidance from USAID on the commissioning of external evaluations for partners' programs. Pact employed a participatory approach in developing the terms of reference for the evaluations, meeting with each partner to discuss evaluation priorities and potential evaluation strategies. During the reporting period, TORs for 13 partner evaluations were finalized and approved by USAID. This included 12 evaluations for Pact OVC partners and one for Humana People to People. Following the approval of the TORs, Pact published a call for expressions of interest in conducting program evaluations. Six firms were shortlisted by the technical review committee and were then invited to submit full proposals for specific evaluations. In a few instances, the responses from the shortlisted firms were either poor or no

proposals were submitted. In those instances, Pact reissued an open solicitation and was thereby able to identify a suitable contractor from outside the six shortlisted firms. Pact has selected contractors for all evaluations except the Childline SA evaluation, for which the solicitation process is currently underway.

Contractor	Partner(s)	Estimated completion date
Impact Consulting	CINDI	May 2012
	Save the Children	June 2012
Masazi Development Associates	Olive Leaf Foundation	June 2012
	Starfish	June 2012
Clacherty and Associates (Pty) Ltd	Child Welfare SA	May 2012
	Childline Mpumalanga	July 2012
Umhlaba Development Services	HDA	May 2012
Feedback Research and Analytics	CompreCare	June 2012
	CARE	July 2012
	Humana	August 2012
Rural Outreach and Development Services	World Vision	June 2012
Business Enterprise of University of Pretoria	NACCW	August 2012

### Monitoring of partner evaluations

Following the contracting of each evaluation, Pact has worked closely with the contractor and the partner organization to ensure that the evaluation is conducted efficiently and effectively. For each evaluation, Pact conducted an inception meeting where program information was shared and the approach and processes of the evaluation presented. During these meetings key roles and responsibilities were agreed upon and documented.

Pact has subsequently maintained close contact with both the evaluator and the partner throughout each evaluation, to monitor progress and address any issues or concerns. For selected evaluations, Pact has accompanied the evaluators on site visits to observe the data collection process. This has resulted in a better understanding of the challenges encountered in gathering data as well as the identification of innovative approaches used by the evaluators, particularly in working with children. For each evaluation, Pact has carefully reviewed deliverables for quality and comprehensiveness prior to providing approval. In certain cases, Pact has held various follow-up meetings with contractors to provide feedback and recommendations for improvement of key deliverables.

A matrix summarizing the status of each partner's evaluation is attached as Appendix 5.

## Organizational Development (OD)

Pact continued to provide support to partners in responding to emerging organizational issues and addressing the capacity development needs of sub-partners and sites. A matrix summarizing the types of support provided to each partner can be found in Appendix 3.

Highlights of OD assistance provided in this period include:

- National Sustainability Forum
- Provincial Sustainability Workshops
- Support in developing and implementing sustainability plans/resource mobilization plans
- Mentoring of prime partner staff in providing OD support to sub-partners
- Strategic planning support

## **National Sustainability Forum**

Pact, in collaboration with FHI360 and Right to Care, organized a national Sustainability Forum in October 2011 giving partners the opportunity to share lessons and challenges around sustainability as well as engage with external speakers from government, civil society and the private sector. Held in Johannesburg, the event was attended by 73 participants representing 36 UGM partner and sub-partner organizations, in addition to USAID and UGM staff and external speakers.

The objectives of the Sustainability Forum were as follows:

- Better understanding of South African Government and PEPFAR plans and priorities
- Greater awareness of Corporate Social Investment (CSI) and Social Entrepreneurship in South Africa
- Learning and exchange with other PEPFAR partners
- Strengthened plans and strategies for program sustainability

The forum comprised seven plenary sessions, each focusing on a particular topic and featuring a panel of external speakers. Session topics included:

- Defining “sustainability” in the South African NGO context
- Partnering with the Department of Social Development
- Partnering with the Department of Health
- Partnering with parastatals
- Partnering with international donors
- Partnering with the private sector
- Social entrepreneurship

The forum also included two break-out clinics providing participants with the opportunity to interact with speakers directly through small-group discussions, a “marketplace” for participants to display their materials and present their programs, and a closing session focusing on the development of organizational sustainability plans.

Participant evaluations of the forum were overwhelmingly positive, with the following appearing as recurring themes:

- The speakers’ presentations were generally helpful and informative.
- The sessions and speakers to be relevant to the overall theme, and applauded the caliber and diversity of the panels as a whole (USAID, South African government, private sector, CSOs and other donors).
- The break-out clinics created an excellent opportunity for direct networking and communication with speakers.
- The “marketplace” provided a useful platform for participants to network with other organizations and to learn more about their work.

## **Provincial Sustainability Workshops**

Following the success of the national Sustainability Forum, both USAID and various UGM partners expressed interest in seeing similar workshops conducted in all the provinces. In response, Pact and FHI360 conducted a series of two-day sustainability workshops in all nine provincial capitals in the months of January to March 2012. The workshops brought together a total of 378 participants, primarily from partner provincial offices, implementing sites, sub-partners and community-based affiliate organizations.

The objectives of the workshop were as follows:

- Understand the basic principles of proposal writing and be able to respond to calls for proposals.
- Identify potential partnerships and sources of funds in the province.
- Network and share lessons relating to resource mobilization and overall sustainability.

The forum comprised seven plenary sessions, each focusing on a particular topic and featuring a panel of external speakers. Session topics included:

- Fundamentals of proposal writing
  - Before you write your proposal
  - Problem statement
  - Goals, objectives and technical approach
  - Proposal budget
  - Packaging your proposal
  - Reasons proposals are not funded
- Partnering with provincial government (DoH, DSD, DoE)
- Partnering with parastatals (IDT, NDA, NYDA)
- Partnering with international donors and foundations
- Partnering with the private sector
- US Ambassador's HIV/AIDS Community Grants Program

As with the national Sustainability Forum, the provincial workshops featured a “marketplace” where all participating organizations could exhibit their materials and share their tools, approaches, lessons and experiences with others in the province. These marketplace sessions were especially well-received by participants, many of whom remarked on the lack of structured opportunities for networking and learning within the sector and the importance of creating more such opportunities in the future.

Pact was very pleased with the high level of participation from provincial government and parastatals. The Department of Health spoke at the workshops in all nine provinces, while the Department of Social Development participated in all workshops except the ones in the North West and Western Cape provinces. The Department of Education participated in the Free State and Mpumalanga workshops, where they have had close working relationships with certain PEPFAR partners. On the parastatal side, the Independent Development Trust (IDT) and the National Youth Development Agency (NYDA) participated in the workshops in all provinces, while the National Development Agency (NDA) participated in the Free State, KZN, Mpumalanga and Western Cape workshops. IDT's presentation focused on the Non-State Sector (NSS) component of the Expanded Public Work Program (EPWP) that IDT is managing on behalf of the Department of Public Works. The Northern Cape Economic Development Agency also participated in the Northern Cape workshop.

USAID presented on public private partnerships in Eastern Cape, Gauteng and Western Cape based on the large private-sector presence in these provinces. The U.S. Ambassador's HIV/AIDS Community Grants team presented in all provinces, discussing the application process and eligibility criteria as well as insights on developing effective income-generating projects.

Securing private sector participation proved a bit more challenging, although Bristol Myers Squibb Foundation filled a vital role by participating in all nine workshops, presenting on its Secure the Future program while also providing overall insights on private sector engagement. Other private sector speakers included British American Tobacco, Capespan, Iqraa Trust, Siyakhana Trust/Mercedes Benz, and Xstrata Alloys.

Pact also found it challenging to arrange for speakers from international donors and foundations. The Canadian International Development Agency (CIDA) presented at the Gauteng workshop and the ELMA Philanthropies attended but did not present at the Eastern Cape workshop. In other provinces Pact invited some of the larger NGOs—AIDS Consortium, AIDS Foundation, Hospice Palliative Care Association, mothers2mothers, Oxfam, and Save the Children—to present on their experiences working with international donors.

Participants in all the workshops prepared action plans on which Pact and FHI360 will provide follow-up support, in partnership with partners' national office staff.

Participants' evaluations of the workshop were again overwhelmingly positive, with particular appreciation for the practical training in proposal writing, the range of external speakers who presented, the opportunity to learn from each other through the "marketplace" session, and the individualized guidance on developing a concrete action plan. Some participants expressed the desire for a longer workshop (some suggested five days). Others noted that it would have been ideal to hold this type of workshop periodically from the beginning of the program.

## Financial and Grants Management

Pact continued to work with all partners in strengthening financial management systems and processes. A detailed matrix of financial management support services provided to each partner is attached in Appendix 4 of the report.

Support provided during this fiscal year included:

- Budget development and revision
- Analysis of expenditure rates and patterns
- Tracking and budgeting for exchange rate gains/losses
- Financial system strengthening recommendations and support
- Guidance on compliance with USG rules and regulations
- Assistance with Recipient-Contracted Audits (RCA), close out audits and special investigative audits
- Review of capital equipment procurements and renovations
- Finance staff recruitment, selection and orientation
- Financial reporting and clearing of unsupported costs
- Assistance with asset redistribution requests
- Guidance regarding close-out planning and requirements
- Management capacity assessment and follow-up support for new prime partner CPC

### Management of exchange rates

With the project end date of 30 September 2012 in mind, Pact continues to work with partners in addressing the instability in the ZAR/USD exchange rate. In recent months, the rand has weakened significantly against the dollar, necessitating budget revisions by partners whose initial budgets were based on exchange rate projections of R6.5/\$1. These budgets were revised to R7.5/\$1. All partners receive regular feedback from Pact on exchange gains and projected pipelines.

### Recipient-contracted audits

Pact assisted partners in developing scopes of work for their annual recipient-contracted audits and participated in both entrance and exit conferences for all audits conducted. Pact has also ensured that all audit findings are adequately followed up and resolved by partners. Pact has forwarded written responses to m2m and OLF's FY 2010 audits to USAID, having worked with both partners to close out all audit recommendations.

### Close-out audits

The auditors for the OLF program have concluded only the Pact component of the final close-out audit. The audit of OLF's other USAID-funded programs has not been completed. Pact will forward the full audit report and response to USAID as soon as it is complete. Pact is also working to ensure that Mpilonhle's close-out audit proceeds as quickly as possible following their award's 31 March 2012 end date.

### Special investigative audits for partners

During the reporting period, Pact initiated three special investigative audits in response to fraud and/or internal control allegations at Child Welfare SA (CWSA), Childline SA and Childline Mpumalanga. Pact immediately notified USAID of all three incidents and its planned response, including the special investigative audits. The CWSA audit has been concluded and the recommendations shared with USAID. A draft of the Childline Mpumalanga audit report has been received and is under review. The audit report for Childline SA

will be finalized in the second half of this year. Pact will share and discuss all reports with USAID in order to agree on the way forward.

#### **CPC management capacity assessment**

Pact conducted a management capacity assessment (MCAT) for new prime partner CPC, previously a sub-partner under Save the Children. The objective was to assess capacity gaps and support needs. Pact has been working with CPC to address the findings of the assessment and will continue to do so in the next reporting period.

#### **Grants management and financial management training**

Most partners indicated that their staff attended Pact's Basic Grants Management training previously and that no additional training is currently required. New prime partner CPC has indicated that although most senior staff previously attended the Pact training, they feel that all current staff would benefit from a combination of Basic Grants Management and Financial Management training. The requested training will take place in June 2012.

## **Subcontracts Management**

Pact manages a USAID funding mechanism designed to support the South African Government's programming and priorities by facilitating rapid-response contracts for required services. Subcontracts are used primarily to provide technical assistance in support of initiatives of the Department of Social Development (DSD) and Department of Health (DoH). Originally focused on OVC issues, the portfolio has expanded over time and now also covers contracts in the areas of health systems strengthening, tuberculosis and child and youth care worker training.

USAID advises Pact on specific technical assistance needs, following consultation with the relevant SAG department. Pact then coordinates with the relevant USAID and SAG officials throughout the contracting and project management process, drafting a scope of work and deliverables that meet all SAG requirements, developing and posting a request for proposals, managing the proposal review and contractor selection process, and negotiating the final contract with the selected contractor. Pact determines the most appropriate funding mechanism to be used on a case-by-case basis while ensuring compliance with USAID and Pact procurement rules and regulations.

Once a contract has been issued, Pact serves as the link between SAG, USAID and the contractor, convening key stakeholders to ensure agreement on expected deliverables, time frames and processes to be followed in project execution. Pact then monitors the performance of all subcontractors, ensuring that SAG and USAID are satisfied with the quality of the deliverables. Pact attends key project meetings, conducts quality assurance site visits, reviews documents and prepares reports and updates for USAID and SAG. Pact seeks to identify and address any problems that arise and facilitates the resolution of any issues or concerns that arise between contractors and stakeholders. When deficiencies are identified in the deliverables, Pact works with the contractor to remedy these before approval is provided and payment made.

During the reporting period, Pact issued 14 new contracts and managed a total of 23 active contracts under the various subcontracts portfolios. Contracts have included the following:

- Situational Analysis of the current state of the South African social service workforce serving children  
Finalization of the DSD HIV & AIDS Prevention Strategy
- Development of DSD HIV&AIDS Prevention Strategy and provision of training to DSD officials on prevention programming
- Remedial training for Thogomelo learners Vhutshilo manual upgrade and Vhutshilo roll-out at World Vision sites CINDI and Save the Children program evaluations
- Development of a capacity building strategy for Noah's arks (OVC care and support sites)
- Support for the Health Systems Reform program
- Roll-out of the DoH Chronic Disease Care Model

- Training on integration of TB screening, education and referral in OVC care and support programs
- Accredited training on Child and Youth Care for OVC partners

For a full list of contracts managed during the reporting period, please see Appendix 6.

## PEPFAR Provincial Liaisons and Peace Corps Volunteers

Pact provides contractual, financial and administrative oversight and support for PEPFAR Provincial Liaisons (PPLs) in the provinces of Eastern Cape, Free State, Limpopo, Mpumalanga, North West and Northern Cape. Each PPL serves as the point person for coordination between the South African Government (SAG) and the U.S Government (USG) with regard to PEPFAR activities in the relevant provinces. Although administratively managed by Pact, the PPLs work under the technical direction of the USG PEPFAR team in close collaboration with Provincial Government. The purpose of the PPLs is to strengthen relationships among various stakeholders at the district and provincial levels in the following areas:

- Dissemination of resources and information among stakeholders
- Facilitation of communication and coordination among SAG, USG and PEPFAR implementing partners
- Tracking and reporting on key activities and developments in the province
- Coordination of site visits, meetings and other events
- Assistance with USG planning processes

During the reporting period, Pact recruited a new PPL for North West Province, Thekiso Isaacs, following the departure of the previous incumbent. Mr. Isaacs began work in January 2012 and has moved quickly to build relationships with stakeholders in the province. Feedback from the North West Department of Health, which hosts the PPL in the province, has been highly positive.

The PPL for Northern Cape, Mercedes Fredericks, resigned in February 2012 to take a position with a PEPFAR implementing partner. USAID has indicated that Pact should not recruit for the position at this time.

Pact has also hosted several Peace Corps Response Volunteers (PCRVs) assigned to assist the PPLs. At the beginning of the reporting period, there were three PCRVs supporting the PPLs in Limpopo, Northern Cape and Western Cape. The PCRVs in Northern Cape and Limpopo resigned from the position in November and December respectively. The PCRV in Western Cape remains in the position.

## Senior Technical Advisor

Pact has seconded a Senior Technical Advisor (STA) to the National Department of Health (NDoH) to support health systems strengthening (HSS) as part of the Primary Health Care (PHC) re-engineering process being undertaken by the South African Government.

The conceptual model for the ICDM has been developed and approved for implementation in three selected districts in Gauteng, Mpumalanga and North West Provinces. Support to the pilot districts and participating facilities has thus far included the provision of reports drawn from the situational analysis and assistance in the development of quality improvement plans per facility. A baseline waiting time survey was also undertaken, followed by two facility support visits. The STA has liaised with relevant national and provincial stakeholders in order to address some of the systemic challenges identified in the baseline survey and subsequent progress assessments, as upstream issues that require strategic interventions.

The STA continues to participate in the Community Health Worker (CHW) Working Group, focusing on the development of the qualifications framework for this cadre of workers. In particular, technical support was provided on the development of the Phase 1 training materials that were used in the training of the first 5000 community health workers as part of the rollout of the PHC re-engineering process.

The STA has also provided ongoing technical support for the development of the Strategic Framework for the Prevention of Injury in South Africa. The National Steering Committee has endorsed the final draft framework. A committee comprising key stakeholders has been formed for the development of a Health Sector Implementation Plan that will provide guidance to other sectors on developing their own integrated sector plans. The key challenge remains the lack of focused participation by the government departments mandated to respond collectively to the burden of diseases from unintentional and intentional injuries.

In addition, the STA serves as a member of the interdepartmental steering committee for the development and implementation of a Health Innovation Strategy, which is a crucial long-term element of HSS. The committee is developing a Strategy for Clinical Research under the auspices of the Department of Science and Technology.

### III. Summary Results by Program Area and Partner

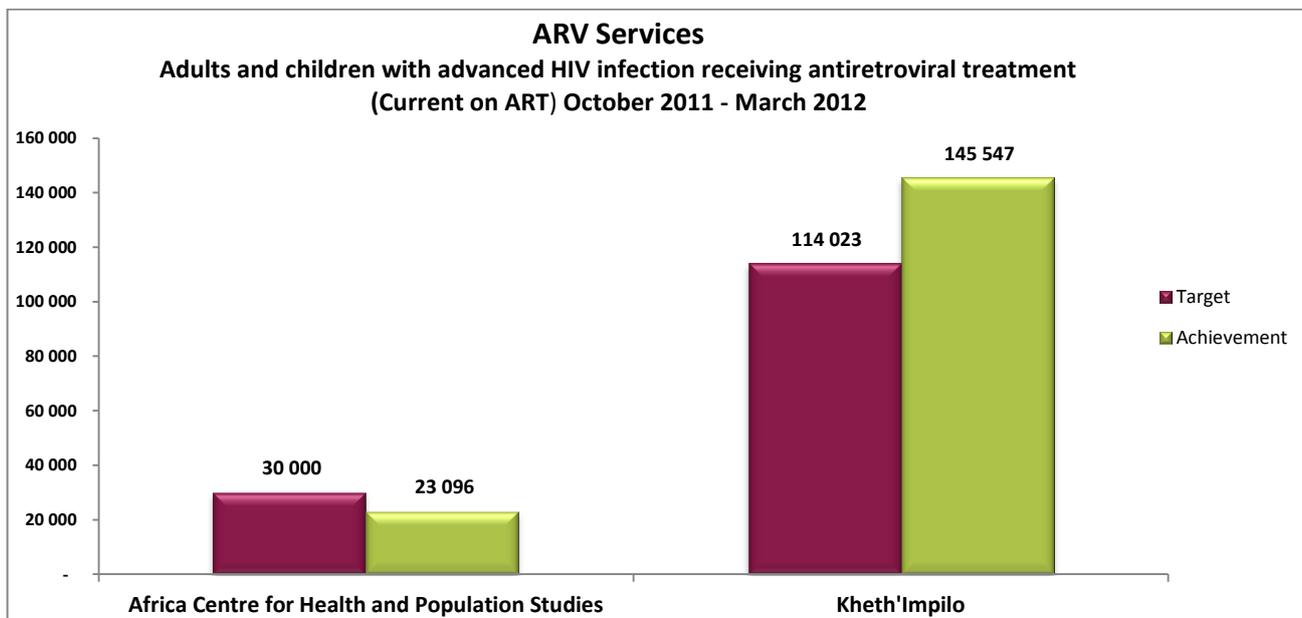
Summary results by partner and program area are presented below. Aggregated indicator data for each focus area has also been included.

#### Treatment

Two Pact partners, Africa Centre for Health and Population Studies and Kheth'Impilo, are implementing treatment programs in Eastern Cape, KwaZulu-Natal, Mpumalanga and Western Cape. Their combined reach has already exceeded the annual target for "Adults and children with advanced HIV infection receiving antiretroviral treatment (Current on ART)". The combined reach for "Adults and children with advanced HIV infection newly enrolled on antiretroviral treatment (New on ART)" averaged 63.7% of the annual target.

Kheth'Impilo exceeded its annual target for number of clients currently on ART by 27.6% while Africa Centre reached 77% of its annual target. For newly enrolled clients, Kheth'Impilo reached 70.8% while Africa Centre reached 38.9% of the annual target. Africa Centre reports that the decrease in new enrollments is due to infrequent doctor visits to support patient initiations due to doctor shortages, as well as delays in NIMART-trained nurses being able to initiate clients on ART independently.

ARV Services 1 October 2011 - 31 March 2012						
	Adults and children with advanced HIV infection receiving antiretroviral treatment (Current on ART)			Adults and children with advanced HIV infection newly enrolled on antiretroviral treatment (New on ART)		
	Target	Achievement	% Achieved	Target	Achievement	% Achieved
Africa Centre for Health and Population Studies	30 000	23 096	77.0	10 000	3 890	38.9
Kheth'Impilo	114 023	145 547	127.6	35 137	24 869	70.8
<b>Totals</b>	<b>144 023</b>	<b>168 643</b>	<b>117.1</b>	<b>45 137</b>	<b>28 759</b>	<b>63.7</b>



### In-service training

Kheth'Impilo provided accredited in-service training during the reporting period, including training of 78 individuals on "Basic Management of ART in Adults", 24 individuals on "Basic Management of ART in Pediatrics" and 129 individuals on "Didactic – Pediatrics".

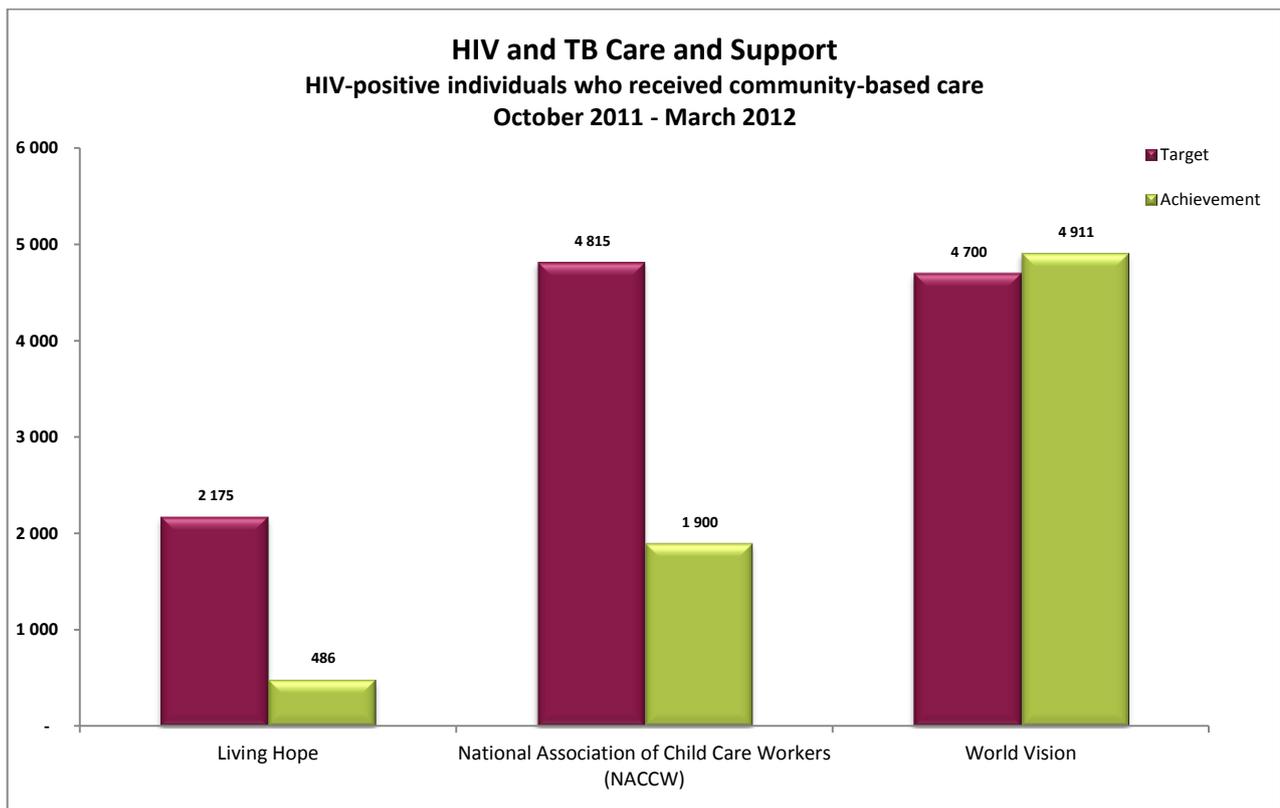
## HIV and TB Care and Support

Partners provide HIV and TB care and support services through either community-based or facility-based programs. Of the five Pact partners implementing these programs, two organizations—NACCW and World Vision—operate only community-based programs. Kheth'Impilo and Living Hope provide services through both community-based and facility-based programs. Africa Centre operates a primarily facility-based program with limited community outreach.

### Community-based care and support

World Vision exceeded its annual target in the first half of the fiscal year, while NACCW reached 39.5% of its annual target and Living Hope reached 22.3% of its annual target. Living Hope's low reach is attributable to the dismissal of several staff in its care and support program in the first quarter of FY2012, due to performance issues. Living Hope has not filled those positions due to the short amount of time remaining in the award. Its annual reach is therefore also likely to be below-target. Kheth'Impilo does not have a target for community-based care, but nonetheless provided community-based care and support services to 66 845 individuals.

<b>HIV and TB Care and Support</b> 1 October 2011 - 31 March 2012			
	HIV-positive individuals who received community-based care		
	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>
Living Hope	2 175	486	22.3
National Association of Child Care Workers (NACCW)	4 815	1 900	39.5
World Vision	4 700	4 911	104.5
<b>Totals</b>	<b>11 690</b>	<b>7 297</b>	<b>62.4</b>



#### Facility-based care and support

Africa Centre and Kheth’Impilo reported 3 829 and 10 152 individuals, respectively, who received facility-based care during the reporting period. However, these figures significantly undercount the total number of individuals who received this type of care. The undercount is due to the fact that PEPFAR partners are now using the Tier.Net system, which only captures care and support services provided to patients who are newly initiated on ART. This figure does not capture care and support services provided to a wide range of other patients, including patients initiated on ART in a previous reporting period and patients not yet initiated on ART due to having a CD4 count higher than the treatment threshold. As a result, Pact partners are no longer able to report accurately against the targets previously set for facility-based care and support.

#### In-service training

During the reporting period, Kheth’Impilo provided accredited in-service training to 78 individuals on “Didactic – Tuberculosis” and 20 individuals on “Integrated Model: TB/HIV”.

## Orphans and Vulnerable Children

All but one of the Pact partners implementing OVC programs reached at least 50% of their annual target by the end of the reporting period, and four had already exceeded their annual targets.

CINDI operates a primarily school-based program, which limits access to learners during the November to January period, resulting in a slightly below-average reach of 42.6%. However, CINDI has taken this into account in planning its program and has historically increased its reach during the second half of each fiscal year in order to meet its annual targets.

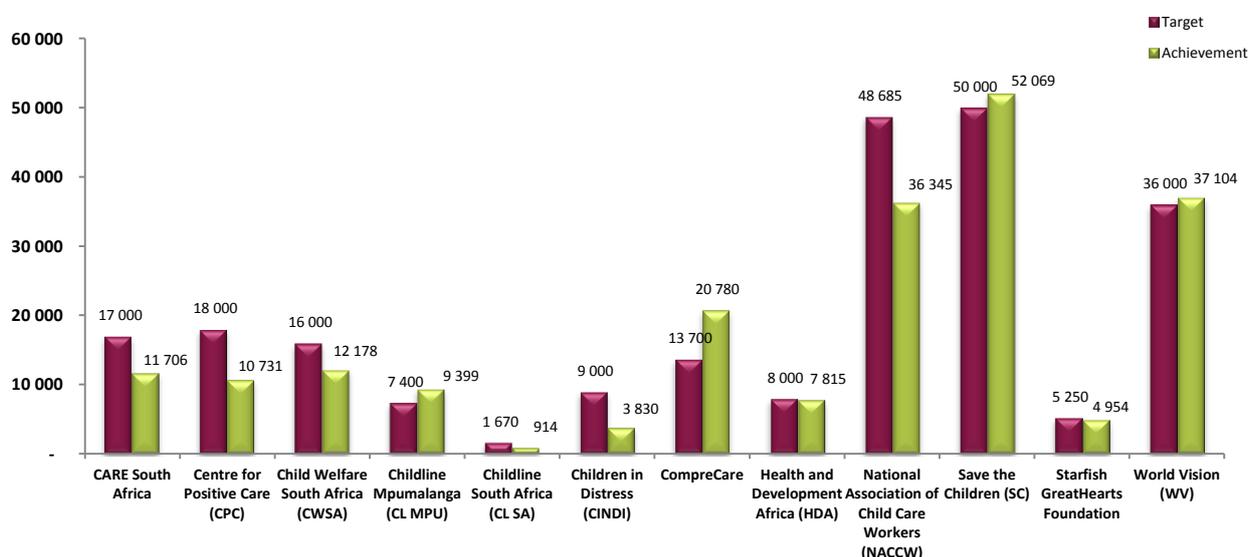
## Orphans and Vulnerable Children (OVC) Care and Support

1 October 2011 - 31 March 2012

	OVC served		
	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>
CARE	17 000	11 706	68.9
Centre for Positive Care	18 000	10 731	59.6
Child Welfare South Africa	16 000	12 178	76.1
Childline Mpumalanga	7 400	9 399	127.0
Childline South Africa	1 670	914	54.7
Children in Distress (CINDI)	9 000	3 830	42.6
CompreCare	13 700	20 780	151.7
Health and Development Africa	8 000	7 815	97.7
National Association of Child Care Workers	48 685	36 345	74.7
Save the Children	50 000	52 069	104.1
Starfish Greathearts Foundation	5 250	4 954	94.4
World Vision	36 000	37 104	103.1
<b>Totals</b>	<b>230 705</b>	<b>207 825</b>	<b>90.1</b>

### Orphans and Vulnerable Children (OVC) Care and Support

OVC Served: October 2011 - March 2012



#### In-service training

NACCW provided accredited pre-service training to 735 individuals, all of whom completed one or more unit standards of NACCW's Child and Youth Care Worker (CYCW) curriculum. CINDI also provided accredited ten-day training to 35 individuals on HIV/AIDS counseling.

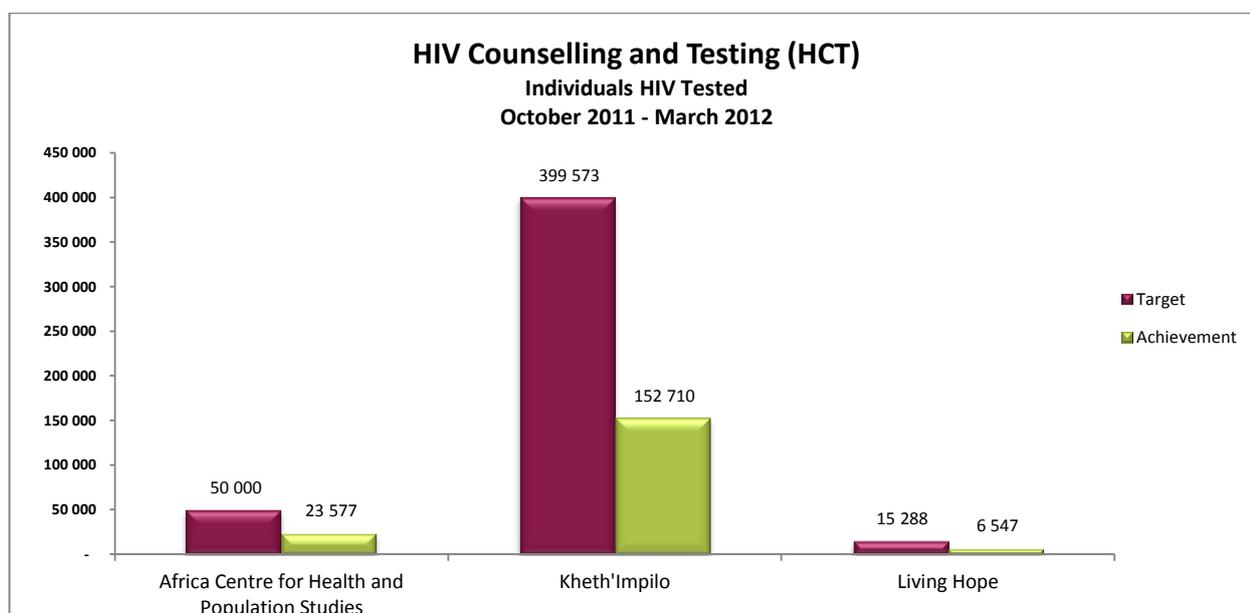
No other OVC partners were able to provide accredited training in accordance with the PEPFAR indicators; however, several partners provided in-house skills training to care workers and other program staff to enhance the provision of quality care and support services to children.

## HIV Counseling and Testing

Pact partners implementing HIV Counseling and Testing programs provided services to a total of 182 834 individuals during the reporting period, representing about 40% of the aggregate annual target. Africa Centre reached almost half of the annual target while Kheth'Impilo and Living Hope achieved 38.2% and 42.8% of their annual targets respectively. Given that a certain reduction in testing numbers is anticipated during the December-January holiday period, Pact considers these numbers reasonable and believes that the annual target for this indicator is likely to be achieved.

Kheth'Impilo does not conduct HCT directly but supports facilities in providing this service and therefore uses facility data to report on this indicator. Living Hope reported that many of its counselors were on leave in December and January, leaving only one counselor per facility for the greater part of December and January.

<b>HIV Counselling and Testing – HCT</b>			
<b>1 October 2011 - 31 March 2012</b>			
	<b>Individuals HIV tested</b>		
	<b>Target</b>	<b>Achievement</b>	<b>% Achieved</b>
Africa Centre for Health and Population Studies	50 000	23 577	47.2
Kheth'Impilo	399 573	152 710	38.2
Living Hope	15 288	6 547	42.8
<b>Totals</b>	<b>464 861</b>	<b>182 834</b>	<b>39.3</b>

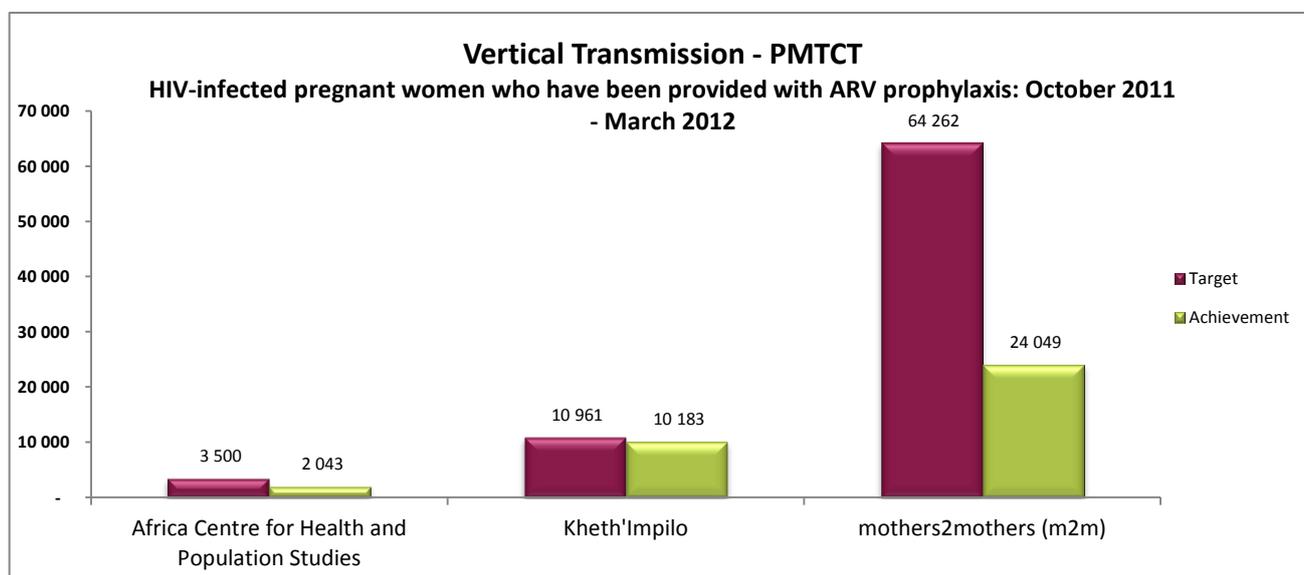


## Prevention of Mother-to-Child Transmission

The three partners implementing PMTCT programs—Africa Centre, Kheth’Impilo and mothers2mothers (m2m)—reached a total of 122 150 women with PMTCT services. Kheth’Impilo initiated over 10 000 women on ARV prophylaxis, achieving 92.9% of their annual target, and also made strong progress on antenatal client HIV testing. Africa Centre provided a first HIV test to over 4 000 antenatal clients, achieving 116.6% of their annual target for that indicator, while making strong progress on initiation of pregnant women on ARVs.

m2m reached about 40% of their target for both PMTCT indicators. From the beginning of this fiscal year, m2m embarked on a rationalization process wherein they reduced the number of sites and began clustering sites around community health centers (CHCs). This has resulted in a slight decrease in the number of patients reached but will contribute to the long-term sustainability of the program.

Vertical Transmission: PMTCT 1 October 2011 - 31 March 2012						
Partner	Pregnant women initiated on ARV prophylaxis			Antenatal client HIV 1st test		
	Target	Achievement	% Achieved	Target	Achievement	% Achieved
Africa Centre for Health and Population Studies	3 500	2 043	58.4	3 500	4 082	116.6
Kheth'Impilo	10 961	10 183	92.9	35 620	22 900	64.3
mothers2mothers (m2m)	64 262	24 049	37.4	231 796	95 168	41.1
<b>Totals</b>	<b>78 723</b>	<b>36 275</b>	<b>46.1</b>	<b>270 916</b>	<b>122 150</b>	<b>45.1</b>



### In-service training

Both Kheth’Impilo and m2m provided PMTCT training to staff during the reporting period. Kheth’Impilo provided PMTCT training to 23 individuals, while m2m trained 815 site coordinators and mentor mothers as part of their in-service training program.

## IV. Partner Issues and Developments

### Africa Centre for Health and Population Studies

#### ***Programmatic and technical***

- Pact previously reported that counselors retrenched from Africa Centre had taken the matter to the media and were disputing the retrenchments at the Council for Conciliation, Mediation and Arbitration (CCMA). Africa Centre ultimately managed to re-employ the 12 retrenched counselors under other non-PEPFAR funded programs.
- Africa Centre is making steady progress in transitioning staff to the DoH, having transitioned 20 nurses and 6 counselors to date. Africa Centre has a standing arrangement with the Hlabisa sub-district to transition more staff to the DoH as vacancies arise. Africa Centre transferred an additional 24 counselors to other non-PEPFAR funded programs.
- Africa Centre is also working closely with the DoH in absorbing the 109 care workers linked to its community outreach program as part of the PHC re-engineering process. The DoH has finalised budget allocations for the PHC program and Africa Centre has ensured that the care workers have the necessary training qualifications to be absorbed to the program.
- Isoniazid preventative therapy (IPT) initiation and management remains a challenge in some of clinics supported by Africa Centre. There has been a significant decrease in IPT initiations in some clinics while others continue to run out of IPT drugs. However, some clinics are managing IPT administration very well. Pact has urged Africa Centre to study such clinics closely and then replicate their systems and practices in the clinics that are struggling.
- Africa Centre continues to face difficulty in attracting and retaining doctors, due largely to the remote rural location of the clinics. This has contributed to the low number of patients initiated on treatment within the reporting period. Africa Centre is addressing this gap by ensuring that more nurses are trained on NIMART. To date Africa Centre has trained 40 nurses on NIMART. However, because nurses require extensive mentorship by doctors before initiating treatment on their own, only 14 nurses are already initiating patients.
- Africa Centre reports that the Sivikela Umntwana PMTCT initiative is starting to bear fruits, based on a decline in MTCT in some Africa Centre clinics, especially KwaMsane, which is one of the largest.

#### ***Financial management and reporting***

- At the end of the reporting period, Africa Centre had spent 89% of its total allocation and had an estimated pipeline of 8.0 months. Pact is working with Africa Centre on developing accurate projections and managing its expenditure rate. Africa Centre has indicated that all funds will be expended by the end of the award period.

#### ***Monitoring, evaluation, reporting and learning***

- Limited data analysis and use at the various clinics remains a challenge for Africa Centre, despite ongoing efforts to strengthen data use for monitoring and improving the quality of health services. Pact will monitor Africa Centre's progress on sharing and discussing monthly data with the clinics in order to better track and manage performance.

#### ***Organizational development and overall management***

- Following participation in the Sustainability Forum, Africa Center requested training in basic management skills in order for the program team to better implement system strengthening support to government hospitals and clinics. Pact conducted the two-day training in January, focusing in particular on management in a multi-stakeholder environment where various factors are beyond one's direct control.
- Africa Centre currently operates as part of the University of KZN, which places constraints on its ability to raise funds independently. Africa Centre has requested Pact guidance and support on exploring the feasibility of separating from the University as an independent institution.

### ***Programmatic and technical***

- Provision of psychological support has been a challenge due to a shortage of professionals able to provide or supervise the provision of this type of support. CARE has appointed a psychologist through the PEPFAR Fellowship program to provide technical support to sub-partners in this area, and has seen resulting improvement in the quality of psychological care services to OVC.
- Implementation of the Voluntary Savings and Loan (VSL) model has been slow among Eastern Cape sub-partners. Some existing "stokvel" groups have decided to adopt the VSL methodology but are not yet fully functional as VSL groups.
- Sub-partners in the Free State continue to face challenges in assisting OVC who were born in Lesotho and are therefore ineligible for South African ID documents and social grants. They can sometimes obtain emergency support through DSD, but a long-term solution is needed.
- Several sub-partners previously lacked an adequate HIV prevention education curriculum. CARE has now developed a curriculum for use by all sub-partners ensuring that OVC receive complete and accurate information on HIV prevention.

### ***Financial management and reporting***

- At the end of the reporting period, CARE had spent 80% of its total allocation and had an estimated pipeline of 10.7 months. Pact is working with CARE on developing accurate projections and managing its expenditure rate. CARE has indicated that all funds will be expended by the end of the award period.
- CARE's relatively large pipeline is due in part to various staff vacancies. CARE has decided not to fill some of these positions, but will rather reallocate their responsibilities among existing staff, given the short amount of time remaining in the program.

### ***Monitoring, evaluation, reporting and learning***

- An external evaluation of CARE's DELL program is currently underway and the CARE team has been actively engaged in its planning and implementation. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

### ***Organizational development and overall management***

- Strategic planning for sub-partners was previously identified as a key priority within the CARE program. CARE has now supported 17 of its 20 sub-partners in initiating a strategic planning process, with mentoring support from Pact.
- Several CARE sub-partners face challenges in the area of governance, as board and management are not working well together. Pact will continue to support CARE's OD team in addressing this challenge and plans to conduct a workshop for all CARE sub-partners facing governance issues.

## Child Welfare South Africa (CWSA)

### ***Financial management and reporting***

- At the end of the reporting period, CWSA was still spending from its FY 2011 allocation and had not yet spent any of its FY 2012 allocation, resulting in an estimated pipeline of 16.5 months. Given CWSA's current management challenges due to vacancies in key management positions, Pact does not believe that CWSA will be able to spend its FY 2012 allocation by the end of the award period.
- The dismissal of the National Executive Director and the resignation of the Program Director and Finance Director have left CWSA with no approved key personnel under their Pact agreement. The organization faces substantial leadership and management challenges. USAID and Pact are currently in communication with CWSA regarding the future of the program.
- After being alerted by the CWSA board of potentially fraudulent activities within the organization, Pact informed USAID and commissioned a forensic audit to look into the allegations. The forensic audit will be

finalized shortly and the final report will be shared with USAID. Pact will ensure that USAID is reimbursed for any losses to the PEPFAR-funded program.

#### ***Monitoring, evaluation, reporting and learning***

- Although CWSA's MERL system for the Asibavikele program is well established, there were challenges during the second quarter in reporting on the indicator for school progression in some provinces. This resulted from a lack of coordination in gathering the relevant data over the December/January period. Pact is working with CWSA regional and provincial coordinators to ensure that better systems and plans are in place going forward.
- CWSA experienced undercounting in its reporting on general health care referrals in both quarter one and quarter two. This problem arose from an overly strict requirement to obtain written confirmation from service providers of the provision of a particular service to a child. For various reasons, some service providers are reluctant to provide this. Pact is working with CWSA to develop other mechanisms for verification of service provision, in order to ensure that reported data fully captures the level of services provided.
- An external evaluation of CWSA's Asibavikele program was completed in April. The draft evaluation report was submitted in May and is currently under review. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

#### ***Organizational development and overall management***

- Pact continued to support CWSA in the development and implementation of a five-year strategic plan by conducting a board briefing session, training the strategic planning committee in theory of change and developing a theory of change map. A draft strategy was under development by early December 2011 when CWSA was destabilized by governance problems including the dismissal of the National Executive Director. As a result, the strategic planning process has now stalled.
- Given instability at the national level, Pact will focus on supporting the provincial managers working with local Child Welfare affiliates in the provinces. Various CWSA provincial managers participated in the provincial sustainability workshops and developed actions plans that included support to local affiliates in resource mobilization.

## **Centre for Positive Care (CPC)**

#### ***Programmatic and technical***

- CPC reduced CCF member stipends at the beginning of the fiscal year based on projected funding constraints. This negatively affected CCF members' morale and some CCFs experienced significant care worker attrition. CPC recruited and trained new care workers to fill these vacancies, but retention remained an ongoing concern. Pact has worked with CPC on revising its budget to accommodate a return to the previous stipend level from April 2012 forward and believes this will assist significantly.
- CPC works closely with the Limpopo DoH but has found it challenging to establish a relationship with Limpopo DSD. Pact has linked CPC to the PEPFAR Provincial Liaison for guidance and support in this regard, though the latter has indicated that prospects are uncertain given that the province is currently under administration.

#### ***Financial management and reporting***

- At the end of the reporting period, CPC had spent 31% of its total allocation and had an estimated pipeline of 10.8 months. Pact is working with CPC on developing accurate projections and managing its expenditure rate. CPC has indicated that all funds will be expended by the end of the award period.
- Previously a sub-partner under Save the Children, CPC was transferred by USAID to Pact as a prime partner in November 2011. While under Save the Children, CPC struggled with timely submission of financial reports, reconciliations, tracking and monitoring of expenditures, and understanding USAID rules and regulations.

- Pact has worked intensively with CPC to ensure timely and accurate submission of financial reports, and has noted a dramatic improvement in this area. However, projecting and monitoring expenditure rates remains a challenge, and Pact will continue to work with CPC in this regard.
- Pact will conduct a financial and grants management training for all CPC management, program and finance staff in June 2012, to further strengthen CPC's understanding of USAID rules and regulations.

#### ***Monitoring, evaluation, reporting and learning***

- Based on the results of an MERL capacity assessment and data quality assessment, Pact has provided technical assistance to CPC in developing a comprehensive MERL plan and standard operating procedures to ensure data quality. Pact found that many of CPC's tools and processes were designed to meet the reporting requirements of Save the Children, which previously managed the CPC award, rather than CPC's own needs with regard to data analysis, use and reporting. CPC is now conducting a review of its MERL systems in order to ensure alignment with its organizational goals and objectives as well as donor and government reporting requirements. Pact will continue to provide guidance and support as needed.

#### ***Organizational development and overall management***

- Pact has observed that CPC senior management does not consistently provide an appropriate level of oversight and support to the PEPFAR-funded program, and that CPC's various programs seem to be managed in isolation. Pact will work closely with CPC to strengthen linkages and promote integration between its various programs, beginning with a basic management workshop to be conducted for all CPC managers and supervisors. This will be followed by support in strategic planning, including theory of change training, to help the organization better integrate across programs.
- Pact previously supported CPC in developing care worker management policies. However implementation of these policies has been hampered by the fact that different CPC programs pay different stipend levels, ranging from R250 to R 1500 per month, depending on budgetary provisions. This variation has created tensions between teams and contributed care worker attrition among lower-paid care workers, particularly in the OVC program. Pact has encouraged CPC to move toward greater consistency in stipend levels, and will support CPC in its resource mobilization efforts in order to facilitate this recommendation.

## **Childline Mpumalanga (CLMPU)**

#### ***Programmatic and technical***

- CLMPU has experienced high turnover of staff and care workers, due partly to attrition and partly to the dismissal of care workers who were performing poorly. However, CLMPU has completed recruitment of new care workers and is in the process of providing training in OVC care and support. CLMPU has also strengthened care worker supervision, performance assessment and psychosocial support in order to avoid further problems in this area.
- CLMPU has experienced long-standing challenges in providing services to migrant children from Mozambique and Swaziland. These children are not eligible for legal identification documents, which excludes them from accessing social grants and also prevents them from receiving a matric certificate upon completion of schooling. The problem is particularly acute in the Nkomazi and Dundonald sites, where there is a high population of migrant children. Pact has advised CLMPU to explore the possibility of eligibility for asylum status from the Department of Home Affairs, and will also aim to network CLMPU with other partners who may face similar challenges.
- CLMPU has transitioned one of its sites from Elandshoek to Mattaffin based on their determination that the most fundamental needs in the Elandshoek community have been met and that there is greater need in Mattaffin.

#### ***Financial management and reporting***

- At the end of the reporting period, CLMPU was still spending from its FY 2011 allocation and had not yet spent any of its FY 2012 allocation, resulting in an estimated pipeline of 12.6 months. Pact is currently in

discussion with USAID regarding a reduction in CLMPU's FY 2012 allocation aligned with projected actual expenditures.

#### ***Monitoring, evaluation, reporting and learning***

- In response to previous recommendations from USAID and Pact, CLMPU has now fully implemented the USAID-funded OVC database, and all data from the previous electronic database has been migrated accordingly. Data capturers have been trained on the use of the new system for data entry, report production and trouble shooting.
- An external evaluation of CLMPU's program is currently underway, with fieldwork scheduled to take place during the month of June. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

## **Childline South Africa (CLSA)**

#### ***Programmatic and technical***

- In response to USAID and Pact recommendations, CLSA reduced the number of provinces implementing the PEPFAR-funded program from six to three: Gauteng, KZN and Limpopo. All three provinces have developed strong relationships with key government departments at provincial and district levels and are focused on Childline's core competency of child protection. Pact visited the three provinces at the beginning of the fiscal year to conduct assessments and identify areas of support and improvement. The assessments found that the three provinces have strong programmatic and technical capacities but require support in strengthening their financial management and MERL systems.

#### ***Financial management and reporting***

- At the end of the reporting period, CLSA had spent 70% of its total allocation and had an estimated pipeline of 11.1 months. Pact has had several meetings with national office to address this issue, as well as another meeting in February with both national staff and the provincial directors. Pact will continue working with CLSA on developing accurate projections and managing its expenditure rate. Based on the recent identification of additional expenditures needed in KZN and North West, CLSA is confident that all funds will be expended by the end of the award period. Pact will work with the CLSA national office on improving its monitoring and management of provincial expenditure rates.
- CLSA dismissed the finance officer responsible for the PEPFAR program in January 2012, following allegations of fraud that were confirmed by an internal investigation. CLSA promptly reported the case to Pact. Pact reported the matter to USAID and recommended that the scope of the 2011 RCA be expanded to include the investigation of these allegations. The audit report will include the findings as well as the extent to which any USAID funds were misappropriated. The final report will be shared with USAID, and Pact will ensure that USAID is reimbursed for any fraudulent expenses.

#### ***Monitoring, evaluation, reporting and learning***

- CLSA has continued to work with its provincial offices to strength MERL systems and monitor performance. During the reporting period, CLSA recruited and trained a PEPFAR Fellow to support the MERL needs of the Limpopo provincial office. Three provincial offices (Gauteng, KZN and Limpopo) now have PEPFAR Fellows focused on strengthening MERL systems, under the support and supervision of the CLSA MERL Manager.
- Pact provided technical assistance to CLSA in finalizing the data collection tool to be used by provincial offices in documenting the results of therapeutic services for children. The tool is currently being piloted by Childline Gauteng.
- The evaluation of the Childline therapeutic programs has been delayed due to a poor response to the initial solicitation. Pact reposted the solicitation on a limited competition basis and is currently awaiting submissions, with a deadline of 1 June 2012. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

### ***Organizational development and overall management***

- During the reporting period Pact supported Childline KZN in strategic planning and Childline Limpopo in board orientation. Planned support to Northern Cape and North West was postponed due to changes in management in both provinces. CLSA secretariat will embark in a strategic planning process which will be precursor of a broader strategy for the CLSA. Childline Limpopo has requested support in strategic planning. Pact will provide support as needed.
- The CLSA national office and four provinces (Gauteng, Limpopo, KZN and MPU) participated in the national sustainability forum, and all provinces except Eastern Cape participated in sustainability workshops at provincial level. From these workshops, CLSA has concluded that the provincial branches are best positioned to pursue funding and develop relationships at provincial level. The broader CLSA strategic plan will identify programs that should be managed from the national office as well as the national office role in reinforcing the mission of the provincial branches.

## **Children in Distress Network (CINDI)**

### ***Programmatic and technical***

- CINDI ceased providing HCT services in schools at the end of FY 2011, following the Minister of Basic Education's statement in August 2011 banning NGOs from providing HCT in a school environment. Although this has affected the provision of comprehensive prevention services at school level, CINDI continues to provide facility-based HCT services at the LifeLine and Community Care Project (CCP) offices, which are accredited by the DoH as non-medical HCT sites. CCP also continued to provide HCT during home visits.

### ***Financial management and reporting***

- At the end of the reporting period, CINDI had spent 87% of its total allocation and had an estimated pipeline of 8.5 months. Pact is working with CINDI on a plan and budget for the use of exchange gains, which account for much of this pipeline. CINDI has indicated that all funds will be expended by the end of the award period.

### ***Monitoring, evaluation, reporting and learning***

- The resignation of CINDI's MERL manager for the May'khethele program in April 2012 has necessitated the contracting of an external consultant, as well as a few days per month of the former MERL manager's time, to ensure that all MERL functions are implemented effectively through the end of the award period. CINDI has managed to sustain a well-functioning MERL system due in part to strong collaboration from the program manager and sub-partner staff.
- CINDI's May'khethele program evaluation was completed in April, and the draft report was disseminated to CINDI and USAID for review and comment. The final report is expected by end of May. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

### ***Organizational development and overall management***

- The Community Care Project (CCP) stabilized its management after formally appointing as executive director the consultant who had long functioned informally in that capacity.

## **CompreCare Joint Venture**

### ***Programmatic and technical***

- CompreCare sub-partners continue to require significant support in engaging with government and positioning themselves for future government funding. CompreCare has indicated that this process is underway and will continue in the second half of the fiscal year.

### ***Financial management and reporting***

- At the end of the reporting period, CompreCare had spent 83% of its total allocation and had an estimated pipeline of 6.0 months.
- CompreCare continues to struggle with the submission of timely and accurate financial reports, due in part to difficulties at sub-partner level.
- Given CompreCare's resistance to capacity development support at both CompreCare and sub-partner level, Pact has focused primarily on compliance monitoring.

### ***Monitoring, evaluation, reporting and learning***

- CompreCare continues to face data quality challenges with some sub-partners despite continued mentoring and training. Data submitted for the indicator on school progression for OVC receiving educational support was incomplete due to several sub-partners being unable to collect and report on this indicator in an accurate and timely manner.
- Several sub-partners continue to experience challenges in utilizing the USAID-funded OVC database, resulting in compromised data quality in both the first and second quarter reports. CompreCare continues to undertake site visits and provide on-site mentoring and coaching.
- The external evaluation of the CompreCare OVC program is underway. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

### ***Organizational development and overall management***

- CompreCare hired two organizational development officers to implement capacity building activities with sub-partners based on implementation plan developed in 2011. The officers participated in sustainability workshops in Gauteng and Mpumalanga and have supported the development of sub-partner action plans.

## **Health and Development Africa (HDA)**

### ***Programmatic and technical***

- HDA has experienced high staff turnover, including the loss of three key personnel—the Program Manager, Accountant and M&E Officer. This has negatively affected program delivery and contributed to a significant drop in the number of children reached in Q2 compared to Q1.

### ***Financial management and reporting***

- At the end of the reporting period, HDA had spent 82% of its total allocation and had an estimated pipeline of 12.8 months. Pact is working with HDA on developing accurate projections and managing its expenditure rate, but does not believe that HDA will spend its full allocation by the end of the award period.
- HDA's accountant resigned in December 2011, and HDA has decided not to fill this post given the short amount of time remaining in the program, choosing rather to reassign responsibilities to existing staff.
- At the last progress meeting, it was agreed that payments to HDA be changed from an advance basis to a reimbursement basis, in order to simplify the reconciliation process and reduce the burden on HDA finance staff.

### ***Monitoring, evaluation, reporting and learning***

- HDA's MERL Officer for the COS program resigned in March 2012 and will not be replaced given the short period of time remaining in the award. However, a Research Assistant backstopped by the HDA MERL team leader has effectively maintained the MERL system for the COS project.
- Following previous recommendations and support, HDA has improved data flow systems, with reports now submitted directly from the school-based facilitators to the Welkom office rather than through the COS coordinators. This change has resulted in timely reporting of data from sites and improved accuracy of reports.

- An external evaluation of HDA's COS project was completed in April. Pact is now working with the evaluators to finalize the draft report which will be shared with HDA and USAID for review and comment. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

#### ***Organizational development and overall management***

- A key challenge facing HDA is the sustainability of the Circles of Care (COS) program in Free State, which HDA has decided not to continue implementing beyond September 2012. COS staff participated in the Free State sustainability workshop and developed an action plan based on registration of a new NPO that can seek funding to carry the program forward. The team is also exploring a second alternative of transitioning some elements of the program to the Department of Education. A Peace Corps volunteer has been placed at the HDA Free State office to support with award close-out and assist in exploring options for sustaining the program. Pact will continue to assist the COS team as needed.

## **Kheth'Impilo**

#### ***Programmatic and technical***

- Kheth'Impilo has employed nurses as quality mentors whose responsibility is to support basic antenatal clinics in the districts supported by Kheth'Impilo. These roving nurses are not attached to any particular clinic but visit every clinic in their portfolio at least once a week to ensure antenatal care quality standards. They also train and mentor clinic staff on site on PMTCT. This is in line with the new approach wherein district support partners provide technical support as opposed to service delivery staff.
- Kheth'Impilo has noted a very high HIV prevalence rate in Mbombela sub-district in Mpumalanga, currently estimated at 34%. This estimate is supported by the high number of patients being initiated on treatment in this sub-district. Kheth'Impilo plans to increase support to the sub-district in order to respond to the increased demand for HIV related services.
- The number of children on treatment has dropped significantly. Kheth'Impilo will conduct an analysis to determine whether the drop is due the success of PMTCT interventions or whether the children are lost at the post-natal phase.

#### ***Financial management and reporting***

- At the end of the reporting period, Kheth'Impilo had spent 80% of its total allocation and had an estimated pipeline of 7.8 months. Pact is working with Kheth'Impilo on developing accurate projections and managing its expenditure rate. Kheth'Impilo has indicated that all funds will be expended by the end of the award period.
- Kheth'Impilo has been experiencing difficulties in submitting proper bank reconciliations, due to the nature of their financial system. Pact has been assisting Kheth'Impilo with a format that meets their organizational needs as well as the reporting requirements of their agreement.

#### ***Monitoring, evaluation, reporting and learning***

- Kheth'Impilo experienced difficulties in reporting against some of the newly adapted indicators, due to the fact that some of the required data is not routinely collected at government clinics. This issue is under review by the USG SI team, and partners have been advised to await further guidance on future reporting.

## **Living Hope**

#### ***Programmatic and technical***

- USAID has identified Living Hope as the I-ACT (Integrated Access to Care and Treatment) coordinating partner for the Western Cape, providing I-ACT training and technical support to other partners in the province. Living Hope conducted a pilot I-ACT training Course with their own Support Group Facilitators and Health Counsellors. Based on feedback from the training, Living Hope is confident that the course

has improved the level of understanding on Care and Treatment for PLHIV and will improve the retention of HIV+ clients in care. The Western Cape Department of Health has recommended that the program be piloted in selected districts within the province, managed by the DoH HAST team in collaboration with Living Hope. The DoH has expressed willingness to fund the pilot as well as the roll-out of the program in the province.

#### **Financial management and reporting**

- At the end of the reporting period, Living Hope had spent 90% of its total allocation and had an estimated pipeline of 8.8 months. Pact is working with Living Hope on developing accurate projections and managing its expenditure rate. Living Hope has indicated that all funds will be expended by the end of the award period.

#### **Monitoring, evaluation, reporting and learning**

- Pact will continue to provide guidance and support to Living Hope in adapting its MERL system to respond to any identified new reporting requirements under the I-ACT program.

## **mothers2mothers (m2m)**

#### **Programmatic and technical**

- m2m has completed the Mother Baby-Pair Tracking (MBPT) pilot in five sites in the Western Cape. In the next quarter m2m will roll out the MBPT project to 80 new sites in Eastern Cape, KZN, Mpumalanga and Western Cape. As part of the roll-out, m2m will also launch the mobile technology platform which will allow for real time data to be uploaded onto a central database. The use of this technology will allow m2m to move away from paper-based reporting at site level.
- USAID had previously expressed concern about the sustainability of m2m's mentor mother model and had urged m2m to engage with the DoH at all levels of government for the institutionalisation of the model. m2m has taken various steps in response to this recommendation. m2m is now part of South Africa's National PMTCT Steering Committee and actively participated in several consultative workshops to review the country's draft *eMTCT Framework – No Child Born with HIV in SA by 2015*. In Mpumalanga, the mentor mother model has been incorporated into the DoH 2012/13 Operational Plan. The province has further requested the expansion of the model in the province, and a joint two-year transition/integration strategy is being developed by m2m and the DoH.
- At the global level, m2m is excited about the integration of the mentor mother model in the *Global plan on elimination of new HIV infections among children and keeping their mothers alive*. m2m has a representative on the Global Steering Group advising on the roll-out of the global plan in 22 focus countries.

#### **Financial management and reporting**

- At the end of the reporting period, m2m had spent 85% of its total allocation and had an estimated pipeline of 8.0 months. Pact is working with m2m on developing accurate projections and managing its expenditure rate. m2m has indicated that all funds will be expended by the end of the award period.
- m2m previously struggled with the distribution of indirect costs across various programs and donors. Pact has worked intensively with m2m in finalizing a cost allocation method that ensures fairness and consistency in the allocation of indirect costs.

#### **Monitoring, evaluation, reporting and learning**

- Although m2m set a target for the indicator "People Living with HIV (PLHIV) reached with a minimum package of prevention with PLHIV interventions" for FY12, no data was reported in both Q1 and Q2. Pact is working with m2m to address challenges in extracting data relevant to this indicator from the PMTCT data collection instruments.

### **Organizational development and overall management**

- m2m appointed a South Africa Country Director who has promoted greater m2m participation in Pact's various capacity development activities, including the national Sustainability Forum and provincial Sustainability Workshops.
- m2m has an excellent marketing strategy globally but needs increased marketing of its model to provincial departments of health in order to ensure sustainability.

## **Mpilonhle**

### **Financial management and reporting**

- Mpilonhle's agreement ended 31 March 2012. Pact is awaiting the submission of the final financial report and completion of the close-out audit in order to finalize close-out of the agreement. Pact will directly contract an external auditor to conduct the close-out audit.

## **National Association of Child Care Workers (NACCW)**

### **Financial management and reporting**

- At the end of the reporting period, NACCW had spent 82% of its total allocation and had an estimated pipeline of 12.2 months. Pact is working with NACCW on developing accurate projections and managing its expenditure rate.

### **Monitoring, evaluation, reporting and learning**

- NACCW's MERL manager resigned in December 2011. NACCW has since recruited two PEPFAR Fellows to assist in maintaining MERL systems for the Isibindi program. The former MERL manager also continues to assist NACCW on a consultancy basis pending recruitment of a suitable replacement. Pact is advising NACCW on the selection of a candidate with the skills required for provision of MERL leadership within the organization going forward.
- An external evaluation of NACCW's Isibindi program has been commissioned. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

### **Organizational development and overall management**

- Pact procured the services of Deloitte to conduct a job evaluation for NACCW in order to enable better analysis and planning around staffing issues. Topics of the evaluation included preparation of position descriptions, determination of key performance indicators, grading of positions within a larger salary structure, and development of remuneration policies and procedures. While the job evaluation has been successful in profiling and grading current functions, Pact has now identified the need for a skills audit to ensure that each incumbent has the necessary skills to perform that function. Pact will follow up with NACCW on this issue during the next reporting period.

## **Save the Children**

### **Programmatic and technical**

- In FY 2011, Save the Children conducted a comprehensive needs assessment and categorized children according to their needs and levels of vulnerability. As a result, the CCFs are now able to focus on the most vulnerable children while providing routine care and support for those deemed less vulnerable. Save the Children is currently assessing the impact of the categorization activity on the well-being of the beneficiaries.
- Save the Children has conducted capacity assessments for CCFs in Free State with the aim of focusing on consolidating systems and capacity within the most successful CCFs during the final year of the program. Save the Children will provide capacity development in proposal writing, report writing, financial management, record keeping and governance.

- Save the Children has begun the third phase of a project to mainstream children’s rights in local municipality planning and budgeting processes. The project aims to provide training and mentoring to local government using LGSETA accredited training materials to ensure that children’s rights become a core component of municipality plans and interventions. SALGA has expressed interest in contracting Save the Children to provide this training to 278 municipalities once the materials are accredited.

***Financial management and reporting***

- At the end of the reporting period, Save the Children had spent 86% of its total allocation and had an estimated pipeline of 12.7 months. Pact is working with Save the Children on developing accurate projections and managing its expenditure rate, but is not confident that Save the Children will spend its full allocation by the end of the award period.
- Save the Children discovered and reported a case of fraud by one CCF that was paying stipends to non-existent workers or workers who had not been active during the relevant pay period. Pact informed USAID of the case and requested Save the Children to ascertain that the fraud was not more widespread and to detail corrective measures undertaken to ensure that this is prevented in future. Save the Children will submit a final report early in the third quarter, which Pact will share with USAID.

***Monitoring, evaluation, reporting and learning***

- An external evaluation of Save the Children’s OVC program was completed in April. Pact is now working with the evaluators to produce a high-quality report, which will be shared with Save the Children and USAID for review and comment before finalization. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

***Organizational development and overall management***

- Save the Children is in the process of registering as a local entity. The newly registered organization, Save the Children SA, will be eligible to access funding available only to local organizations. Save the Children has also assisted various CCFs in applying for funding under the EPWP and USAID Community Grants programs.

**Starfish Greathearts Foundation**

***Programmatic and technical***

- Starfish has allocated PEPFAR funding for 92 CBO sub-partner care workers to participate in NACCW’s accredited Child and Youth Care Worker training. The care workers have completed ten of the fourteen modules, on average, and will complete the remainder of the modules by the end of the fiscal year, enabling them to obtain a recognized qualification as professional child and youth care workers.

***Financial management and reporting***

- At the end of the reporting period, Starfish had spent 77% of its total allocation and had an estimated pipeline of 9.3 months. Pact is working with Starfish on developing accurate projections and managing its expenditure rate, but does not believe that Starfish will be able to spend its full allocation by the end of the award period. Pact has been in discussion with USAID regarding a reduction in Starfish’s FY 2012 allocation aligned with projected actual expenditures.
- Starfish has struggled to provide effective oversight and support to sub-partners in the area of financial management and reporting, often resulting in delays in the submission of monthly financial reports.

***Monitoring, evaluation, reporting and learning***

- An external evaluation of Starfish’s PEPFAR-funded OVC program is underway, with a draft report expected in June. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.

### ***Organizational development and overall management***

- Several Starfish sub-partners have requested training on governance and management as part of the sustainability plans developed through the provincial workshops. Pact will provide support given that Starfish does not have staff to provide the support.

## **World Vision**

### ***Financial management and reporting***

- At the end of the reporting period, World Vision had spent 85% of its total allocation and had an estimated pipeline of 12.3 months. This is partly due to an additional \$375,000 in TB funding that was added to World Vision's award in April 2012, which will be rolled out over the second half of the fiscal year resulting in an increased expenditure rate. World Vision has indicated that all funds will be expended by the end of the award period, and historically World Vision has managed to do so.

### ***Monitoring, evaluation, reporting and learning***

- An external evaluation of World Vision's Networks of Hope project was completed in April 2012. Pact is now working with the evaluators to produce a high-quality report, which will be shared with World Vision and USAID for review and comment before finalization. Further details on the status of the evaluation can be found in Appendix 5, Status of Partner Evaluations.
- During the process of gathering data for the external evaluation, discrepancies were identified between children's ages as listed in OVC database and children's actual ages. Pact will conduct a participatory data quality assessment at selected sites to further assess the problem and will assist World Vision in developing a plan to strengthen data quality.

### ***Organizational development and overall management***

- World Vision will soon transition out of the Mpofu Area Development Program (ADP) after 15 years of direct support. World Vision has identified two community-based organizations that will take over the program, and is providing mentoring on financial and project management. World Vision is also working to link these organizations with DSD and other prospective donors for future funding.

## V. Training Summary

### Trainings delivered, first half of FY 2012

Title	Location	Dates	Number Trained
1 Board Induction – Childline Limpopo	Polokwane	11 Oct 2011	8
2 National Sustainability Forum	Johannesburg	26-27 Oct 2011	73
3 Basic Management Skills – Africa Centre	Mtubatuba	11-12 Jan 2012	12
4 Limpopo Provincial Sustainability Workshop	Polokwane	18-20 Jan 2012	58
5 Gauteng Provincial Sustainability Workshop	Pretoria	25-27 Jan 2012	49
6 Free State Provincial Sustainability Workshop	Bloemfontein	8-10 Feb 2012	45
7 Western Cape Provincial Sustainability Workshop	Cape Town	15-17 Feb 2012	23
8 Northern Cape Provincial Sustainability Workshop	Kimberley	22-24 Feb 2012	26
9 Eastern Cape Provincial Sustainability Workshop	East London	28 Feb – 1 Mar 2012	41
10 KwaZulu-Natal Provincial Sustainability Workshop	Durban	7-9 Mar 2012	60
11 Role Profile Writing – NACCW	Cape Town	12-13 Mar 2012	12
12 Basic MERL – Childline Mpumalanga	Nelspruit	12-14 March 2012	19
13 Mpumalanga Provincial Sustainability Workshop	Nelspruit	13-15 Mar 2012	43
14 North West Provincial Sustainability Workshop	Rustenburg	27-29 Mar 2012	31

### Trainings planned, second half of FY 2012

Title	Location	Dates
1 Fundamentals of Management – Starfish sub-partner	East London	15-16 May 2012
2 Social Entrepreneurship	Cape Town	29-30 May 2012
3 Basic MERL – Childline Mpumalanga	Nelspruit	May 2012
4 Grants Management and Financial Management – CPC	Thohoyandou	May 2012
5 Basic MERL – Childline KZN	Durban	June 2012
6 Social Entrepreneurship	Gauteng	26-27 June 2012
7 NPO Governance 1 – CBO sub-partners	Gauteng	17-18 July 2012
8 Capacity Development Facilitation and Mentoring – prime partners with sub-partners or affiliates	Gauteng	1-3 August 2012
9 Fraud Detection	Gauteng	August 2012

## VI. Activities Planned Next Period

### Programmatic and Technical

- Assist all partners with project close-out planning and requirements.
- Strengthen partners' child protection activities by ensuring that child protection policies are finalized and implemented.
- Convene progress meetings and conduct site visits to prime partners and sub-partners to monitor progress on implementation of planned activities.
- Assist partners in the review and revision of implementation plans in response to new developments.
- Facilitate linkages between partners for sharing of tools, approaches and lessons learned.
- Assist partners in preparing program progress reports and responding to *ad hoc* inquiries and requests from USAID and other stakeholders.
- Provide on-site and remote technical assistance to partners and sub-partners as needed.
- Respond to *ad hoc* requests from USAID and other stakeholders.

### Monitoring, Evaluation, Reporting and Learning

- Continue managing and monitoring the implementation of partners' external evaluations.
- Facilitate dissemination of evaluation reports to key stakeholders.
- Provide tailored training to selected partner organizations based on identified needs.
- Conduct data quality assessments for selected partners.
- Document Pact's experience in commissioning and managing multiple program evaluations, including key lessons learned.
- Conduct a meta-analysis of OVC outcomes based on findings from the various partner evaluations.
- Provide ongoing MERL mentoring and technical support to partners and sub-partners as needed.
- Respond to *ad hoc* requests from USAID and other stakeholders.

### Organizational Development

- Provide mentoring and support in implementation of sustainability action plans.
- Review organizational development support with partners.
- Conduct training and mentoring support as need.
- Conduct cross-cutting trainings for partners based on identified needs.

### Financial and Grants Management

- Conduct a combined Basic Grants Management and Financial Management training for CPC staff.
- Continue to monitor partner budgets and expenditure levels to assist in managing the instability of the rand/dollar exchange rate.
- Work with partners to clear all unsupported and questioned costs.
- Conduct entrance and exit conferences for all close-out recipient-contracted audits, and ensure that audit recommendations are addressed.
- Finalize the all current fraud investigation audits and forward final reports to USAID.
- Assist all partners with project close-out planning and requirements, including asset disposition.
- Conduct routine site visits to prime partners and sub-partners to review internal controls and provide technical assistance.
- Provide other on-site and remote technical assistance to partners as required.

## **PEPFAR Provincial Liaisons**

- Management of the transition of the PPLs from the Pact agreement to the US Embassy as direct hires.

## **DoH Technical Assistance**

- Continue supporting the development and piloting of an Integrated Chronic Disease Management (ICDM) model.
- Continue participating in the Community Health Worker (CHW) Working Group on the development of a qualifications framework.
- Continue providing technical assistance on the development of the Strategic Framework for the Prevention of Injury.
- Continue serving on the interdepartmental steering committee for the development and implementation of a Health Innovation Strategy.

## VII. Summary Financial Report

October 2007 – March 2012

Budget line	Pact CA Budget	Disbursed as at 31 March 2012	Remaining Obligated Balance
Administration*	\$25,918,929	\$21,677,755	\$4,241,174
Subgrants	\$202,495,744	\$185,434,809	\$17,060,935
Subcontracts	\$10,470,328	\$4,875,564	\$5,594,764
<b>Totals</b>	<b>\$238,885,001</b>	<b>\$211,988,128</b>	<b>\$26,896,873</b>

\* Administration includes expenses related to the PEPFAR Provincial Liaisons and the Senior Technical Advisor.

Note: All figures in US Dollars as at 31 March 2012.

## VIII. Subgrants Financial Report

October 2007 – March 2012

Partner	Total Budget Allocation	Obligated	Disbursed *	Balance of Total Budget Allocation	Percentage of Total Allocation Spent
Africa Centre	19,997,243	18,280,298	17,779,061	2,218,182	89%
CARE	10,554,605	8,999,587	8,407,011	2,147,594	80%
Child Welfare SA	9,165,624	7,615,468	7,497,249	1,668,375	82%
Childline MPU	3,772,252	3,180,466	2,639,041	1,133,211	70%
Childline SA	1,725,000	1,425,000	1,204,903	520,097	70%
CINDI	4,416,810	4,016,810	3,854,453	562,357	87%
CompreCare	8,379,828	7,605,690	6,971,802	1,408,026	83%
CPC	714,812	557,406	220,734	494,078	31%
HDA	2,670,935	2,412,523	2,180,179	490,756	82%
Kheth'Impilo	35,696,458	30,478,829	28,731,742	6,964,716	80%
Living Hope	2,616,786	2,423,628	2,362,329	254,457	90%
mothers2mothers	31,975,743	28,220,027	27,105,423	4,870,320	85%
Mpilonhle	2,920,469	2,920,469	2,850,215	70,254	98%
NACCW	22,978,960	20,301,237	18,849,249	4,129,711	82%
Save the Children	14,419,377	13,128,410	12,394,922	2,024,455	86%
Starfish	1,947,629	1,747,629	1,503,263	444,366	77%
World Vision	18,626,291	16,567,522	15,861,976	2,764,315	85%
<b>Totals</b>	<b>\$206,747,926</b>	<b>\$184,050,103</b>	<b>\$174,471,421</b>	<b>\$32,276,505</b>	

\* Disbursed includes March 2012 partner expenses.

Note: All figures in US Dollars as at 31 March 2012.

## IX. Subgrants Cost Share Report

October 2007 – March 2012

Partner	Total Budget Allocation	Percent of Budget Required as Cost Share	Cost Share Amount In Agreement	Actual Cost Share Reported to Date	Balance of Cost Share Required
Africa Centre	19 997 243	5%	999 862	14 487 682	-
CARE	10 554 605	3%	306 084	228 563	77 521
Childline MP	3 772 252	2%	73 209	95 415	-
Childline SA	1 725 000	2%	34 500	58 028	-
CINDI	4 416 810	2%	88 336	148 214	-
CompreCare	8 379 828	5%	418 991	979 868	-
CWSA	9 165 624	5%	340 466	1 259 838	-
CPC	714 812	2%	14 296	8 846	5 450
HDA	2 670 935	15%	400 640	374 118	26 522
Kheth'Impilo	35 696 458	10%	3 569 646	3 541 690	27 956
Living Hope	2 616 786	5%	111 523	449 827	-
M2M	31 975 743	5%	1 598 787	7 249 441	-
Mpilonhle	2 920 469	5%	146 023	676 260	-
NACCW	22 978 960	5%	1 148 948	1 833 009	-
Save UK	14 419 377	10%	1 441 938	1 572 795	-
Starfish	1 947 629	3%	52 428	61 011	-
World Vision	18 626 291	10%	1 900 129	1 975 589	-
<b>Totals</b>	<b>\$206 747 926</b>		<b>\$14 062 718</b>	<b>\$36 634 136</b>	<b>\$137 449</b>

Note: All figures in US Dollars as at 31 March 2012.

## X. Subcontracts Financial Report

October 2007 – March 2012

### Overview of subcontracts portfolios

Portfolio	Obligated to Pact by USAID	Obligated to Subcontractors	Contracts in the Pipeline	VAT to be claimed Back	Remaining to be obligated
OVC subcontracts	\$6 969 149.00	\$4 553 319.51	\$1 563 297.71	-\$165 008.47	\$1 017 540.24
TB subcontracts	\$500 000.00	\$359 109.27	\$140 890.73	\$0.00	\$0.00
HSS subcontracts	\$611 000.00	\$102 074.41	\$508 428.57	\$0.00	\$497.02
CYCW subcontracts	\$1 551 969.00	\$1 551 969.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$9 632 118.00</b>	<b>\$6 566 472.19</b>	<b>\$2 212 617.01</b>		<b>\$1 018 037.26</b>

### OVC subcontracts

Description	Amount
COP 08 USAID OVC subcontracts allocation	\$1 000 000.00
COP 09 USAID OVC subcontracts allocation	\$485 452.00
COP10 USAID OVC subcontracts Allocation	\$3 869 598.00
FY08 reprogramming (TSA)	\$325 000.00
FY09 reprogramming (AMREF, TSA, TIPHC & OLF)	\$754 358.00
FY10 reprogramming (CompreCare & Starfish)	\$1 500 000.00
<b>Total</b>	<b>\$7 934 408.00</b>
Pact administration costs 2010-2011	\$378 953.00
Pact administration costs 2012-2013	\$586 306.00
<b>Total for Subcontracts</b>	<b>\$6 969 149.00</b>
Total obligated to subcontractors	\$4 553 319.51
Outstanding VAT to be reclaimed on unliquidated commitments	-\$165 008.47
Total contracts/expenses in the pipeline	\$1 563 297.71
<b>Total remaining to be programmed</b>	<b>\$1 017 540.24</b>

### OVC subcontracts disaggregated by category

Description	Obligated	Liquidated
DSD subcontracts	\$2 460 581.77	\$1 302 932.26
DoH subcontracts	\$510 497.36	\$504 279.99
Treasury subcontracts	\$66 376.78	\$66 376.78
General OVC subcontracts	\$1 293 048.90	\$940 526.04
Other Expenses*	\$222 814.69	\$222 814.69
<b>Total</b>	<b>\$4 553 319.51</b>	<b>\$3 036 929.76</b>

\*See next table for detail.

### Other OVC subcontracts expenses

Other Expenses	Liquidated
Procurements	\$54 687.70
Catering and Venues	\$2 840.14
Travel for USAID sponsored delegates	\$15 396.29
Advertisements	\$42 792.67
Workshop Costs (Families White Paper Project)	\$107 097.89
<b>Other Expenses Total:</b>	<b>\$222 814.69</b>

### TB subcontracts overview

Description	Amount
COP 10 USAID TB allocation	\$875 000.00
<b>Total</b>	<b>\$875 000.00</b>
Allocated to World Vision for TB Activities	\$375 000.00
<b>Allocation remaining for TB subcontracts</b>	<b>\$500 000.00</b>
Total obligated to subcontractors	\$359 109.27
Outstanding VAT to be claimed back on un-liquidated commitments	\$0.00
Total contracts/expenses in the pipeline	\$140 890.73
<b>Total remaining to be programmed</b>	<b>\$0.00</b>

### HSS subcontracts overview

Description	Amount
COP 10 USAID HSS subcontracts allocation	\$183 282.00
COP 11 USAID HSS subcontracts allocation	\$427 718.00
<b>Total for Subcontracts</b>	<b>\$611 000.00</b>
Total obligated to subcontractors	\$102 074.41
Outstanding VAT to be claimed back on unliquidated commitments	\$0.00
Total contracts/expenses in the pipeline	\$508 428.57
<b>Total remaining to be programmed</b>	<b>\$497.02</b>

### CYCW subcontracts overview

Description	Amount
COP 10 NACCW allocation for CYCW training contract	\$1 406 970.00
COP 11 NACCW allocation for CYCW training contract	\$372 816.00
<b>Total</b>	<b>\$1 779 786.00</b>
Total obligated to NACCW for CYCW contract	\$1 551 969.00
Outstanding VAT to be claimed back on un-liquidated commitments	\$0.00
Total contracts/expenses in the pipeline	\$0.00
<b>Total remaining to be programmed</b>	<b>\$227 817.00</b>

## OVC subcontracts in support of the Department of Social Development

Contractor	Project	Start Date	End Date	Obligated (USD Estimate)	Liquidated (USD)	Active / Closed
4Chakras Consulting	Finalization of the DSD HIV & AIDS Prevention Strategy	13-Feb-12	31-May-12	\$24 507.42	\$0.00	Active
4Chakras Consulting	Situational Analysis of the current state of the South African social service workforce serving children	18-Oct-11	15-Jul-12	\$295 849.12	\$141 116.97	Active
Boxfusion CC	DSD NPO Database Developers	07-Mar-12	31-Aug-12	\$315 000.19	\$0.00	Active
Centre for AIDS Development, Research & Evaluation	Development of DSD HIV&AIDS Prevention Strategy and provision of training to DSD officials on prevention programming	18-Apr-11	15-Feb-12	\$76 986.18	\$76 986.18	Active
Health & Development Africa	Development of conceptual framework for child protection training	04-Oct-11	30-Sep-12	\$456 965.51	\$177 334.11	Active
Impact Research International	Development of the DSD OVC National Action Plan 2012-2016	13-Feb-12	31-May-12	\$32 996.60	\$16 845.73	Active
National Institute Community Development & Management	Design of DSD HCBC Capacity Building Training Roll-Out Plan	13-Feb-12	30-Sep-12	\$196 131.01	\$29 436.39	Active
RetroRabbit	Design on DSD NPO Database and management of developers	02-Sep-11	30-Jun-12	\$158 905.54	\$89 303.25	Active
StrategieQ Developments	Development of DSD's White Paper on Families	02-Jan-12	17-Sep-12	\$161 635.03	\$30 304.46	Active
4 Chakras Consulting	Develop norms, standards and practice guidelines for the implementation of the Children's Act	13-May-09	12-May-10	\$201 996.69	\$201 996.69	Closed
Business Enterprises, University of Pretoria	Develop the South African Adoption Strategy	20-May-09	16-Nov-09	\$49 127.83	\$49 127.83	Closed
Health & Development Africa	Proposal coster for DSD's plan to roll-out the NACCW Isibindi model	22-Mar-11	30-Sep-11	\$26 902.10	\$26 902.10	Closed
Manto Management	Develop the implementation plan, costing model, and the provision of training on the use of the costing model for services related to CANE	03-Nov-09	30-Sep-11	\$438 941.81	\$438 941.81	Closed
Theresa Wilson	Proposal writer for DSD's plan to roll-out the NACCW Isibindi model	22-Mar-11	30-Sep-11	\$24 636.74	\$24 636.74	Closed
<b>Total:</b>				<b>\$2 460 581.77</b>	<b>\$1 302 932.26</b>	

### OVC subcontracts in support of the Department of Health

Contractor	Project	Start Date	End Date	Obligates (USD Estimate)	Liquidated (USD)	Active / Closed
Tim Wilson	Eastern Cape MNCH manager (contract 2)	27-Sep-10	31-Mar-12	\$138 454.42	\$132 237.05	Active
Khathatso Mokoetle	Short-term MNCH manager	02-Jul-09	28-Feb-10	\$46 784.56	\$46 784.56	Closed
Management Sciences for Health	Strengthening MNCH & Nutrition services	26-Jan-09	08-Feb-10	\$136 627.60	\$136 627.60	Closed
Tim Wilson	Short-term MNCH manager (contract 1)	03-Nov-08	01-Sep-10	\$188 630.78	\$188 630.78	Closed
<b>Total:</b>				<b>\$510 497.36</b>	<b>\$504 279.99</b>	

### OVC subcontracts in support of the Treasury

Contractor	Project	Start Date	End Date	Obligates (USD Estimate)	Liquidated (USD)	Active / Closed
Community Agency for Social Enquiry	Dissemination of OVC funding research	17-Dec-10	21-Jun-11	\$66 376.78	\$66 376.78	Closed
<b>Total:</b>				<b>\$66 376.78</b>	<b>\$66 376.78</b>	

### General OVC subcontracts

Contractor	Project	Start Date	End Date	Obligates (USD Estimate)	Liquidated (USD)	Active / Closed
Clacherty & Associates	Child Welfare South Africa program evaluation	13-Feb-12	07-May-12	\$60 919.91	\$27 595.79	Active
Health & Development Africa	Remedial training for Thogomelo learners	18-Jul-11	15-May-12	\$225 172.19	\$134 388.95	Active
Health & Education Training & Technical Assistance Services	Vhutshilo manual upgrade and Vhutshilo roll-out at World Vision sites	21-Dec-11	30-Aug-12	\$114 360.97	\$24 238.22	Active
Health & Education Training & Technical Assistance Services	Provision of technical assistance for Wozobona to implement Vhutshilo 2	26-Aug-11	29-Jun-12	\$15 335.71	\$9 744.62	Active

Impact Consulting	CINDI and Save the Children program evaluations	21-Oct-11	30-Apr-12	\$87 950.90	\$64 667.23	Active
Letsema Circle Trust	Support for Health Systems Reform program	02-Dec-12	30-Apr-12	\$52 179.25	\$36 107.82	Active
Masazi Development Associates	Olive Leaf Foundation & Starfish program evaluations	07-Mar-12	07-May-12	\$38 279.41	\$0.00	Active
Rural Outreach & Development Services	World Vision program evaluation	03-Feb-12	11-May-12	\$51 492.16	\$32 362.16	Active
Southern Hemisphere Consultants	Development of Noah's Ark capacity building strategy	17-May-11	04-Nov-11	\$66 062.46	\$66 062.46	Active
Umhlaba Development Services	Health & Development Africa program evaluation	13-Feb-12	10-May-12	\$60 749.50	\$24 812.34	Active
Explore Africa Films	Video documentation of 2011 NACCW Conference	30-Jun-11	29-Jul-11	\$20 308.07	\$20 308.07	Closed
Global Camps Africa	OVC camp managers training program	03-Feb-10	10-Aug-10	\$258 203.19	\$258 203.19	Closed
Happy Healthy People Clubs Southern Africa	Aerobic laughter presentation at OVC partners meeting	12-Nov-09	17-Nov-09	\$805.90	\$805.90	Closed
Happy Healthy People Clubs Southern Africa	Aerobic laughter workshop & provision of DVDs & Reports	25-Jan-11	19-May-11	\$15 075.89	\$15 075.89	Closed
Happy Healthy People Clubs Southern Africa	Aerobic laughter training for Noah Child Conference	24-Jun-11	07-Jul-11	\$6 210.56	\$6 210.56	Closed
Happy Healthy People Clubs Southern Africa	Aerobic laughter training for community grants new awardees	19-Sep-11	30-Sep-11	\$3 098.30	\$3 098.30	Closed
Harvard University	Vhutshilo 1 & 2 expansion and Vhutshilo 2 evaluation	04-Feb-09	31-May-10	\$119 149.00	\$119 149.00	Closed
Highlight Learning	Basic computer literacy training for OVC database workshop participants	23-Jul-10	16-Aug-10	\$1 700.74	\$1 700.74	Closed
Indian Ocean Trading Company	OVC Database training for partners	10-Nov-09	15-Nov-10	\$91 940.12	\$91 940.12	Closed
Indian Ocean Trading Company	OVC Database recoding	06-Jun-11	04-Jul-11	\$2 305.90	\$2 305.90	Closed
SA Solutions	GIS Maps of OVC services in the Free State	05-Nov-09	17-Nov-09	\$1 748.77	\$1 748.77	Closed
<b>Total:</b>				<b>\$1 293 048.90</b>	<b>\$940 526.04</b>	

## OVC subcontracts in the pipeline

Project	Sub-Category	Contractor	Estimated Cost
DSD Community Capacity Enhancement Support Officer	DSD	Tshepang Mokgokong	\$10 000.00
DSD Community Capacity Enhancement Facilitator (1)	DSD	Kerileng Matabane	\$8 200.00
DSD Community Capacity Enhancement Facilitator (2)	DSD	Modise Tebang	\$8 200.00
DSD IT Technical Manager	DSD	John Mpungu	\$65 000.00
DSD Helpline Manager	DSD	Sibusiso Nhlabathi	\$12 000.00
Preparation activities for DSD Isibindi roll-out	DSD	National Association of Child Care Workers	\$597 612.00
DSD HCBC program evaluation	DSD	Not yet identified	\$150 000.00
NACCW program evaluation	General	Business Enterprises, University of Pretoria	\$70 000.00
Childline Mpumalanga program evaluation	General	Clacherty & Associates	\$30 000.00
CARE & CompreCare program evaluations	General	Feedback Research & Analytics	\$120 000.00
Childline South Africa program evaluation	General	Not yet identified	\$50 000.00
<b>Total:</b>			<b>\$1 121 012.00</b>

## Other OVC subcontracts expenses in the pipeline

Project	Sub-Category	Contractor	Estimated Cost
Additions to Scope of Work for Master training of capacity building technical service providers	DSD	National Institute Community Development & Management	\$75 000.00
Additions to Scope of Work for Public Hearings on DSD Families White Paper	DSD	StrategeQ Developments	\$54 142.86
Venue and Participant Costs for Public Hearings on DSD Families White Paper	DSD	Multiple vendors	\$100 285.71
Venue and Participant Costs for Consultative Meetings on DSD Families White Paper	DSD	Multiple vendors	\$40 000.00
CCE travel budget	DSD	Multiple vendors	\$85 714.29
IT Technical Manager travel budget	DSD	Multiple vendors	\$28 571.43
Helpline Manager travel budget	DSD	Multiple vendors	\$28 571.43
Miscellaneous Expenditures (i.e. advertising & catering expenses for planning & selection meetings)	Other Expenses	Multiple vendors	\$30 000.00
<b>Total:</b>			<b>\$442 285.71</b>

### TB subcontracts

Contractor	Project	Start Date	End Date	Obligated (USD Estimate)	Liquidated (USD)	Active / Closed
Greenfield Management Solutions	TB training for PEPFAR funded OVC Partners	31-Aug-11	30-Apr-12	\$359 109.27	\$347 498.66	Active
<b>Total:</b>				<b>\$359 109.27</b>	<b>\$347 498.66</b>	

### TB subcontracts in the pipeline

Project	Contractor	Estimated Cost
TB and TB/HIV leadership training for Community Health Workers	Greenfield Management Solutions	\$140 890.73
<b>Total:</b>		<b>\$140 890.73</b>

### HSS subcontracts

Contractor	Project	Start Date	End Date	Obligated (USD Estimate)	Liquidated (USD)	Active / Closed
Ozayr Mahomed	Roll-out of DoH Chronic Disease Care Model	01-Jul-11	15-May-12	\$92 391.51	\$69 187.03	Active
Ozayr Mahomed	Develop DoH Chronic Disease Care Model	29-Mar-11	26-Apr-11	\$9 682.90	\$9 682.90	Closed
<b>Total:</b>				<b>\$102 074.41</b>	<b>\$78 869.93</b>	

## HSS subcontracts in the pipeline

Project	Contractor	Estimated Cost
Roll-out of Primary Care Guidelines 101	Lung Institute - Knowledge Transfer Unit; University of Cape Town	\$28 571.43
Independent Evaluation of the effect of the Primary Care Guidelines 101 roll-out	University of KwaZulu Natal	\$81 857.14
Follow-up support with the roll-out of the DoH Chronic Disease Care Model	Ozayr Mahomed	\$100 000.00
Development of breastfeeding training materials	South2South	\$100 000.00
Development of health promotion materials to accompany the primary care guidelines	Not yet identified	\$78 000.00
Editing of the Chronic Disease Care Model manual	Not yet identified	\$20 000.00
Community Health Worker training	Not yet identified	\$100 000.00
<b>Total:</b>		<b>\$508 428.57</b>

## Appendix 1: Programmatic Capacity Building Support

	Annual implementation plans	Annual program budgets	OVC program quality re-assessments	TA in household economic strengthening	TA in child protection	Site visits for program monitoring & support	Corrective action / program strengthening plans	Staff recruitment, selection and orientation	Linkage to relevant tools, resources and contacts	Guidance on compliance with USG rules and regs	Marking/branding plans and compliance	Subagreement review and approvals	Procurement approvals	Close-out guidance & support	International travel approvals	Key personnel approvals	Annual and semi-annual progress reports
Africa Centre	X	X				X	X			X			X	X			X
CARE	X	X		X	X	X		X		X	X	X					X
Child Welfare South Africa	X	X	X			X			X	X	X		X			X	X
Childline Mpumalanga	X	X				X		X		X			X	X		X	X
Childline South Africa	X	X	X		X	X	X	X	X	X	X	X		X		X	X
CINDI	X	X								X		X		X			X
CompreCare	X	X		X	X	X	X		X	X		X	X	X			X
CPC	X	X				X	X			X	X		X	X		X	
HDA	X	X	X		X	X				X				X		X	X
Kheth'Impilo	X	X				X				X				X	X		X
Living Hope	X	X				X				X				X			X
mothers2mothers	X	X				X	X			X				X		X	X
Mpilonhle	X	X							X	X	X						X
NACCW	X	X	X			X	X	X		X			X	X		X	X
Save the Children	X	X	X			X	X		X	X			X	X	X	X	X
Starfish Foundation	X	X	X			X			X	X	X	X	X				X
World Vision	X	X				X				X				X			X

Note: Support provided during the reporting period, October 2011 – March 2012.

## Appendix 2: MERL Capacity Building Support

	M&E Plan Revision	Tools Development for Data Collection & Collation	Basic MERL Workshop	Site Data Quality Management & compliance monitoring	TA for Planning and Conducting RDQAs	TA in Planning/ Conducting program evaluations	Data Verification for Reporting	TA in Development of PEPFAR Reports	TA in Developing/Improving Databases	Assistance with recruitment of M&E Staff	TA on Program Planning and IP Review
Africa Centre					X			X			X
CARE						X		X			
Child Welfare South Africa				X		X		X			X
Childline Mpumalanga			X	X	X	X		X	X		
Childline South Africa	X	X				X	X	X			X
CINDI						X		X			
CompreCare				X		X		X			
CPC	X	X			X	X	X	X			
HDA						X		X	X	X	
Kheth'Impilo								X			
Living Hope								X			
mothers2mothers		X					X	X			
Mpilonhle											
NACCW						X		X			
Save the Children				X		X		X			
Starfish Foundation						X		X			X
World Vision				X		X		X			

*Note: Support provided during the reporting period, October 2011 – March 2012.*

## Appendix 3: OD Capacity Building Support

	Organizational capacity assessments/re-assessments	Capacity building planning	Organizational governance	Basic Management Skills training	Strategic Planning training	Care Worker Management training	Site-level technical support	Mentoring staff in OD	National Sustainability Forum	Provincial Sustainability Workshops
Africa Centre				X					X	X
CARE					X	X		X	X	X
Child Welfare South Africa			X		X		X	X	X	X
Childline Mpumalanga									X	X
Childline South Africa			X		X		X		X	X
CINDI									X	X
CompreCare	X	X					X	X	X	X
CPC	X	X	X		X				X	X
HDA									X	X
Kheth'Impilo									X	X
Living Hope							X			X
mothers2mothers									X	X
Mpilonhle									X	
NACCW			X				X	X	X	X
Save the Children								X	X	X
Starfish					X		X	X	X	X
World Vision									X	X

*Note: Support provided during the reporting period, October 2011 – March 2012.*

## Appendix 4: Financial Capacity Building Support

	MCAT assessment	Assistance with asset disposition and distribution	Close out guidance to partners	Budget development and revision	Analysis of expenditure rates and patterns	Tracking and budgeting for exchange rate gains/losses	Financial system strengthening recommendations and support	Guidance on compliance with USG rules and regulations	Assistance with Recipient-Contracted Audits (RCA)	Review of capital equipment procurements and renovations	Finance staff recruitment, selection and orientation	Financial reporting and clearing of unsupported costs
Africa Centre			X	X	X	X	X			X		X
CARE		X	X	X	X							
Child Welfare South Africa				X	X	X	X	X	X		X	X
Childline Mpumalanga			X	X	X		X	X		X		X
Childline South Africa		X	X	X	X	X	X	X	X			X
CINDI			X		X	X		X				X
CompreCare		X	X	X	X	X	X	X	X			X
CPC	X	X	X	X	X	X	X	X			X	X
HDA			X	X	X	X	X	X				X
Kheth'Impilo			X	X	X	X	X	X	X			X
Living Hope			X	X	X	X	X	X	X			X
mothers2mothers			X	X	X	X		X				X
Mpilonhle			X	X	X		X	X	X			X
NACCW			X	X	X	X	X	X	X		X	X
Save the Children			X	X	X			X				
Starfish Foundation		X	X	X	X	X	X	X			X	X
World Vision			X	X	X		X	X				

Note: Support provided during the reporting period, October 2011 – March 2012.

## Appendix 5: Status of Partners' External Evaluations

Partner	Evaluation/ Assessment	Evaluation Firm	Current Status	Estimated Timeframes
CINDI	Evaluation of the outcomes of CINDI's school-based program	Impact Consulting	Draft report review meeting with evaluators held at the end of April. Revised report submitted on 9 May and distributed to key stakeholders for review and feedback.	Contracting: Completed Field work: Completed Reporting: May
Childline Mpumalanga	Evaluation of the impact of the CLMPU program on the safety and wellbeing of children in targeted communities	Clacherty and Associates	Evaluation planning meeting held on 10 May with the consultant. Budget negotiations completed and contract issued. Data collection commencing in May and expected to be finalized by last week of June.	Contracting: Completed Field work: May/June Analysis and reporting: July/August
Child Welfare SA	Evaluation of the impact of CWSA's Asibavikele program on the safety and wellbeing of children in targeted communities	Clacherty and Associates	Evaluation completed and draft report submitted on 15 May. Pact to review and provide feedback by 22 May in order for consultants to revise and resubmit the second draft.	Contracting: Completed Field work: Completed Reporting: May
Childline SA	Evaluation of Childline's therapeutic programs (therapeutic services and camps)	TBD	Only one proposal was received from the initial open solicitation. A second, limited solicitation was issued and sent to selected evaluation firms on 18 May. Deadline for submission of proposals is 1 June, following which the technical review committee will select the contractor.	Contracting: May/June Ethics review: July Field work: July/August Analysis & reporting: August/September
CompreCare and CARE SA	Evaluation of the results of the partners' grants management and capacity development support to sub-partners	Feedback Research and Analytics	Instruments for both CARE and CompreCare finalized. CompreCare data collection for both qualitative and quantitative is underway and will be finalized by end May. Fieldwork for CARE is expected to begin mid-May.	Contracting: Completed Field work: May/June Analysis & reporting: July/August
HDA	Evaluation focused on outcomes of the school-based program	Umhlaba Development Services	Review meeting held on 9 May to give feedback on the first draft report. Revised report received on 15 May, but requiring substantial further revisions. Pact will meet with the consultant on 24 May to provide feedback and guidance. The final report is expected first week of June.	Contracting: Completed Field work: Completed Reporting: May/June

<b>Partner</b>	<b>Evaluation/ Assessment</b>	<b>Evaluation Firm</b>	<b>Current Status</b>	<b>Estimated Timeframes</b>
Humana	Evaluation of Humana's Total Control of the Epidemic (TCE) prevention program	Feedback Research and Analytics	Evaluation planning meeting with consultants and Humana scheduled on 28 May. Contract to be issued in early June, with field work beginning immediately.	Contracting: June Field work: June/July Analysis & reporting: August
NACCW	Evaluation of outcomes and status of the youth that graduated from the NACCW Isibindi OVC program upon turning 18 years of age	Business Enterprises University of Pretoria	Revised proposal submitted by the consultant in April after an initial meeting with Pact. Contract to be issued in late May with a launch meeting held shortly thereafter with NACCW and the consultant. Instruments development is underway and application for ethical clearance will be sent by end May.	Contracting: May Field work: June/July Analysis & reporting: July/August
Save the Children	Evaluation of outcomes of the Child Care Forum (CCF) model	Impact Consulting	Review meeting held in April to give feedback on the first draft report. Second draft of the report is expected by 18 May, and will be distributed for review and comment by key stakeholders.	Contracting: Completed Field work: Completed Final report: May
Starfish and OLF	Program assessments to compile a portfolio of evidence on program achievements and key results over the period of the USAID/PEPFAR grant	Masazi Associates	Data collection finalized in mid-May. Feedback on field reports provided by Pact with recommended revisions. Data analysis is currently underway.	Contracting: Completed Field work: Completed Analysis & reporting: May/June
World Vision	Evaluation of OVC outcomes in targeted World Vision Area Development Programs (ADPs)	Rural Outreach and Development Services	Draft report submitted on 9 May and feedback meeting held on 18 May. Second draft of the report to be submitted on 25 May and distributed to key stakeholders for review and feedback prior to finalization.	Contracting: Completed Field work: Completed Analysis & reporting: May/June

## Appendix 6: List of Subcontracts

Pact manages a USAID funding mechanism designed to support the South African Government's programming and priorities by facilitating rapid-response subcontracts for required services. Subcontracts are used primarily to provide technical assistance in support of initiatives of the Department of Social Development (DSD) and Department of Health (DoH). Originally focused on OVC issues, the portfolio has expanded over time and now covers the following areas:

- Orphans and Vulnerable Children (OVC)
- Tuberculosis
- Health Systems Strengthening (HSS)
- Social welfare workforce strengthening

During the reporting period, Pact issued 14 new contracts and managed a total of 23 contracts under the various portfolios:

	Active contracts during the reporting period		Closed contracts	Total contracts to date	Contracts in the pipeline
	Existing	Issued			
OVC subcontracts	6	14	20	40	11
TB subcontracts	1	0	0	1	1
CYCW subcontracts	1	0	0	1	0
HSS subcontracts	1	0	1	2	7
<b>Total</b>	<b>9</b>	<b>14</b>	<b>21</b>	<b>44</b>	<b>19</b>

### OVC subcontracts – Department of Social Development

**Title: Finalization of the DSD HIV & AIDS Prevention Strategy**

**Contractor: 4Chakras Consulting**

**Start Date:** 13-Feb-12      **Amount Obligated:** \$24 507.42

**End Date:** 31-May-12      **Amount Liquidated to Date:** \$0.00

**Activity Summary:** 4Chakras Consulting was contracted to assist DSD to finalize its HIV Prevention Strategy. 4Chakras took over from CADRE and their first activity was a presentation of the latest version of the Draft Prevention Strategy developed through a contract with CADRE. The presentation focused on highlighting the alignment between the draft strategy and the National Strategy Plan (NSP) at the National Action Committee for Children Affected by HIV and AIDS (NACCA) meeting held in February 14, 2012. After the presentation, 4Chakras facilitated a discussion on the link between the draft prevention strategy and the prospective NACCA's National Action Plan (NAP) 2012-2016. The aim of this discussion was to ensure that the proposed prevention strategies are incorporated in the development of the NAP. The next activity involved a full day NACCA workshop held on February 16<sup>th</sup> where 4Chakras solicited further input on the draft strategy from relevant stakeholders including NGOs, National and Provincial HIV&AIDS Coordinators, relevant Departments and Directorates from DSD; as well as on the population of the implementation guidelines. A follow-up consultative meeting with representatives from the afore-mentioned stakeholders was held on 24 February 2012 to refine the implementation guidelines. This feedback has now been fused into a third draft of the Prevention Strategy. It is expected that once DSD approves the draft strategy, 4Chakras will prepare presentations to be used by the Prevention Directorate to take the Prevention Strategy through the initial DSD approval processes, i.e. the DSD Policy Forum and Management Committee (MANCO) meetings. Both of

these meetings will also present additional opportunity to gather further input into the Strategy. After presentations have been made at these two forums, 4Chakras will refine, finalise and submit the Prevention Strategy to DSD. This activity will conclude the contract.

**Title: Situational Analysis of the current state of the South African social service workforce serving children**  
**Contractor: 4Chakras Consulting**

<b>Start Date:</b>	18-Oct-11	<b>Amount Obligated:</b>	\$295 849.12
<b>End Date:</b>	15-Jul-12	<b>Amount Liquidated to Date:</b>	\$141 116.97

**Activity Summary:** 4Chakras was selected to conduct a situational analysis of the Social Services Workforce (SSW) serving children. The aim of the contract is to map the current Social Services Workforce, emerging needs, and relevant existing training programs for the workforce. It is envisioned that the completed analysis will allow DSD resources to be directed toward strengthening the social welfare system. The project will consist of a literature review of legislation and policies relevant to SSW, desktop review and interviews of key stakeholders to provide a situational analysis of the state of the current SSW. A final report combining both studies will identify gaps and recommend a road map for the implementation of effective SSW serving children.

This project is being led by the DSD directorate responsible for children, the Directorate: Policy Legislation, Monitoring and Evaluation. This directorate is responsible for policy coordination of all units accountable for the implementation of the Children’s Act. In the period under review, 4Chakras undertook an analysis of the Children’s Act in order to define the human resources that make up the workforce implementing the Act. This included the functions of the professions and/or occupations, as well as research in terms of history, scope of work, qualification, current demand and supply as well as who the employers of the workforce are. This information was used to inform the literature review which 4Chakras has now completed. 4Chakras has developed and successfully piloted research tools for use during field research. The collection of data has been completed in seven of the nine provinces with delays experienced in the Eastern Cape and the Northern Cape. The interviews in the remaining provinces as well as at national level will take place in the next reporting period informing the full analysis of the current state of the SSW. On conclusion of these, 4Chakras will draft a report which will provide a picture of the current status, identify gaps and recommend a 3-5 year road map for an effective SW providing services to children. It is anticipated that the eventual outcome of this analysis will be a standardized, coordinated effort within the social welfare sector targeting children.

**Title: DSD NPO Database Developers**  
**Contractor: Boxfusion CC**

<b>Start Date:</b>	07-Mar-12	<b>Amount Obligated:</b>	\$315 000.19
<b>End Date:</b>	31-Aug-12	<b>Amount Liquidated to Date:</b>	\$0.00

**Activity Summary:** Boxfusion was contracted to build DSD’s Non-Profit Organization (NPO) database. They will also produce a user manual of the new system which will assist in training of staff and super users within the DSD IT Directorate. It is envisioned that the contract will result in the NPO directorate having a user-friendly system that streamlines registration and NPO reporting processes electronically.

Boxfusion has begun working on the development of the NPO database as specified in the User Specifications Requirement Document which was developed by a separate contractor, RetroRabbit. Currently, Boxfusion is developing the functional and technical specifications of the database which will guide the actual database code development. It is expected that coding work will begin in May 2012, which

will be closely supervised by the external program manager from RetroRabbit, to ensure the final product meets DSD's requirements.

**Title: Development of DSD HIV&AIDS Prevention Strategy and provision of training to DSD officials on prevention programming**  
**Contractor: Centre for AIDS Development, Research and Evaluation (CADRE)**

**Start Date:** 18-Apr-11      **Amount Obligated:** \$76 986.18  
**End Date:** 15-Feb-12      **Amount Liquidated to Date:** \$76 986.18

**Activity Summary:** CADRE was contracted to train DSD on effective HIV&AIDS social behavior change programming, as well as assist them with the development of an appropriate DSD Prevention Strategy and corresponding implementation guidelines.

CADRE successfully conducted a five-day HIV prevention training and strategy facilitation workshop for DSD from June 20 to 24, 2011. The training workshop focused on training DSD officials on key ideas and evidence in HIV prevention and introduced an outcome-oriented approach to HIV prevention, using results based management. On the last day of the workshop, CADRE facilitated a strategic planning session where participants focused specifically on a DSD Prevention Strategy and provided input on its development. The latter was used as the basis for CADRE to develop a draft prevention strategy which was reviewed by DSD in August 2011. The draft strategy did not meet DSD's requirements, and CADRE was requested to revise the document ensuring that the strategy focused on high-level strategic direction rather than on implementation possibilities. DSD also felt that the strategy had too much of a biomedical approach and requested that it be revised to show a clear focus on social behavior change, in order to carve out DSD's niche in the HIV and AIDS prevention sector. Based on this input CADRE submitted a 2<sup>nd</sup> version of the strategy and this too still lacked the social behavior aspect was critical to DSD's mandate. DSD communicated that although CADRE seemed to have the technical expertise in prevention, they were lacking a clear understanding of DSD's functioning and expectations. To address this gap, Pact requested that CADRE engage a consultant with expertise in drafting government strategies and with experience in the area of social development. CADRE therefore brought 4Chakras Consulting on board to assist with the drafting of the strategy. A third draft of the strategy was then presented by CADRE at the DSD provincial coordinators' meeting in November 2011. DSD was still not satisfied with this 3<sup>rd</sup> version of the Strategy and felt that although feedback had been provide by both DSD and 4Chakras, that CADRE was unresponsive and was not revising the strategy adequately. It was therefore decided, with DSD and USAID that it would be best to end the contract with CADRE and have 4Chakras take over the finalization of the strategy as they had already been involved in the project and had a solid understanding of DSD's requirements. CADRE's contract was therefore modified and came to an end on the 15<sup>th</sup> of February 2012 with the handing over of all products/deliverables under the project. 4Chakras has taken over the project and is currently working on finalizing the HIV& AIDS Prevention Strategy.

**Title: Development of a conceptual framework for DSD child protection training**  
**Contractor: Health and Development Africa (HDA)**

**Start Date:** 04-Oct-11      **Amount Obligated:** \$456 965.51  
**End Date:** 30-Sep-12      **Amount Liquidated to Date:** \$177 334.11

**Activity Summary:** HDA has been appointed to assist DSD in developing a conceptual training framework for building the capacity of social work professional in the area of child protection. Work under this project will consist of creating an overarching conceptual framework covering all avenues of accredited trainings and avenues for specialization to be designed and implemented, outlines of the key principles, elements and approaches which will inform the comprehensive training programs, outlines of the curriculums for each set

of training options (must be aligned to HWSETA unit standards), and a short, medium and long-term strategy, implementation plan and costing for the roll-out of the full training program. To do this, HDA will conduct a rapid assessment on current child protection training needs, available training & material aligned to the Children’s Act and legislation relevant to Child Abuse Neglect and Exploitation (CANE). The information gathered will be used to draft a conceptual training framework. Once the framework has been completed, HDA will provide details of the proposed set of courses/modules with respect to content and structure of the framework.

In the period under review, HDA has been working very closely with DSD to develop the framework expected to build and strengthen the capacity of the social worker professionals to implement effective child protection interventions for children and families in South Africa. Thus far, HDA has successfully completed the rapid assessment to ascertain the needs of the sector. The rapid assessment went further to determine what exists, where the gaps are and what was needed in the child protection training arena. In the last month HDA conducted a national consultative meeting to validate the rapid assessment results and to get initial buy-in from key stakeholders. HDA has developing a database of all accredited and non-accredited child protection training service providers, this database will be updated throughout the project period and handed over to DSD at the end of the contract. The first draft of the basic conceptual framework was drafted based on the input received from the consultative meetings. In the next reporting period, HDA will conduct a second national consultative workshop and meetings with key stakeholders to present and consult on the emerging framework. Input from these forums will be incorporated into the second draft of the framework. This version of the framework is to be used as the basis for provincial consultations to take place in April and May 2012. At the end of the provincial consultations, the framework will be revised and a third and final draft submitted to DSD to take forward in the next phase of the project.

**Title: Development of the DSD OVC National Action Plan 2012-2016**  
**Contractor: Impact Research International (IRI)**

<b>Start Date:</b>	13-Feb-12	<b>Amount Obligated:</b>	\$32 996.60
<b>End Date:</b>	31-May-12	<b>Amount Liquidated to Date:</b>	\$16 845.73

**Activity Summary:** IRI was contracted to assist DSD in the development of their Orphans and Vulnerable Children (OVC) National Action Plan (NAP) for 2012 to 2016. The NAP will provide guidance to all government departments and civil society dealing with OVC as to the programming priorities for the 2012 to 2016 period. It will ensure that work conducted by different departments form a coordinated response and that all work is aligned to the newly adopted National Strategic Plan (NSP) on HIV, STIs and TB 2012 – 2016.

In the period under review, IRI facilitated and documented a number of DSD forums to solicit input into the NAP 2012-2016. These include DSD’s National Action Committee for Children Affected by HIV and AIDS (NACCA) annual meeting and the NACCA Steering Committee. From the inputs received, IRI has now developed a second draft of the NAP, which will be presented to the NACCA Steering Committee meeting at the beginning of April. Input received from this presentation will be incorporated into the final OVC NAP 2012-2016 to be submitted to DSD.

**Title: Design the roll out of the DSD's Home and Community-based Care Program (HCBC) Management Capacity Building Training Plan**

**Contractor: National Institute Community Development and Management (NICDAM)**

**Start Date:** 13-Feb-12      **Amount Obligated:** \$196 131.01

**End Date:** 30-Sep-12      **Amount Liquidated to Date:** \$29 436.39

**Activity Summary:** NICDAM has been contracted to assist DSD with planning the roll-out of its CBO capacity building training program and to standardize CBO capacity building efforts. It is also expected that NICDAM will facilitate the registration and accreditation of this program with the HWSETA as a skills program.

In the period under review NICDAM conducted initial provincial visits in all provinces except for Mpumalanga and the Western Cape for DSD to introduce the project as well as get a buy-in from the provinces. During the provincial visits, provinces that felt ready to embark on the roll-out, requested for the appointment of an accredited master training of provincial Training Service Providers (TSP) who will be able to roll-out the training in the province. Provinces indicated that the training of a core group local TSPs will build the foundation for the long term sustainability of the program at provincial level. Pact is currently in discussions with DSD and NICDAM to process a modification that will extend the current scope of work to allow for the training of provincial TSPs to serve as Master Trainers in the roll-out of the HCBC Management Capacity Building Training Program.

NICDAM has also submitted the application for accreditation of the HCBC Management Capacity Building program as a skills training program to the HWSETA. NICDAM is also in the process of submitting an application for the South African Council for Social Service Professions (SACSSP) to register the program for Continuous Professional Development (CPD) Points. Currently, there are ten modules under this program, seven of which are credit bearing and linked to specific unit standards, and three that are not credit bearing. These ten modules, the roll-out procedure's manual including a training package currently being developed by NICDAM will complete the set of training material for the skills program. The project procedures manual will be used as a tool to guide DSD staff on implementing and monitoring the roll-out of the project.

In addition to the Master Training of all identified TSPs at each province, the next phase of the project will focus on the development of two strategies, i.e. the training roll-out implementation strategy as well as a communication and provincial buy-in strategy. The second and final round of provincial visit will be conducted in order to compile provincial profiles as well as to carry out a costing exercise per province. In preparation for provincial profiling and the costing exercise, provincial offices are setting up steering committees to identify CBO training needs. The project will conclude with NICDAM designing the Request for Proposals for Service providers and mentors to be appointed to implement the program.

**Title: Design of the DSD NPO database and management of developers**

**Contractor: RetroRabbit**

**Start Date:** 02-Sep-11      **Amount Obligated:** \$158 905.54

**End Date:** 30-Jun-12      **Amount Liquidated to Date:** \$89 303.25

**Activity Summary:** RetroRabbit was contracted to provide the services of an IT specialist, Theo Crous, to design the new web-based NPO database system in consultation with DSD and assist with identifying an appropriate platform on which this system can be built. RetroRabbit is also charged with providing management oversight of the developers who will build the database system under a separate contract that has been awarded to Boxfusion.

During this period, RetroRabbit developed the User Requirements Specification Document (URSD), through consultations with key stakeholders on the user needs and functionality requirements. The next step involved RetroRabbit selecting an appropriate software system as well as assisting Pact to identify a qualified and experienced provider for the software system. This assistance consisted of working on an appropriate Request for Proposals documents, as well as being on the selection panel. Boxfusion has now been selected to develop the software package and is currently working on the database coding under the close supervision of RetroRabbit.

**Title: Development of DSD's White Paper on Families**  
**Contractor: StrategeQ Developments**

**Start Date:** 02-Jan-12      **Amount Obligated:** \$161 635.03  
**End Date:** 17-Sep-12      **Amount Liquidated to Date:** \$30 304.46

**Activity Summary:** StrategeQ Developments, was contracted to assist DSD in developing a White Paper on promoting family life and strengthening families in South Africa. StrategeQ is tasked with consulting extensively on the current Families Green Paper, drafting of the White Paper on Family Policy, costing and development of an inter-departmental implementation plan for the White Paper.

StrategeQ has successfully conducted nine provincial consultative meetings to get input from stakeholders on the current Green Paper as part of the process towards the development of the White Paper on Families. During the provincial consultative meetings, it emerged that this process should incorporate public hearings in order to get input from ordinary citizens before the White Paper is drafted. This activity was not included in the initial scope of work and Pact is currently in discussion with DSD and StrategeQ as to how best meet this requirement. It is envisioned that in the coming period, Pact will process a modification extending StrategeQ's scope of work in order to allow for provincial public hearings to take place. Inclusion of the public hearings as a component of this process will bolster credibility of the process and ensure that the general public has made input in the development of legislation that will affect them. Once the public hearing have taken place, it is expected that StrategeQ will begin working on the drafting of the White paper taking into account all feedback received thus far.

## OVC subcontracts – Department of Health

**Title: Eastern Cape MNCH manager**  
**Contractor: Tim Wilson (contract 2)**

**Start Date:** 27-Sep-10      **Amount Obligated:** \$138 454.42  
**End Date:** 31-Mar-12      **Amount Liquidated to Date:** \$132 237.05

**Activity Summary:** Under this contract, Dr. Tim Wilson acted as a manager for the DoH Maternal Neonatal Child and Health (MNCH) Directorate in selected Eastern Cape Districts. This contract is a continuation of Dr. Wilson's previous contract providing managerial support in 9 of the 18 priority districts. In this reporting period Dr. Wilson continued conducting regular site visits to provide technical assistance and management oversight of DoH personnel at the district and sub-district levels. Emphasis was on the training program "Increasing Managers' Effectiveness and Leadership" using Xhosa speaking psychologists to address low morale amongst district-level managers as well as improving their management skills. In this reporting period, the program focused on four main activities – i.e. training workshops at the O.R. Tambo District, finalization of the manual and training tool box as well as the training of new facilitators who will implement this program beyond the current contract. Dr. Wilson conducted three workshops for the O.R. Tambo District Management Team on increasing effectiveness of managers. The workshops were well attended, senior DoH officials as well as senior doctors and management from the Mthatha General and Nelson

Mandela Academic Hospitals participated in the workshops. Dr Wilson finalized the manual for facilitators to be trained to run the 'Effective Management and Leadership in resource poor settings'. A tool box to go with this manual has been developed, but will be finalized by the end of March. Ten facilitators were trained in Johannesburg from February 27 through to March 2, 2012. Nine of the ten trained facilitators were found to be competent to run the program. Dr Wilson has highlighted the need for a formal evaluation of the intervention to determine its impact. It is hoped the need for this evaluation will be raised directly with DoH as this activity is outside the current contract.

## OVC subcontracts – Treasury

There were no active contracts for Treasury during this reporting period.

## General OVC subcontracts

**Title: Child Welfare South Africa program evaluation**

**Contractor: Clacherty & Associates**

<b>Start Date:</b>	13-Feb-12	<b>Amount Obligated:</b>	\$60 919.91
<b>End Date:</b>	07-May-12	<b>Amount Liquidated to Date:</b>	\$27 595.79

**Activity Summary:** Clacherty and Associates have been contracted to conduct an external evaluation on the Child Welfare South Africa Asibavikele Program. Clacherty & Associates will assess the extent to which CWSA Asibavikele programme contributed to improved well-being and resilience of OVC in targeted communities. The field work has been completed and the contractor is currently analysing data collected and will prepare the final report on the findings of the evaluation, as well as participate in the provision of feedback and dissemination of key findings to key stakeholders.

**Title: Remedial training for Thogomelo learners**

**Contractor: Health & Development Africa (HDA)**

<b>Start Date:</b>	18-Jul-11	<b>Amount Obligated:</b>	\$225 172.19
<b>End Date:</b>	15-May-12	<b>Amount Liquidated to Date:</b>	\$134 388.95

**Activity Summary:** DSD initiated the Thogomelo project with support from USAID in order to pilot the first accredited Skills Development Program (SDP) in the provision of psycho-social support for community care workers in South Africa. The project prepares community care workers for a career in the social welfare workforce. After the first two years of training, a total of 725 learners required remedial action training due to changes in HWSETA requirements for the number of credits required to make up a complete SDP. The aim of this contract is to provide for the remedial action training / top-up training necessary to enable learners who have gone through the Thogomelo training program to receive their HWSETA accredited certificate of competence.

In this reporting period, the child protection material were developed and distributed; 530 learners have completed their remedial training exercise, and five out of seven Training Service Providers (TSPs) have taken their respective learners through the HWSETA verification process. These five TSPs have to finalize short-term HWSETA requirements for learners to be endorsed and found competent. The remaining two TSPs requested postponement of the verification visits to enable them to complete learner portfolios of evidence. The new verification dates are still pending, however it is estimated that these will take place in the April HWSETA verification cycle.

**Title: Vhutshilo manual upgrade and Vhutshilo roll-out at World Vision sites**  
**Contractor: Health & Education Training & Technical Assistance Services (HETTAS)**

**Start Date:** 21-Dec-11      **Amount Obligated:** \$114 360.97  
**End Date:** 30-Aug-12      **Amount Liquidated to Date:** \$24 238.22

**Activity Summary:** The services of HETTAS have been secured to roll-out the Vhutshilo School-based Peer Education program at two World Vision Area Development Program (ADP) sites in the Eastern Cape. The Vhutshilo programs were originally developed by HETTAS and Harvard School of Public Health through contracts funded by USAID during 2006-2009. Before HETTAS can now roll-out the Vhutshilo peer education program at the World Vision sites, it must first adapt the manual to be an adult-led intervention. Two key lessons, HIV & AIDS and Sexual & Reproductive Health & Rights and Gender-based Violence are being added to the manual and curriculum. The illustrations in the manual are also being revised to reach their target groups with the key message.

During this reporting period, the Vhutshilo 2 manual has undergone two fundamental changes; the re-conceptualized design of the illustrations and the development of the two new lessons. This required extensive review of the manual to ensure coherence and maintenance of the story line with the addition of the new lessons. The review also ensured that the manual is appropriate and user friendly to peer educators as well as suitable for adult-led training. The manual is currently being translated into two local languages Sesotho and IsiXhosa to facilitate implementation at the two World Vision sites. The next phase of the project will include the training of 20 youth facilitators from the two sites, the implementation and monitoring of the roll-out of the Vhutshilo program, and coaching and mentoring support.

**Title: Provision of technical assistance for Wozobona to implement Vhutshilo 2**  
**Contractor: Health & Education Training & Technical Assistance Services (HETTAS)**

**Start Date:** 26-Aug-11      **Amount Obligated:** \$15 335.71  
**End Date:** 29-Jun-12      **Amount Liquidated to Date:** \$9 744.62

**Activity Summary:** HETTAS has been contracted to provide technical assistance to Wozobona, a PEPFAR partner, in improving their HIV prevention education program. The contract focuses on training Wozobona staff and school personnel in Limpopo on the Vhutshilo 2 peer education program which was developed under a previous USAID-funded contract.

This project consists of three phases; assessment and advocacy, planning and training, and implementation and reflection. In this reporting period, HETTAS completed the second phase of the project which involved training of adult supervisors at the end of November 2011. This was followed by peer educator training conducted in January 2012. The third phase of the program, implementation of the 13-week program, was initially delayed due to school holidays, but is now well underway. HETTAS is now conducting its mentoring and coaching support as well as monitoring the implementation of the program. Part of the mentoring support is to provide technical support to Wozobona program staff that will drive the project beyond HETTAS intervention. HETTAS has developed an schedule that will enable them to work closely with an identified program manager, to enable that they have intimate knowledge of the Vhutshilo 2 program to facilitate the program roll-out beyond this contract. The project will conclude with a reflection meeting between all the key stakeholders and a hand-over to Wozobona for further roll-out of the Vhutshilo program at their sites.

**Title: CINDI and Save the Children program evaluations****Contractor: Impact Consulting****Start Date:** 21-Oct-11      **Amount Obligated:** \$87 950.90**End Date:** 30-Apr-12      **Amount Liquidated to Date:** \$64 667.23

**Activity Summary:** Impact Consulting was contracted to conduct an evaluation of the outcomes of the Children in Distress Network (CINDI) May'khethale OVC Programme and the Save the Children OVC Child Care Forums (CCF) Model. To date, Impact Consulting has successfully completed all fieldwork for both evaluations and is currently analysing the data. It is expected that in the coming reporting period the consulting team will prepare the final evaluation reports and present the findings to key stakeholders.

**Title: Support for Health Systems Reform program****Contractor: Letsema Circle Trust****Start Date:** 02-Dec-12      **Amount Obligated:** \$52 179.25**End Date:** 30-Apr-12      **Amount Liquidated to Date:** \$36 107.82

**Activity Summary:** Letsema Circle Trust is the recipient of a Fixed Obligation Grant aimed at providing bridge funding for its program to improve health systems in Eastern Cape. These funds have made it possible for Letsema to continue key program activities including training of clinical committees on identifying priorities and formulating strategies, conducting household surveys at two sites to map-out key health challenges, and working within the targeted communities to revive the Community Health Workers (CHW) and practitioners.

In the period under review, Letsema Circle Trust conducted the trainings for the two clinic committees, one in Ncora and the other in Tsomo. The trainings aimed at building the capacity of the committees to work within the philosophy of the Letsema Process in quantifying and addressing the key health challenges in their communities. Letsema also facilitated community engagement through two community dialogues on the role of CHWs in terms of disease control. These dialogues also set the tone for Letsema to work with the concerned communities to conduct a survey to quantify each of the key health challenges of TB/HIV; High Blood Pressure/Diabetes; Mother and Child Health (MCH); and injuries and accidents. The survey used GPS enabled cell phones, a quick, accurate and cost-effective method that provided geographic mapping reports on households. These maps have now been handed to the health facilities for follow-up on the disease burden, using CHWs.

Letsema has also successfully documented key telemedicine (i.e. the use of technology to remotely deliver health) activities across the province of Eastern Cape. Part of the documentation included a full review of telemedicine activities in the province and the identification of bottlenecks to their utilization. The results of the survey were discussed at a one-day workshop on telemedicine which focused on telemedicine as an innovative mechanism for utilizing health personnel more effectively and efficiently, and on a sustainable basis. The workshop explored new ideas that can be implemented for the whole province in the area of telemedicine.

Lastly, Letsema has developed guidelines on a new breed of CHWs and is in the process of finalising these guidelines for review, approval and endorsement by the Department of Health (DoH). In these guidelines, Letsema is proposing a new breed of CHW who will be community led rather than government led as is the case currently. The guidelines recommend that for CHW to realize their potential for effectiveness and efficiency, the communities they are meant to serve should be able to engage with all the processes of CHW selection, training, deployment, monitoring and evaluation. It is expected that in the coming reporting period the guidelines will be endorsed by DoH bringing this Fixed Obligation Grant to completion.

**Title: Olive Leaf Foundation & Starfish program evaluations**  
**Contractor: Masazi Development Associates**

**Start Date:** 07-Mar-12      **Amount Obligated:** \$38 279.41  
**End Date:** 07-May-12      **Amount Liquidated to Date:** \$0.00

**Activity Summary:** The services of Masazi Associates have been secured to gather evidence on key program achievements and outcomes with regards to addressing the needs of OVC in targeted communities. Masazi is currently reviewing documents on the two programs after which key informant interviews will be undertaken in order to further document the outcomes of the programs. It is expected that in the coming reporting period Masazi will finalize and present the findings of both programs outcome evaluations.

**Title: World Vision program evaluation**  
**Contractor: Rural Outreach & Development Services**

**Start Date:** 03-Feb-12      **Amount Obligated:** \$51 492.16  
**End Date:** 11-May-12      **Amount Liquidated to Date:** \$32 362.16

**Activity Summary:** ROADS has been contracted to undertake an external evaluation of the impact of the World Vision Networks of Care OVC programme. ROADS is currently undertaking fieldwork after which an evaluation report will be produced and presented to stakeholders.

**Title: Development of Nurturing Orphans of AIDS for Humanity (Noah) Ark Capacity Building Strategy**  
**Contractor: Southern Hemisphere Consultancy (SHC)**

**Start Date:** 17-May-11      **Amount Obligated:** \$66 062.46  
**End Date:** 4-Nov-11      **Amount Liquidated to Date:** \$66 062.46

**Activity Summary:** SHC was contracted to provide support in developing Noah's capacity building strategy for Community-based Organization (CBO) with the aim of graduating CBOs onto government funding. SHC reviewed South African government requirements for registration and funding of CBOs in order to align Noah's CBO development programs, terminology and reporting. This was followed by a situational analysis of Noah's current model leading to the final strategy and other supporting documents to assist in the implementation of the strategy.

SHC noted that Noah's primary obstacle in capacity development and graduation of CBOs is the dependency created by its incubation model, which does not promote CBO self-sufficiency. As a result, Noah and SHC redesigned the CBO capacity building model to fully support the graduation objective. This is represented in Noah's final CBO capacity building strategy. During the reporting period SHC worked on finalizing a CBO progression evaluation map as well as a toolkit based on the proposed progression model which will assist Noah in implementing the finalized strategy.

**Title: Health & Development Africa (HDA) program evaluation**  
**Contractor: Umhlaba Development Services**

**Start Date:** 13-Feb-12      **Amount Obligated:** \$60 749.50  
**End Date:** 10-May-12      **Amount Liquidated to Date:** \$24 812.34

**Activity Summary:** Umhlaba Development Services has been contracted to conduct an evaluation of HDA's Circle of Support OVC Program. Umhlaba is currently undertaking the necessary fieldwork, after which a final evaluation report will be drafted and presented to relevant stakeholders.

## OVC subcontracts in the pipeline

**Title: DSD Community Capacity Enhancement (CCE) Support Officer**  
**Contractor: Tshepang Mokgokong**  
**Client: DSD**

**Activity Summary:** DSD and Pact have identified Tshepang Mokgokong to undertake the role of CCE Support Officer. Pact is currently negotiating a fixed-term employment contract expected to be signed in April. Tshepang will supervise the implementation of the CCE project in seven priority provinces and be directly responsible for program implementation in two communities within one of the priority provinces. The Support Officer will ensure that CCE facilitators are following the prescribed methodology when conducting community dialogues with young people and children affected and infected by HIV and AIDS. The Support Officer will also be responsible for supervising and mentoring key National DSD CCE facilitators whilst undertaking their role in ensuring that safe youth spaces are created for young people to deliberate on issues affecting their lives.

**Title: DSD Community Capacity Enhancement Facilitator x 2**  
**Contractor: Kerileng Matabane & Modise Tebang**  
**Client: DSD**

**Activity Summary:** DSD and Pact have secured the services of two CCE facilitators to support the implementation of the DSD CCE project. Each facilitator will be responsible for a total of six communities in three provinces. Pact is currently negotiating fixed-term employment contracts expected to be signed in April. The CCE facilitators will ensure that trained Child and Youth Care Workers (CYCW) are conducting community dialogues following the prescribed methodology for dialogues with young people and children affected and infected by HIV and AIDS.

**Title: DSD IT Technical Manager**  
**Contractor: John Mpungu**  
**Client: DSD**

**Activity Summary:** DSD and Pact have secured the services of John Mpungu to provide DSD with technical support services aimed at enhancing the efficiency of DSD's national office services to all system users of the HCBC IT database. Pact is currently negotiating a fixed-term employment contract expected to be signed in April. The HCBC IT system depends on approximately 160 district-level data capturers who currently capture reports for over 1,800 CBOs. DSD is in a process of the national roll-out of the system beyond the current 4 provinces piloting the system. The IT Manager will be appointed to provide oversight for the system's functioning and support services, as well as to identify gaps and strengthen the current system.

**Title: DSD Helpline Manager**  
**Contractor: Sibusiso Nhlabathi**  
**Client: DSD**

**Activity Summary:** DSD and Pact have secured the services of Sibusiso Nhlabathi to provide DSD with Helpline support for its HCBC IT database. As the HCBC system is rolled out to further provinces, the Helpline Manager will be tasked with responding to users' queries and assisting them to accurately capture CBO reports. It is expected that the Helpline Manager will also take part in the various trainings on the system which will happen at the provincial level.

**Title: Preparation activities for DSD Isibindi roll-out**  
**Contractor: National Association of Child Care Workers (NACCW)**  
**Client: DSD**

**Activity Summary:** Pact is currently in the process of negotiating a contract with NACCW to embark on the planning phase of the expected 2013 Isibindi roll-out. DSD has announced its intention to roll-out the Isibindi child care model nationally in 2013. In order for this to happen efficiently and effectively, the ground work will need to be laid in 2012. This contract will allow NACCW to increase its internal capacity to roll out the program in 2013 by allowing it to put a roll-out framework in place after stakeholder meetings at each of the 9 provinces. During these meetings, provincial DSD will also be engaged as they will be the primary implementers and points of contact during the Isibindi roll-out. NACCW will also be working on increasing its cadre of Isibindi mentors and upgrading its M&E databases to align with government policies, in order to be ready for the 2013 roll-out.

**Title: DSD HCBC program evaluation**  
**Contractor: Not yet Identified**  
**Client: DSD**

**Activity Summary:** Pact is currently working with DSD and USAID to select a suitable contractor to assist DSD in conducting an impact assessment of its HCBC Programme, and determine its future strategic direction. The project will include undertaking a comprehensive front end analysis of the program, developing a detailed evaluation protocol as well as implementing the actual assessment process. In addition, the appointed contractor is expected to conduct a mapping exercise to establish the location of HCBC organizations with regard to the spread of need or demand for the program.

**Title: NACCW Program Evaluation**  
**Contractor: Business Enterprises, University of Pretoria**  
**Client: NACCW & USAID**

**Activity Summary:** Pact is currently in the process of negotiating a contract with Business Enterprises, University of Pretoria to assess the impact of NACCW's Isibindi Program on the lives of young people that have graduated from the program upon turning 18 years of age. It is expected that Business Enterprises will trace Isibindi graduates and interview them on their experiences with the program, after which an analysis will be undertaken to link the Isibindi program to participant's outcomes. An evaluation report will then be finalized and presented to stakeholders.

**Title: Childline Mpumalanga Program Evaluation**  
**Contractor: Clacherty & Associates**  
**Client: Childline Mpumalanga (CLMPU) & USAID**

**Activity Summary:** Pact is currently negotiating a contract with Clacherty and Associates to undertake an assessment of the extent to which the CLMPU program has contributed to improved child protection in targeted communities. Work under the contract will consist of collecting relevant data at CLMPU sites as well as control sites. Once fieldwork is completed, data will be analysed and a final evaluation report will be drafted for presentation to stakeholders.

**Title: CARE & CompreCare Program Evaluations**  
**Contractor: Feedback Research & Analytics**  
**Client: CARE, CompreCare & USAID**

**Activity Summary:** Pact is currently negotiating a contract with Feedback Research and Analytics to determine if the CARE and CompreCare program consisting of capacity development grants to CBO partners have resulted in improved wellbeing of OVC. The contractor will be expected to collect data at site level as well as through interview with CARE and CompreCare staff and then write two separate evaluation reports on each of the programs which will be presented to stakeholders.

**Title: Childline South Africa Program Evaluation**  
**Contractor: Not yet identified**  
**Client: Childline South Africa & USAID**

**Activity Summary:** Pact is currently finalising a Request for Proposal document to secure the services of a contractor to conduct an evaluation aimed at determining the effectiveness of Childline's therapeutic services in improving the emotional, mental and physical wellbeing of young victims of child abuse. It is expected that a contract will be issued in May 2012.

## Other OVC subcontract expenses

During this reporting period Pact used OVC sub-contracts funds to provide financial and administrative assistance for various activities requested by USAID:

- Pact hosted and covered catering costs for various DSD meetings, ranging from steering committee meetings for the development of the child protection training conceptual framework, to various contractor selection meetings.
- Pact advertised multiple Requests for Proposals in the Mail and Guardian for project being funded out of the OVC sub-contracts portfolio.
- Pact provided procurement support for the venues needed for the 9 provincial DSD white paper on families stakeholder meetings.
- Pact provided support in the procurement of external services to facilitate the roll-out of the Vhutshilo 2 World Vision implementation and Tulane University evaluation of the program. These include:
  - 20 new illustrations for the revised Vhutshilo 2 Manual;
  - 600 Journals and pens and 600 journals and pencil cases to be distributed to program participants;
  - Translation of the Vhutshilo 2 manual to Sesotho and IsiXhosa;
- Pact hosted two DSD Steering Committee Meetings for the project to develop a conceptual framework for child protection training. Pact covered catering costs for all the two meetings.

## TB subcontracts

**Title: TB training for PEPFAR funded OVC Partners**

**Contractor: Greenfield Management Solutions**

**Start Date:** 31-Aug-11      **Amount Obligated:** \$359 109.27

**End Date:** 30-Apr-12      **Amount Liquidated to Date:** \$347 498.66

**Activity Summary:** Greenfield Management Solutions, an accredited training service provider, was contracted to design and deliver a series of 14 Training of Trainer workshops for PEPFAR-funded OVC partners. The workshops train participants on integrating Tuberculosis (TB) prevention, screening, infection control, Directly Observed Therapy (DOT) support, and referral for testing and treatment into existing OVC care and support programs.

During the reporting period, Greenfield successfully completed the 14 train-the-trainer workshops. The project covered all nine provinces. 386 participants from 18 partners participated and completed the course. Greenfield also conducted pre and post knowledge assessments of all participants. An analysis of these assessments shows considerable improvement in understanding of TB. Greenfield's final report covering all training activities has been submitted and is pending USAID approval, after which this contract will be closed.

## TB subcontracts in the pipeline

**Title: TB and TB/HIV leadership training for Community Health Workers**

**Contractor: Greenfield Management Solutions**

**Activity Summary:** Pact is currently exploring expanding on Greenfield's trainings by bringing in participants that have undergone the initial round of trainings for additional training with a focus on building leadership skills to provide TB training. The initial trainings were successful in building knowledge on TB, as participant came in with very little knowledge on the subject matter. This meant that although the trainings were envisioned in a "train the trainers" format, focus had to be shifted to providing basic knowledge on TB. Now that participants have this knowledge, Pact is looking into building on that by providing hand-picked participants with additional training which will focus on training skills within the spectrum of TB. It is envisioned that a continuation contract will be signed with Greenfield's to achieve this objective in the coming reporting period.

## HSS subcontracts

USAID has allocated funds to Pact to assist the Department of Health with Health Systems Strengthening (HSS) activities. During the reporting period there was one active contract and there are currently 7 contracts expected to be issued in the coming reporting period.

**Title: Roll-out of DoH Chronic Disease Care Model**

**Contractor: Ozayr Mahomed**

<b>Start Date:</b>	01-Jul-11	<b>Amount Obligated:</b>	\$92 391.51
<b>End Date:</b>	15-May-12	<b>Amount Liquidated to Date:</b>	\$69 187.03

**Activity Summary:** Dr Mohammed has been contracted to oversee the implementation of the Chronic Disease Care Model (CDCM). This is a continuation of a different contract under which Dr. Mahomed developed the DoH CDCM. This contract has focused on the piloting of the model in Gauteng, Mpumalanga and North West, with Dr. Mahomed providing technical advice and supervision to task teams responsible for its implementation.

In the period under review, Dr Mohammed conducted facility re-orientation site visits to all identified facilities in the three provinces. The facility visits were undertaken to identify designated service areas for chronic patients, determination of the number of patients to be scheduled daily- chronic, TB and ART follow up, allocation of a booking register with a format for facilities as well as to discuss the use and application of the foot prints and stickers for patient records. Key challenges noted during visits include weak leadership, space limitations, lack of basic equipment, lack of pharmacy assistants, reluctance from accredited facilities to cooperate with the program and varying levels of stocks at pharmacies. During this time, Dr Mohammed also completed the situational analysis of the facilities piloting the model, the results of which were presented to all the provinces. Project implementation tools, i.e. facility supportive visit template, progress reporting tool, facility supervision progress monitoring tool were developed and the facility monitoring tool developed during an earlier contract with Dr Mohammed was amended. All these tools are now being administered in all the three provinces as part of project implementation. Dr Mohammed is now conducting supervision visits to monitor project progress and provide technical assistance where necessary.

## HSS subcontracts in the pipeline

**Title: Roll-out of Primary Care Guidelines 101**

**Contractor: Lung Institute - Knowledge Transfer Unit (KTU); University of Cape Town**

**Activity Summary:** Pact is currently working with DoH and KTU to finalize the scope of work and budget to assist the Department of Health (DoH) to pilot the implementation of integrated Primary Care Guidelines 101 in primary care facilities in three districts). The project involves the production of relevant training and communication material to pilot the program. Part of the project will see KTU tailor and conduct three four-day training program to train facility trainers in Primary Care 101 to provide on-site training in each of the identified districts. KTU will also conduct a master training session for three participants per district to equip selected master trainers with skills to train facility trainers in their province. It is expected that these Master Trainers will be tasked with the training the facility trainers to enable them to monitor and support the delivery of training on site. Once this activity has been concluded, KTU will conduct a follow-up workshop per district to provide implementation support and monitor progress.

**Title: Independent Evaluation of the effect of the Primary Care Guidelines 101 roll-out**  
**Contractor: University of KwaZulu Natal (UKZN)**

**Activity Summary:** Pact is currently working with the UKZN to finalize the scope of work and budget to conduct an independent evaluation aimed at demonstrating whether the Primary Care (PC101) Clinical Guidelines improve quality of clinical care rendered and improve skills of nursing health care workers in comparison to usual care. This evaluation will focus on five diseases: HIV, diabetes, hypertension, chronic respiratory disease and depression. UKZN will conduct this study to assess and ascertain whether the program has achieved the expected outcomes to impart knowledge, skills and competencies; the level of diffusion of training at facility level by master trainers to other health care workers; and the quality of care provided and the impact on patient clinical outcomes.

**Title: Follow-up support with the roll-out of the DoH Chronic Disease Care Model**  
**Contractor: Ozayr Mahomed**

**Activity Summary:** It is expected that a follow-on contract will be signed with Dr. Mahomed to consolidate all information from the piloting of the Chronic Disease Care Model (CDCM) roll-out. This contract will allow for the model to be institutionalized as Dr. Mahomed will work on creating a training manual and standard operating procedures for its implementation. Through this contract, DoH will be able to take over the roll-out of the model and assign managers the task of overseeing the roll-out within their respective facilities.

**Title: Development of breastfeeding training materials**  
**Contractor: South2South**

**Activity Summary:** Pact is currently working with South to South to finalize the scope of work and budget to assist DoH to produce breastfeeding training materials aimed at improving knowledge and skills of healthcare providers in South Africa. The materials to be developed will cover the policy and research support for breastfeeding and thus the need to promote breastfeeding. South to South will develop a training package of Breastfeeding courses, this package will consist of various components i.e. the trainer manual, learner guide, practical skills development, PowerPoint presentations, pre-and post-assessment evaluation guides and relevant reference material for the intended stakeholders. Once the material is approved, South 2 South will pilot the training, revise the material based on the pilot, and conduct training for front-line health workers and policy and decision makers.

**Title: Development of health promotion materials to accompany the primary care guidelines**  
**Contractor: Not yet identified**

**Activity Summary:** Pact is in the process of finalizing a Request for Proposals document to secure the services of a contractor to assist the National DoH to produce compendiums on health promotion for chronic disease conditions (communicable, non-communicable and mental health). The aim of these compendiums is to improve knowledge and skills of primary health care providers in South Africa. One compendium will be aimed at nurse/doctor practitioners at Primary Health Care (PHC) facilities while the second will be aimed at Community Health Workers (CHWs) within the PHC outreach teams. In addition to the compendiums, the contractor will also be required to develop corresponding training packages and pilot the trainings in four different workshops.

**Title: Editing of the Chronic Disease Care Model (CDCM) manual**

**Contractor: Not yet identified**

**Activity Summary:** In the coming reporting period, Pact will work with DoH to issue a contract to a service provider to conduct the final editing and lay-out for the CDCM manual. It is envisioned that the CDCM manual's content will be finalized under a separate contract with Dr. Mahomed, while this contract will focus on making it a user friendly document that can be picked up by any DoH manager and be implemented. The finalization of this manual will assist with the further roll-out of the CDCM while cutting down on the need for subject matter specialists to implement the program.

**Title: Community Health Worker training**

**Contractor: Not yet identified**

**Activity Summary:** In the coming reporting period, Pact will work with DoH to issue a contract to a service provider to develop supplementary training materials for a current workshop being developed for Community Health Workers on HIV & AIDS, Non-communicable Diseases and primary prevention. The additional materials to be developed will cover topics such as secondary prevention and education, additional training on health promotion topics, and assisted self-management

## CYCW subcontracts

**Title: To conduct accredited Child and Youth Care Worker (CYCW) training for PEPFER partners**

**Contractor: National Association of Child Care Workers (NACCW)**

**Start Date:** 09-Mar-11      **Amount Obligated:** \$1 551 969.00

**End Date:** 31-Aug-12      **Amount Liquidated to Date:** \$626 846.93

**Activity Summary:** NACCW was initially contracted to provide accredited training in the Child and Youth Care Work (CYCW) qualification to a total of 600 direct workers and volunteers working in PEPFER funded OVC projects. During the period under review, a further 189 learners were included into this project from various Isibindi groups. This was to ensure that by September 2012 a target number of 680 learners will have completed their qualification in Child and Youth Care Work. This resulted in 5 new groups of learners being included in the project as well as some Isibindi learners joining the 23 USAID existing groups depending on their location. In total this project covers 15 partners and 5 Isibindi groups with a total of 28 training sessions for each module, reaching a total of 749 learners.

During this reporting, NACCW completed the literacy training required in four of the ISIBINDI groups as well as the electives in all five of the ISIBINDI groups. NACCW also conducted cluster 3 training to all the USAID groups and cluster 2 training for the Isibindi ones. Overall, the training is on schedule and all groups are planned to complete the program by the end of July 2012. The next reporting period will see the completion of Cluster 4 training by all groups, which will see the completion of the training program. The greatest challenge to-date is NACCW liaising with the HWSETA on the verification visit that will determine whether learners are found competent and therefore their endorsement of such learners. NACCW is currently negotiating with the HWSETA to secure dates for the verification site visit by the HWSETA to take place as the training is completed. NACCW is also to propose the form and structure of a possible graduation of this cadre of Social Service Workforce.

## Appendix 7: Pact South Africa Staff List by Department

### Executive

Malika Magagula	Country Director
Vincent Titus	Deputy Country Director
Delorne Govender	Executive Assistant

### Programs

Shawn Malone	Program Director
Elizabeth Kariuki	Program Manager
Angela Makgabo	Program Manager
Nonhlanhla Xaba	Program Manager
Zama Ngcobo	Administrative Coordinator

### Monitoring, Evaluation, Reporting and Learning (MERL)

Dr. Rita Sonko	MERL Director
Addis Berhanu	Senior MERL Advisor
Ndinda Makina	MERL Intern

### Organizational Development

Irene Gathinji	Organizational Development Advisor
Sithembiso Msomi	Organizational Development Coordinator

### Grants

Violet Baloyi	Grants Accountant
Penny Balmakhun	Grants Accountant
Solly Seletisha	Assistant Grants Accountant
Danielle Simpson	Assistant Grants Accountant

### Contracts

Daniel Bakken	Contracts Manager
Mathabo Molobi	Program Manager
Zandile Dunge	Contracts Officer
Mora Mkhosana	Contracts Accountant

### PEPFAR Provincial Liaisons

Mercedes Fredericks	PEPFAR Provincial Liaison, Northern Cape ( <i>through February 2012</i> )
Thekiso Isaacs	PEPFAR Provincial Liaison, North West
Thuso Kewana	PEPFAR Provincial Liaison, Limpopo
Dumisa Matsebula	PEPFAR Provincial Liaison, Mpumalanga
Zanele Mazwi	PEPFAR Provincial Liaison, Free State
Coceka Nogoduka	PEPFAR Provincial Liaison, Eastern Cape

### Senior Technical Advisor

Dr. Shaidah Asmall	NDoH Senior Technical Advisor
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### Finance

Zelna Black	Finance & Operations Director
Dudu Mazibuko	Senior Internal Finance Officer
Madelyn Lottering	Internal Finance Officer
Mlingo Masemola	Internal Finance Officer

### Operations

Marlene Pretorius	Operations Manager
Lethabo Magongoa	HR Officer / Shared Services
Francois Lubbe	IT Manager
Naresh Totaram	Operations Officer
Jeanette Mahlangu	Receptionist
Godfrey Sebalu	Driver