

umbrella grants management program **final report**

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pact

south africa

USAID Cooperative Agreement
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acronyms

ART	Antiretroviral Treatment
CBIMS	Community-Based Information Management System
CBO	Community-Based Organization
CCE	Community Capacity Enhancement
CINDI	Children in Distress Network
CLLIM	Childline Limpopo
CLMPU	Childline Mpumalanga
CLSA	Childline South Africa
CPC	Centre for Positive Care
CYCW	Child and Youth Care Worker
DoH	Department of Health
DSD	Department of Social Development
HCBC	Home and Community-Based Care
HCT	HIV Counseling and Testing
HDA	Health and Development Africa
HR	Human Resources
HSRC	Human Sciences Research Council
ICDM	Chronic Disease Care Model
ISPs	Institutional Strengthening Plans
m2m	mothers2mothers
MER	Monitoring, Evaluation and Reporting
MERL	Monitoring, Evaluation, Reporting and Learning

MOU	Memorandum of Understanding
NACCCW	National Association of Child Care Workers
NAP	National Action Plan
NPO	Non-Profit Organization
OCA	Organizational Capacity Assessment
OD	Organizational Development
OVC	Orphans and Vulnerable Children
OVCY	Orphans and Vulnerable Children and Youth
PEPFAR	US President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV and AIDS
PPLs	PEPFAR Provincial Liaisons
PQAT	Program Quality Assessment Tool
RCA	Recipient Contracted Audit
RDQA	Routine Data Quality Assessment
REPSSI	Regional Psychosocial Support Initiative
SAG	South African Government
SAPPPA	South African PEPFAR Partner Performance Assessment
SSW	Social Service Workforce
TA	Technical Assistance
TB	Tuberculosis
UGM	Umbrella Grants Mechanism
USAID	United States Agency for International Development
USG	United States Government

executive summary

In 2007, USAID South Africa, through the President's Emergency Plan for AIDS Relief (PEPFAR), signed a five-year cooperative agreement with Pact Inc. Under this agreement, Pact managed funding and provided capacity development support to partners implementing PEPFAR-funded HIV and AIDS prevention, care, and treatment programs across South Africa's nine provinces, scaling up South Africa's HIV and AIDS response.

The program was known as the HIV and AIDS Umbrella Grants Management (UGM) Program, and the estimated value of this award was \$264,499,677 over the period of October 2007 through September 2014. The UGM program was awarded through a full and open competition in 2007 in support of USAID's strategic objective of "facilitating further scale-up of HIV/AIDS services through implementing partners and the development of local capacity". The current UGM represents the second phase of the program; the first phase was awarded in 2004 (\$72, 938, 380) and was closed out in 2008.

The overall goal of the program was to further enhance the scale, quality and effectiveness of the joint response to HIV/AIDS in South Africa, with a major focus on orphans and vulnerable children (OVC). Pact's objective therefore was to scale up the response to expand reach and targets, ensuring that South African individuals had access to quality services, and that partner organizations were able to sustain integration of local, provincial, and national initiatives in the country's comprehensive plan.

Pact achieved its goals under this program by meeting the following objectives:

1. Use Pact's grant management system to provide all partners with access to funds to scale up HIV and AIDS services.
2. Enhance organizational sustainability through institutional strengthening of indigenous partners.
3. Improve the quality of HIV and AIDS partner services by increasing access to technical expertise.
4. Administer and manage a USAID funding mechanism designed to support the South African Government's OVC programming and priorities by facilitating rapid-response contracts for needed services.

In the early days of the pandemic, South African civil society lacked the capacity to mount an effective response to HIV and AIDS. Although PEPFAR and other donors came in with an infusion of funding, NGOs and community-based organizations (CBOs) found it difficult to absorb and manage that funding in an efficient, effective and accountable manner. Through the UGM, Pact sought to address these issues by strengthening the capacity of its partners to respond to the needs of their clients and donors.



Trained volunteers that provide HIV and AIDS awareness in high schools.



Pact UGM partners were diverse, ranging from nascent, community-based organizations to large, well-established organizations and including both local (majority) and international partners. Categories included faith-based organizations, CBOs, foundations, private organizations affiliated with public academic institutions, non-profit organizations, and for-profit organizations willing to forego profit. The majority of Pact's partners focused on OVC services and support, while partners also delivered services in the focus areas of HIV and AIDS treatment, HIV prevention, and prevention of mother-to-child transmission (PMTCT) of HIV.

In total, Pact provided support to 25 prime organisations 77 sub-partner organisations, and managed contracts that provided support to the South African Government (SAG) to the value of \$12.4 million.

Pact worked to improve the sustainability of funded projects by working with its partners in the following areas:

- Development of technical competence
- Strategic planning
- Monitoring and evaluation
- Human resource management
- Management systems
- Infrastructure
- Building relationships with government
- Financial independence

As strategic information was a PEPFAR cornerstone, the UGM also focused on addressing how programs were monitored and evaluated, how programs supported USAID's efforts in achieving this goal, as well as increasing the monitoring and evaluation skills of all partner staff. Pact worked with its partners to plan appropriate and timely interventions to achieve approved partner targets and goals.

Pact has been extremely successful in achieving the objectives of the cooperative agreement, and has even gone beyond the initial expectations of USAID South Africa¹. Quantitative and qualitative evidence collected over the course of the program affirms Pact's theory of change: Substantive capacity-building is a key and integral part of effective, developmental grant making. The partners supported under the UGM program confirmed, with few exceptions, that Pact's grant-making and capacity development services enabled them to implement more efficient, higher quality, and expanded HIV and AIDS programs in South Africa.

1. LTL Strategies – HIV and AIDS Grant Management Program Evaluation – 2010



Kids playing at one of the NACCW safe park project sites.

project background

South Africa is at the center of the HIV epidemic. Over the period of this USAID award to Pact, South Africa had the greatest number of people living with HIV worldwide and the third highest global TB burden.

The latest research² indicates that approximately 6.4 million South Africans are living with HIV. Women of childbearing age are the most harshly affected: nationwide, 36% of women between ages of 30 and 34 are infected with HIV – the highest prevalence of any age group. Children are also severely impacted: an estimated 3.7 million children in South Africa have lost one or both parents to HIV, and at least half of those have lost both parents.

HIV remains one of the leading causes of child mortality in the country, attributable to 35% of under-5 deaths.³ Only 68% of HIV-exposed infants received ARVs in 2010⁴, and ART coverage among children aged 0-14 is a mere 39%.⁵ Many children impacted and orphaned by HIV live with sick or elderly caregivers, are disabled, and/or experience abandonment, abuse, neglect, or exploitation. An estimated one in five of South Africa's children is made vulnerable by HIV and AIDS. Girls, who are more likely than boys to drop out of school, assume household, child care and labor responsibilities and are disproportionately burdened by HIV and AIDS.

SAG has responded to these challenges with multi-sectorial, coordinated, and sustained local investment to address the needs of adults, children, and youth affected by HIV and AIDS. And there has been immense progress. The epidemic has stabilized over the last few years and South Africa has successfully taken its national PMTCT program to scale, preventing thousands of babies from being born with HIV. SAG has pioneered effective HIV counseling and testing (HCT) campaigns, and record numbers of people with HIV have been initiated onto ART. But the epidemic is still having a tremendous impact on South African society, and especially on children and families.

Within this context, USAID awarded the UGM to further support SAG attempts at stemming the impact of HIV and AIDS. Pact stepped into the role of providing capacity-building services to local and national partner organizations, which were awarded PEPFAR funds from USAID, and successfully implemented the UGM program that ended on September 30, 2014.

2. South African National HIV Prevalence, Incidence and Behaviour Survey 2012, HSRC published 2014.

3. UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, Levels & Trends in Child Mortality, Report 2010, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The WorldBank, United Nations DESA/Population Division, 2010

4. World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011

5. Joint United Nations Programme on HIV/AIDS, Together We Will End AIDS, 2012



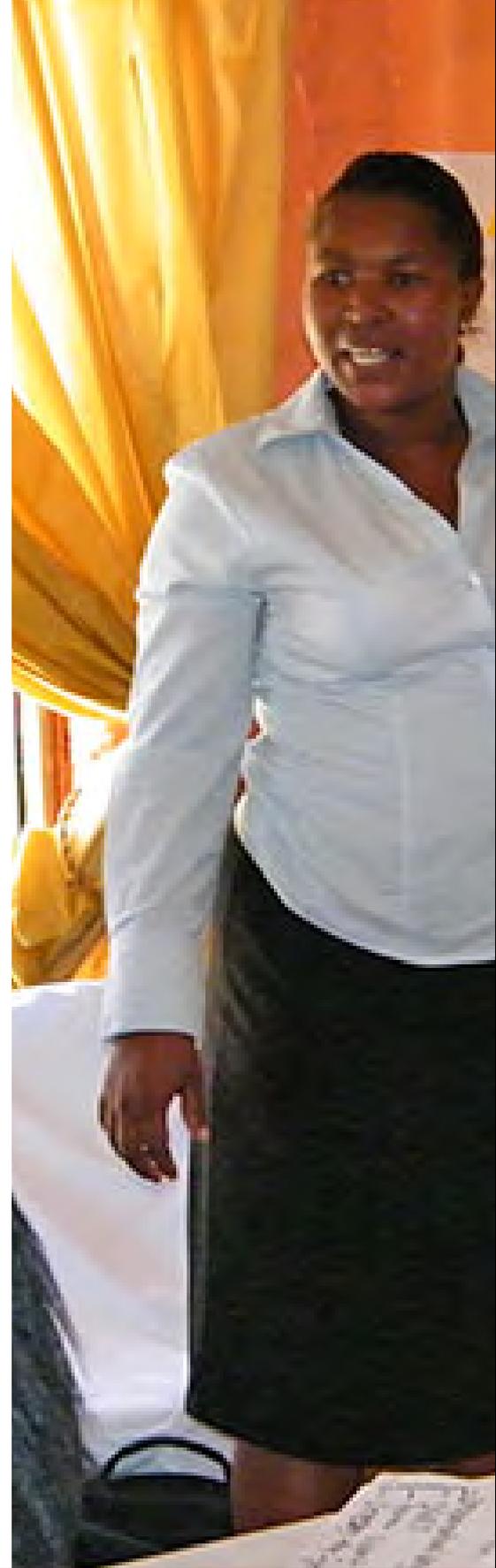
2.0

approach

Under the UGM program, Pact defined quality as meeting the needs of its clients – partners, partners’ beneficiaries, and donors – in a responsive and results-oriented manner. Among other things, Pact sought to enhance the quality of its partners’ services using a capacity development approach.

Pact defines capacity development as: “A continuous process that fosters the abilities and agency of individuals, institutions, and communities to overcome challenges and contribute towards local solutions in the different sectors that Pact is working in. Though often developed in response to an immediate and specific issue, capacities are adaptable to future opportunities and challenges.” The capacity development approach utilizes participatory processes to determine capacity development needs of individuals, organizations and systems, and provides tailored solutions that are owned by the partners.

Pact’s grant management strategy was further 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, adopting a peer approach to building sustainable institutional capacity, and increasing the effectiveness of local partners to achieve expanded and quality services.



2.1 pact's day-to-day work principles

Program quality is further informed by a set of key sub-principles, which guided Pact's day-to-day work with partners. These principles were:

- Maintaining a balance between assessments and interventions
- Demand-driven support
- Integration of grants-making and capacity development
- Sustainability
- Multidisciplinary approach

Maintaining a Balance between Assessments and Interventions

Starting off the program, the Pact team adopted a rapid approach to assessments in order to save time and allow more time for interventions. Pact implemented its classic three-day Organizational Capacity Assessment (OCA) in separate half-day sessions (half-day sessions for: management capacity assessments; monitoring, evaluation, reporting and learning [MERL]; organizational development [OD] aspects; and OVC program quality assessment), which highlighted the gaps to be addressed through various interventions.

Demand-driven Support

The trusting relationship between Pact and its partners enhanced the principle of demand-driven support. The initial award phase focused mainly on capacity development for compliance and specifically on meeting stated special award conditions. The second phase of the partner award focused on Pact and its partners prioritizing the required support based on identified needs and addressing the most relevant issues with the greatest impact.

Furthermore, the intervention phase provided opportunities for partners to identify further gaps in an incremental manner. Pact staff working as trainers, facilitators and mentors forged a trusting relationship with partners and helped identify the root causes and symptoms of gaps.

A 2009 mid-term review revealed that partners appreciated Pact's incremental approach, as partners were able to identify the standards for their own development.

Integration of Grant-making and Capacity Development

Integrating grant-making and capacity development was another important aspect of Pact's approach. Pact demonstrated to partners that the required grant-making rules and regulations were in fact basic good management practices, rather than a burden. The partners were thus encouraged to institutionalize the learning from the PEPFAR program across other programs.

For example, if an award condition required that the partner install a financial management system or procedure, that system or procedure was implemented across the entire organization. Additionally, staff required for the PEPFAR program, such as qualified finance managers and MERL technical staff, provided opportunity for other programs to learn from the PEPFAR program. This strategy also enhanced organizational effectiveness and sustainability, including human capacity development at the management and operational levels.

Sustainability

Through Pact's mentoring and incremental approach, many partners received support in areas such as budgeting, developing internal controls, staffing, conducting annual audits, addressing risk, and donor reporting. The ability to efficiently utilize USAID funding also put these organizations in good standing with other donors, thus increasing their ability to become sustainable. The multiple-year funding also provided partners with opportunities to plan more strategically into the future and consolidate their relationships with other donors, and especially SAG.

Multidisciplinary Approach

The success of Pact's program also resulted from a multi-disciplinary team effort in providing quality and timely services and best value for money. Pact's Programs, Grants/Finance, MERL, and OD staff all possessed the technical skills and wealth of experience needed to effectively support partners. Additionally, Pact also cultivated and maintained strong relationships with the donors, SAG, and other stakeholders.

The program also promoted collaboration between different stakeholders, including USAID/PEPFAR, partners (prime partners, sub-partners, and implementing sites), SAG, partner networks operating in civil society, and the private sector through forums and networking meetings. In the last two years of the UGM, the program put concerted effort into supporting resource mobilization and strengthening partnerships.



Pact providing MERL training to partners.

2.2 key areas of the pact ugm approach

Under the UGM agreement, Pact sought to increase partner compliance with USAID guidelines, while also strengthening organizations' overall capacity to deliver effective programs. The ultimate goal was to ensure that partners have the ability to ultimately become self-sustaining. The following key areas were the focus of Pact's approach:

Grants Management

At the start of each partner agreement, Pact conducted a financial and management pre-award survey of each partner organization and collaboratively developed a capacity-building strategy that detailed planned interventions over the life of the project. The results of the pre-award surveys were used to identify areas in which assistance was needed urgently to ensure that partners comply with USAID rules and regulations.

In addition, each year Pact supported partners in developing detailed annual work plans and accurately costed budgets. Following work plan and budget approval, Pact maintained frequent contact with all implementing partners, regularly monitoring program progress in order to facilitate early identification and resolution of implementation issues.

Individual and Organizational Capacity Development

Pact successfully offered and delivered customized training packages for partners. The training areas included basic grants management that covered compliance with USAID rules and regulations, minimum financial management standards, and principles of good management and governance. Other areas included in the training were fraud awareness and prevention, internal control policy development and implementation, and financial management for non-financial managers. Pact also offered monitoring and evaluation courses covering basic principles of monitoring and evaluation and PEPFAR data requirements, as well as internal data quality assurance. Partners were given opportunities to attend fundraising workshops to ensure that organizations were equipped with the skills to diversify their funding base.

Pact complemented the delivery of formal workshops with ongoing, intensive on-site training and mentoring to partners and sub-partners.

Monitoring, Evaluation, Reporting and Learning (MERL)

Pact assisted each partner to develop a comprehensive monitoring and evaluation system that tracks progress against both PEPFAR and organizational targets. Pact provided a wide range of MERL technical assistance to partners, ensuring continuous quality improvement of systems that could adapt to meet changing programmatic and organizational requirements. Ongoing mentoring and technical assistance are critical to ensure that partners can continuously build and improve their systems in order to adapt to changing programmatic requirements.

Pact's additional MERL assistance to partners included: review and development of effective data collection, analysis and reporting tools; setting realistic and achievable targets; establishing and strengthening data quality management systems; conducting internal data quality audits; and verifying and validating partner and sub-partner data submissions.

Technical Assistance

Pact worked closely with USAID to provide HIV technical assistance by reviewing partners' services during routine program monitoring and site visits, providing recommendations for strengthening specific aspects of partners' programs. Where it was deemed necessary, Pact worked with the relevant partners to identify and/or contract consultants to provide targeted technical support.

Organizational Development

Pact conducted a participatory organizational capacity assessment (OCA) of each partner organization at the beginning and midpoint of the award. OCAs focused on the partners' governance, management capacity, staffing, and strategic development. Pact and partner organizations used OCA results to develop institutional strengthening plans (ISPs), which detailed interventions to strengthen the organizations. Plans also detailed the timing of each activity, the individual to implement the activity, and how the success of the intervention would be measured.

OVC Subcontracts Management

Pact used its OVC subcontracts portfolio to procure and manage technical assistance for SAG. This component of Pact's program primarily responded to the needs and priorities of SAG and implementing partners, as communicated by USAID. Contracted support targeted national-level OVC policy development and related programming. Funds in this line item were also used to support cross-cutting PEPFAR OVC activities.



Pact providing Grants Management training to partners.

2.3 measuring results

Pact approached impact measurement by employing a series of formal assessments and evaluations of partner programs over the course of the program. Assessments included both internally-driven (Pact) assessments and external evaluations by independent contractors.

Internal evaluation processes focused on: 1) tracking the efficiency of the program; and 2) providing information to determine the extent to which planned services were being delivered, in what timeframe, at what cost, and with what result. Utilizing various monitoring tools, Pact worked closely with each prime partner to closely monitor their program.

Twenty-four to 30 months into the program, Pact conducted reassessments to evaluate partner progress toward improved technical service delivery, organization capacity, and sustainability. These assessments were conducted at least 18 months into implementation of the ISPs developed within the initial phase the program. These mid-term assessments provided useful information that enabled Pact and partners to identify strategic interventions that would further enhance partner performance.

In addition to the internal evaluation processes, Pact commissioned an external evaluation by LTL strategies and Keystone Accountability mid-way through the cooperative agreement in 2010. This evaluation included a review of results achieved and lessons learned over the course of the grants management program. The results of this evaluation were used to make adjustments or refinements in tactics or implementation strategies as required for the last half of the program.

Toward the end of the program, Pact commissioned various outcome evaluations for partner programs in order to measure program impact on vulnerable children and families within targeted communities. Additionally, USAID commissioned an external evaluation of all UGM partners, including the Pact UGM, in 2012. Key results from the various assessments and evaluations are discussed in the following section.

*Food garden at the
Toekomsrus project site.*



program results

This section summarizes Pact's results for each of the four main objectives set by USAID at the outset of the UGM program.

3.1 results for objective1

Use Pact's grant management system to provide an estimated partners with access to funds to scale up HIV and AIDS services"

Pact awarded and managed grants to 24 prime partners. Grant funding allocation grew from \$24 million in FY2007 to \$55 million in FY2011, totaling \$266 million over the life of project. A few of Pact's prime partners were responsible for sub-granting to a number of agreed upon sub-partners providing services at the community level. Seventy-seven (77) sub-contracts were issued by a total of seven primes.

Prime partners and their sub partners had implementation sites across all nine provinces in South Africa as depicted in the map below.

● Limpopo – 11 Prime Partners

CARE, Child Welfare SA, Childline SA, CPC, Mothers2Mothers, NACCW Olive Leaf Foundation, Save UK, World Vision, SAVF, Salvation Army 29 Sub-Partners

● Free State – 07 Organizations

CARE, Child Welfare SA, Childline SA, HDA, NACCW, Save UK, World Vision & 8 Sub -Partners

● Western Cape – 07 Prime Partners

Child Welfare SA, Khethi'mpilo, Living Hope, Mothers2Mothers NACCW, Olive Leaf Foundation, Salvation Army & 1 Sub-Partner

● North West – 06 Prime Partners

Child Welfare SA, Childline SA, CompreCare, Mothers2Mothers, NACCW, SAVF & 4 Sub-Partners

● Eastern Cape – 14 Prime Partners

ARK, CARE, Child Welfare SA, Childline SA, Khethi'mpilo, Letsema Cycle Trust, Mothers2Mothers, NACCW, Olive Leaf Foundation, Port St Johns, SAVF, Starfish, Salvation Army, World Vision & 15 Sub Partners

● Gauteng – 08 Prime Partners

Child Welfare SA, Childline SA, CompreCare, Mothers2Mothers, NACCW, Olive Leaf Foundation, SAVF, Salvation Army

● Northern Cape – 02 Organizations

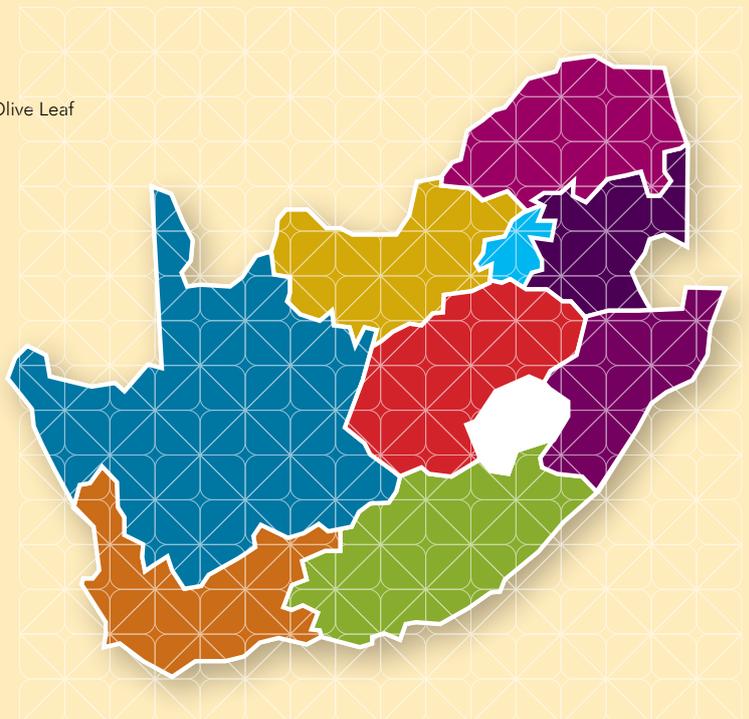
Child Welfare SA, NACCW & 4 Sub-Partners

● Mpumalanga – 07 Prime Partners

Child Welfare SA, Childline Mpumalanga, CompreCare, Khethi'mpilo, Mothers2Mothers, NACCW, SAVF & 5 Sub-Partners

● KwaZulu-Natal – 10 Prime Partners

Africa Centre, ARK, CARE, Child Welfare SA, Childline SA, CINDI, Khethi'mpilo, Mothers2Mothers, Mpilonhle, NACCW, Olive Leaf Foundation, SAVF, Salvation Army & 11 Sub-Partners

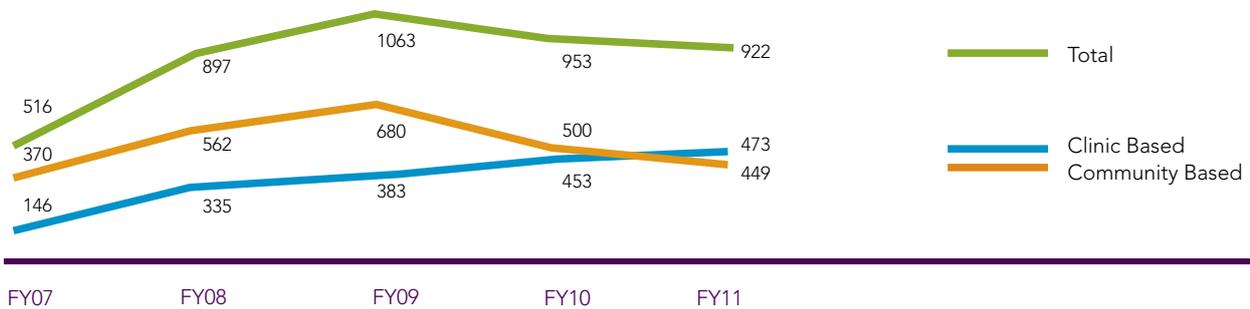


Scale-up of Program Implementation Sites

Most of Pact's OVC partners worked through CBOs that managed site operations. Most community-based sites were operated by prime partners in partnership with CBOs, and a large percentage of those organizations benefited from Pact funding and capacity-building support. Over the duration of the project, partners expanded their geographic reach from slightly more than 500 sites in FY2009 to nearly 1,000 by the end of FY2009. (The number of community-based sites declined from FY2010 due to reprioritization by PEPFAR South Africa, which led to closeout of several HIV prevention programs.)

Clinic-based sites supported by Pact partners increased by more than 200% – from 146 to 473 – between FY2007 and FY2011.

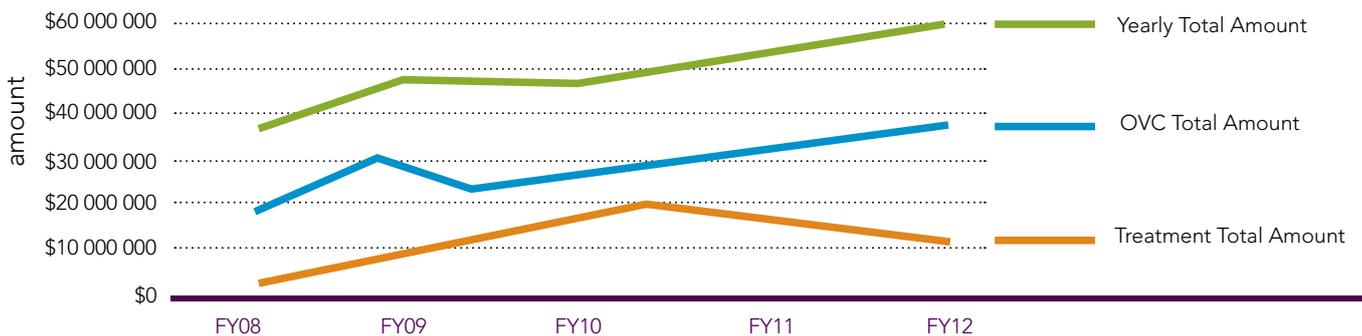
Program Implementation Sites by Partners



Increase in Grant Allocations

In order to effectively monitor grants, Pact developed a grant management tracking system that guided partners to comply with USAID requirements and fully spend allocated obligations.

Annual Grant Allocations



Percentage Increase in Funding Allocation over the Grant Period



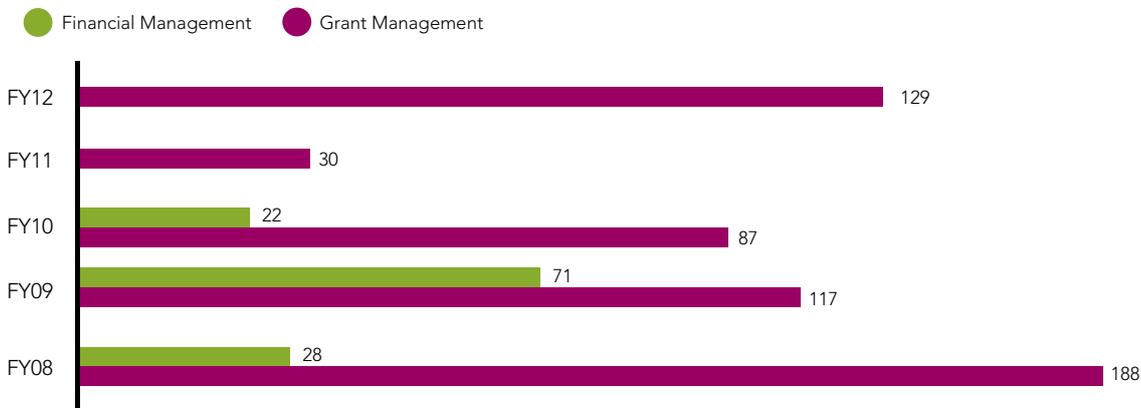
Capacity-Building in Financial Management and MERL

Pact identified a need to prioritize capacity-building in its partners' financial management systems. This financial management capacity building was aimed not only at ensuring compliance with USAID rules and regulations, but also at generally strengthening organizations' capacity to implement sound financial management practices irrespective of funding sources.

Number of individuals trained in MERL 2008-2012



Grants and Financial Management Training 2008-2012



“Pact has always had very good controls and a very orderly process. There are rarely any issues of partners running out of money.”

“Speed. In the pre-award and award process... Pact is able to get grants signed more efficiently...”

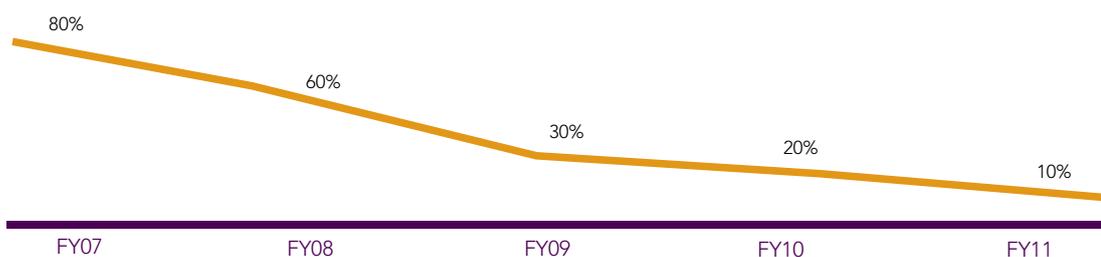
- USAID activity manager

Pact UGM Evaluation by Pillsbury et al 2010

Pact provided a series of formal training workshops, along with mentoring support to both primes and sub-partners. The training was targeted at both financial and non-financial managers. As a direct result of Pact's training, mentoring and coaching support, partners' capacity in financial management improved substantially.

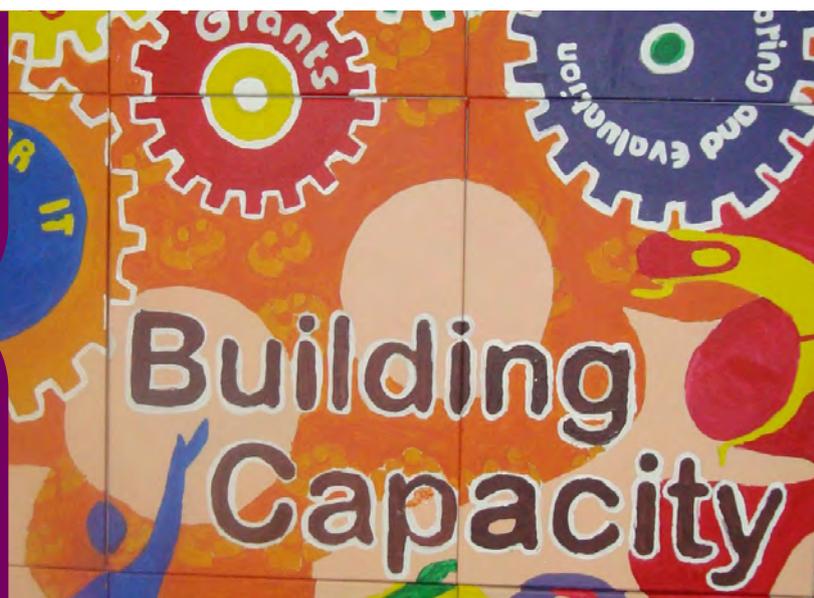
At the beginning of the grant in 2007, 80% of Pact's prime partners had material findings from their respective USAID contracted recipient annual audits (RCA). However, in the final year of the program this statistic had decreased to only 10%. The graph below shows the consistent improvement in this area over the life of the project.

Percentage of Partners with material findings from RCA



Capacity Building efforts for financial compliance and routine grant management have had a positive impact, in part because the UGMPs have a high stake in promoting good compliance, and in part because they are able to offer practical, standardized tools and templates for developing work plans, budgets, proposal writing and project planning.

Henn C, Tarsilla M, McSmith D and Wilson T (2012)



As part of its risk management strategy, Pact provided partners with fraud awareness training in partnership with the USAID Regional Inspector General (RIG) and the auditing firm, Deloitte.

Pact's grants management was rated very highly by both partners and USAID, as illustrated by a mid-term evaluation conducted by external evaluators LTL Strategies and Keystone Accountability in 2009-2010. According to the evaluation, 78% of grantees reported that they were generally very positive about their experiences with Pact as a grant manager.

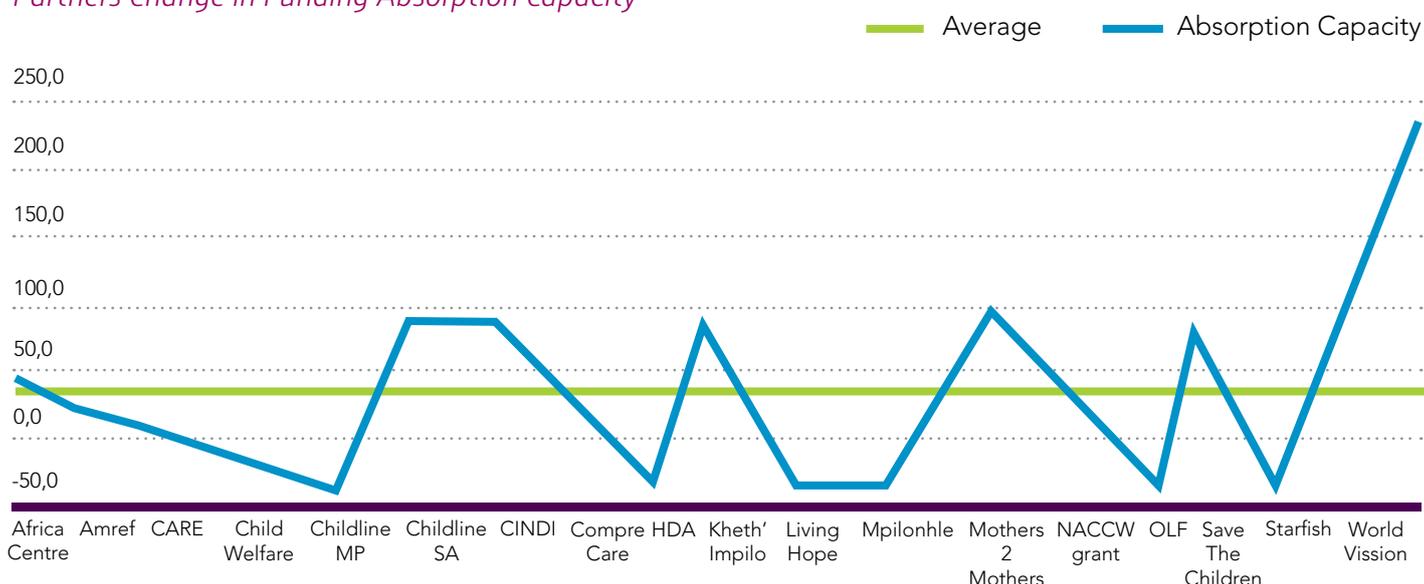
In addition to financial management, Pact provided a comprehensive package of capacity-building support to partners in MERL, to ensure that partners were able to effectively track and demonstrate results of their programs. Through this support, partners were able to comply with non-financial data reporting requirements under the grant, as well as use data to continuously improve their programming.

Funding Absorption Capacity

One of the goals of Pact's capacity development support was to strengthen partners' ability to effectively manage and utilize USAID funding to scale up service delivery. In order to achieve this, organizations needed to have sufficient capacity to implement sound financial management systems and account for all funding received, including demonstrating results. Pact defines funding absorption capacity⁶ as the percentage increase in the amount of grant funding to an organization over the life of the grant. Capacity to effectively manage and utilize grants is one of the major factors that affect funding allocation to partners. Change in funding absorption capacity is therefore a good indicator of overall organizational capacity.

Partners' absorption capacity increased by an average of 38% over the course of the programme. Partners with increased capacity averaged 66.9% (11 partners) while those with declining capacity averaged -19.1% (6 partners). This calculation excluded partners who received only one year of funding over the life of the project.

Partners Change in Funding Absorption Capacity



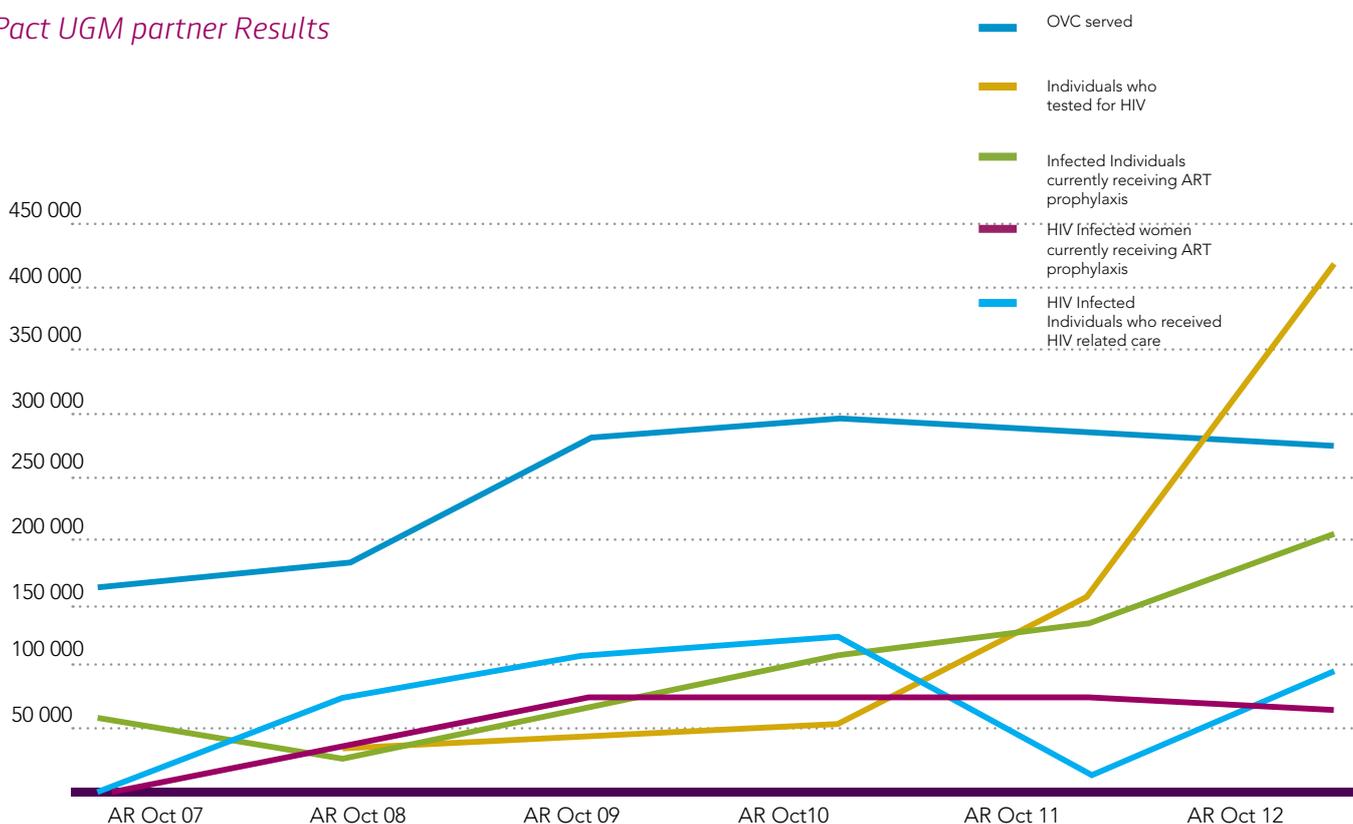
6. Absorption capacity was calculated as the difference between the initial (year 1) annual allocation and the average annual allocations in subsequent years, expressed as a percentage.



Scale-up of HIV and AIDS Services by Funded Partners

Over the life of project, partners significantly scaled up provision of HIV and AIDS services across the country. The increased funding allowed for scale-up of services to beneficiaries, enabling partners to support hundreds of thousands of HIV-affected people and provide essential services to OVC and HIV-infected pregnant women. Over the life of project, partners' annual OVC reach nearly doubled and access to HCT services shot up sharply, especially in the later years of the grant period.

Pact UGM partner Results



In addition to Pact's funding and technical support to partners, a number of other factors facilitated the rapid scale-up of HIV and AIDS services. The highly successful government HCT campaign in 2010 contributed to the tremendous increase in reach by partners' HIV testing services, leading to an eight-fold increase between 2010 and 2012. The expanded government policy for provision of treatment to people living with HIV and AIDS (PLWHA) also sparked an increase in the number of people initiated on ART. Over the life of the project, the annual reach for ART initiation increased by 300%.

"Pact motivated us and made us feel capable. We never felt policed. It was a very open and trusting relationship and we never felt we needed to hide things or claim more than we achieved."

UGM Grantee

(Pact UGM Evaluation by Pillsbury et al 2010)

3.2 results for objective 2

Enhance organizational sustainability through institutional strengthening of local partners.

This objective included additional elements of organizational capacity-building along with the core elements of grants management, carried forward from the first cooperative agreement implemented by Pact between October 2004 and September 2007. These important additional elements demonstrated the effectiveness of Pact's broader OD approach, and were broadly described as follows in the mid-term review of the UGM program:

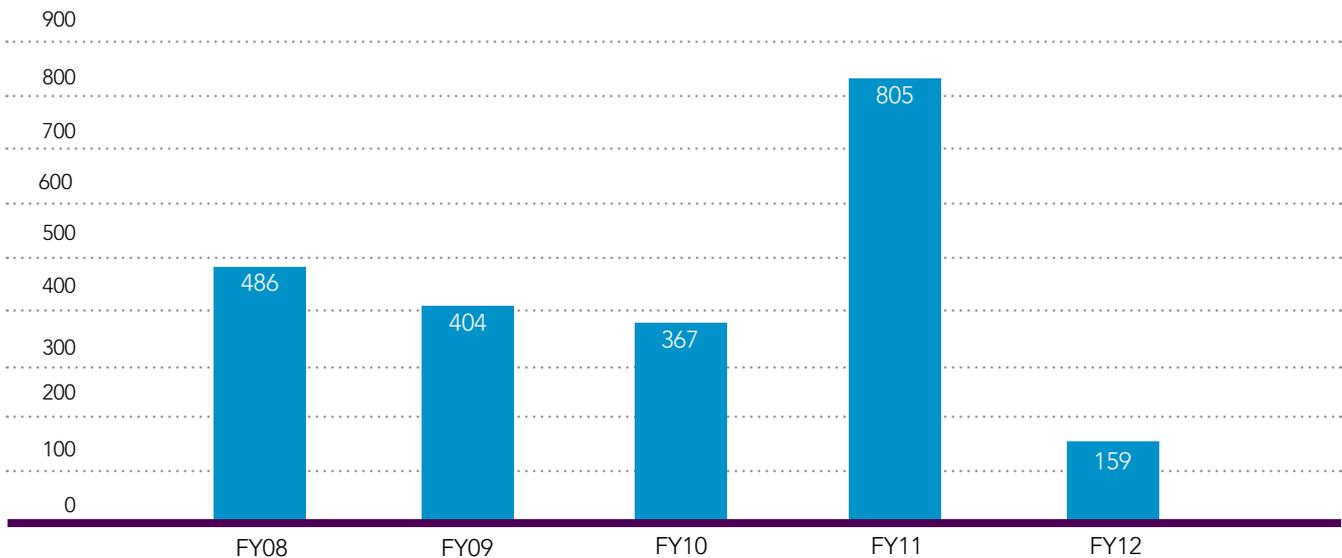
- Sustainability: "The development of technical competence, human capacity, management systems, infrastructure, relationships with government programs and financial independence."
- Institutional Capacity Development: "Building capacity of local organizations in strategic planning, compliance with registration, financial management, human resource management, strengthening networks, monitoring and evaluation, quality assurance, commodities, equipment, and logistics management, facilities, and fundraising."
- Capacity-Building: "The UGM supported institutional capacity-building of indigenous organizations, a key PEPFAR strategy, thus promoting more sustainable programs and organizations. The umbrella partners will support activities to improve the financial management, organizational management and governance, program management, quality assurance, strategic information and reporting, and leadership coordination of partner organizations."

Under the UGM, Pact tailored its capacity development approach to support organizational performance improvement and program sustainability, and utilized a continuum of interventions ranging from technical assistance, training, mentoring and coaching, information and resources referral, and peer exchange.

Pact complemented partner training with mentoring and on-site support. The annual total numbers of individuals trained in various topics, shown in the table below, gradually decreased over the years from 486 to 159. As expected, there was a higher demand for training in the beginning of the program as most organizations were accessing this support for the first time. In subsequent years, the training mostly targeted the new individuals within partner organizations as most of the older staff had already been trained.

The dramatic increase in training in FY2011 represents a concerted effort to address sustainability through a series of workshops conducted at the national and provincial levels targeting prime partners, sub-partners and implementing sites. (The FY2011 numbers included 73 participants in the national workshop, 378 in the nine provincial workshops and 45 in the social enterprise workshop.)

Annual Numbers of Individuals Trained by Pact



End-of-program Partner Capacity Assessments

The UGM program afforded Pact a great opportunity to track organizational performance over multiple years through the organisational capacity assessment tool that was implemented at baseline, mid-term and end-line. Pact conducted capacity assessments for 11 partners who received full capacity development support during the course of the program. These partners were: Child Welfare South Africa, Child Line Mpumalanga, Child Line SA, Children in Distress (CINDI), CompreCare, Kheth'Impilo, the National Association of Child Care Workers (NACCW), the Olive Leaf Foundation (OLF), and the Training Institute for Primary Health Care (TIPHC).

A cross-departmental team conducted the assessments using the capacity development road map, a tool that is calibrated with five capacity levels (1-5) and includes a detailed description of each level. Level one indicates a nascent partner that does not meet the minimum requirements, whereas level 5 indicates a mature partner that fully meets the requirements of the domain being assessed.

The assessments focused on various capacities of partner organizations and included the following domains (areas): program/technical, financial management, MERL, governance and leadership, management practices, external relations, and partnership and sustainability.

Pact analyzed the assessment data from two perspectives; 1) across all the capacity assessment areas to identify general trends in capacity development (areas that improved, stagnated or declined); and 2) against four key elements that contribute to organizational success in achieving sustainability of organization and services to beneficiaries. These elements are:

- 1) Organizational systems
- 2) Technical capacity
- 3) Effectiveness of leadership (ability to influence)
- 4) Adaptive capacity

The general trends that emerged include the following:

- Partners' capacity improved substantially in the following capacity areas: accounting procedures, financial management and internal controls, MERL, policy environment, and USAID grant management. Compliance with funding requirements was required in these areas.
- There were mixed results in the area of organizational sustainability, especially financial sustainability, where some partners improved and others stagnated or regressed. These trends occurred despite ongoing support from Pact, and are attributed to current funding challenges in the sector.
- There was only slight improvement in governance, external relations, and partnerships, which can be attributed to the lack of concentrated effort by partners in addressing these issues.
- Two partners' capacity improved from baseline to mid-term and then regressed in some areas at the end of the program. The partners who exhibited this trend had an organizational crisis that negatively impacted performance.
- In all cases, partners improved performance in project level management practices which did not necessarily correspond to improvement in the organizational policy environment. This gap can be attributed to the fact that improvement first occurred at project-level before being embraced organizationally.



Key findings on Organizational Sustainability

For this analysis, Pact defined sustainability as the ability of partners to continue providing services to beneficiaries. The partner results were presented in three categories, namely:

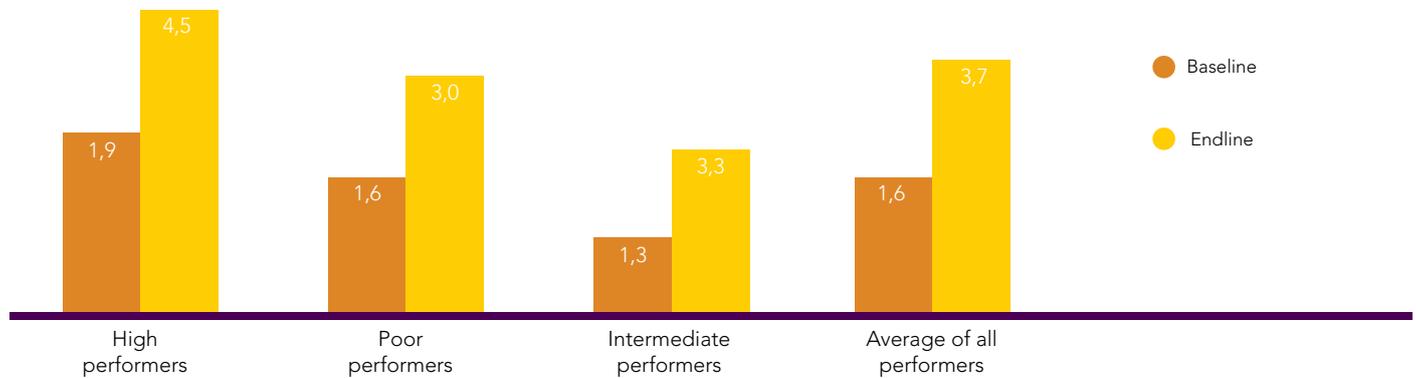
1. high performers - those who with high successes in achieving sustainability of the organization and services to beneficiaries,
2. intermediate performers - moderate success in achieving sustainability of the organization and services to beneficiaries
3. poor performers - poor success in achieving sustainability of the organization and services to beneficiaries.

The following is a summary of findings across the four elements: organizational systems, technical capacity, effectiveness of leadership, and adaptive capacity.

Organizational Systems

In measuring this element, Pact considered data from MERL systems and financial systems (accounting procedures, financial management, and internal controls). The numbers represent the improvement against the five levels of the capacity development road map.

Organizational Systems (M&E and Finance)



All partner scores were nearly at the same level at baseline. High performers improved by 2.6 points at end line, which is nearly twice as much as the poor performers, who improved by 1.4 points. Intermediate performers improved 2 points at end line. The average for all partners was 2.1 points.

This organizational systems growth in all partners resulted from the investment of Pact's capacity development, because this is where most compliance-related improvements were required. Pact provided a range of services in these capacity domains. Pact's MERL team provided three training workshops for all partners in basic MERL, data quality management, and program evaluation, while the finance team provided training in grants management, financial management, and financial management for non-finance managers. Fraud awareness training was also provided to assist partners to understand, identify, and minimize the risk of fraud in their organizations.

These trainings were also tailored for individual partners and sub-partners or implementing sites. In addition, Pact provided templates, tools, and mentoring and coaching to staff in these organizations. The finance team provided monthly financial reviews while the MERL team provided quarterly data reviews before partners posted the data on the PEPFAR PIMS system. Both teams provided external audits in form of annual recipient contracted audits (finance) and data quality audits (MERL).

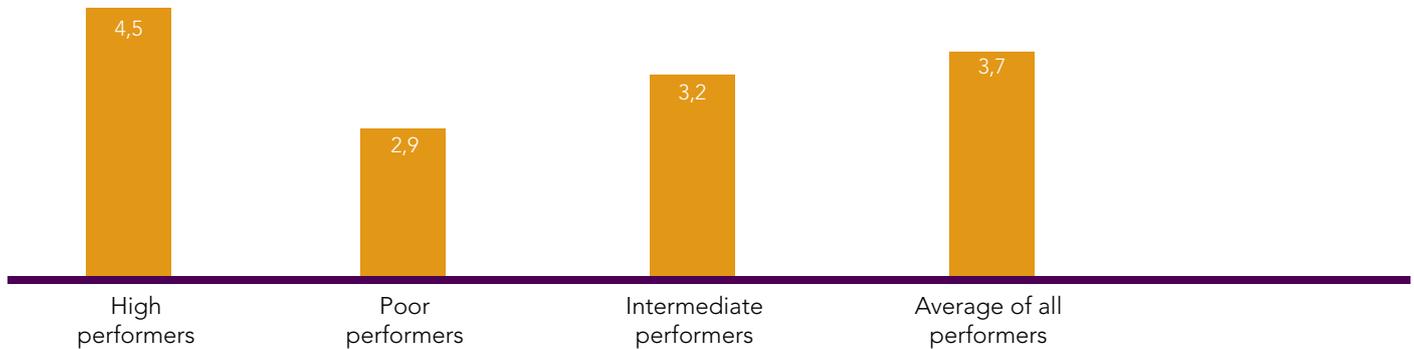
Overall, SPs who have received intensive program support (CINDI and NACCW) attest that it has strengthened all of their programs, not just PEPFAR-funded activities.

Henn C, Tarsilla M, McSmith D and Wilson T (2012)

Technical Capacity

Data for this element were drawn from the program management capacity area. Quality program management is essential for effective service delivery. Technical capacity was not measured at baseline, as partners were selected based on programmatic strength.

Technical Capacity 'Program Management' Endline



Findings from the end line assessments indicate that all partners were above a 2.5 average in this area. Pact provided a range of support services (compliance and capacity development), including annual development of country operational plans, annual development of implementation plans and budget, and training in specific service delivery areas (child protection, play therapy, household economic strengthening, TB screening, etc.). Pact also provided site visits for technical assistance and guidance and conducted quarterly program reviews jointly with USAID.



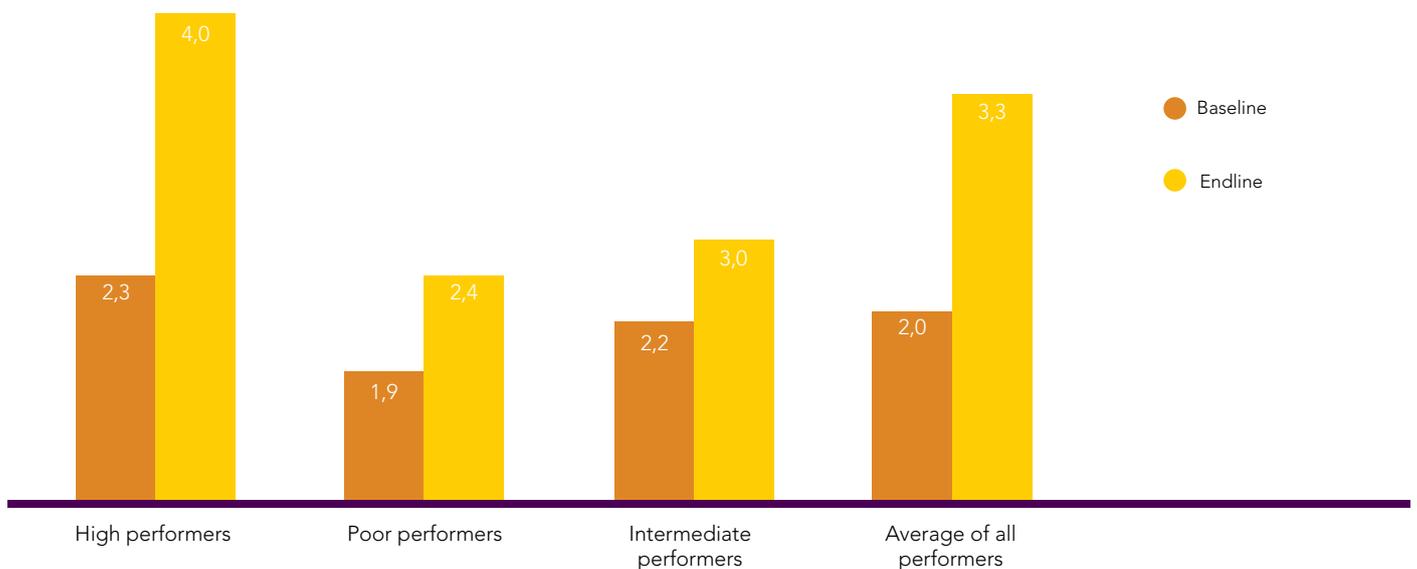
Effective Leadership (Ability to Influence)

For this element, Pact considered the assessment data from the governance and leadership capacity area.

Effective leadership is the ability to provide thoughtful leadership and advocacy and to forge partnerships with government and other funders. Effective leadership is essential in positioning the organization to influence what is happening in the sector and to receive recognition for the services the organization renders.

Pact provided leadership and governance support to partners through a two-pronged approach. Pact's Chief of Party and Deputy Chief of Party provided leadership coaching and support to the partner leaders, who in most cases were executive directors of their organizations. This leadership coaching/support enabled the leaders to address issues that impacted directly on the program, and at the same time had a ripple effect within the organization. The second prong was the support provided to boards of directors through training in governance and leadership and board induction. In addition, Pact conducted annual accountability forums to address cross-cutting issues such as government compliance requirements, change in legislation, and sustainability of organizations.

Effective Leadership

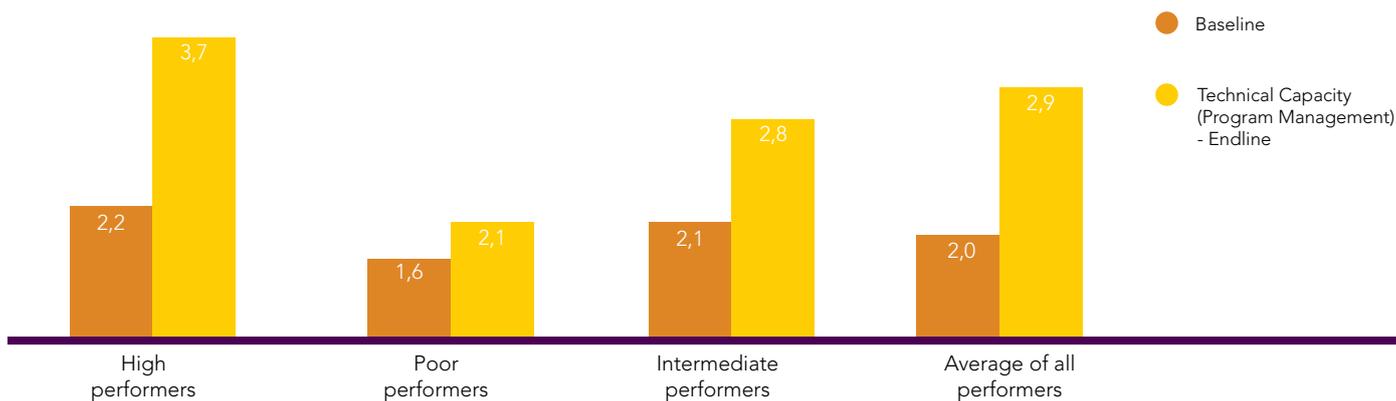


All partners scored nearly the same at baseline. However, high performers improved by 1.7 points, nearly three times as much as poor performers, who improved by 0.5 points. Intermediate performers improved by 0.8 points, while on average all partners improved by 1.3 points.

Adaptive Capacity

For this element, Pact considered data from the management practices, external relations, and partnerships capacity areas. Adaptive capacity considers such aspects as: knowledge management; evaluation and learning, including the ability to use new models/tools/best practices; organizational culture; responding to clients/context (including resource mobilization); and making and maintaining relationships.

Technical Capacity - Management Practices & External Relations and Partnerships'



High performers in adaptive capacity improved by 1.5 points, three times more than poor performers, who improved by 0.5 points. Intermediate performers improved by 0.7 points, while the average improvement for all partners was 0.9 points.

The areas of least improvement were external relations and partnerships. Pact's technical assistance in this element was mainly focused on highlighting gaps that needed strengthening by the partners. The support that Pact provided included: training and support in strategic planning; training in resource mobilization; and connecting organizations with funders, including government, through the sustainability forums that were implemented in 2011/2012.

In October 2013, USAID conducted a case study to highlight both the successes and challenges in creating a sustainable NGO cadre, which is relevant and able to support the government's OVC priorities, post-PEPFAR. The case study confirmed the result above: that adaptive capacity was determined largely by the thinking of the organization (having a mind-set to succeed and thrive). The organizations that succeeded viewed PEPFAR as a short-term opportunity to address long term sustainability. They hired skilled staff; aligned with government priorities; strengthened their implementing partners/sites; institutionalized systems, especially MERL and finance, for reporting and accountability; and worked on sustainability over the duration of the funding. These "thriving" partners were among the 10 Pact partners graduated to USAID direct funding (three partners in 2007 and seven partners in 2012/13).

3.3 results for objective 2

Improve the quality of HIV and AIDS partner services by increasing access to technical expertise. Under the UGM, USAID led the provision of technical oversight and support to partners. Pact was, however, responsible for ensuring partners' compliance with technical guidance provided by both USAID and SAG. Pact worked closely with the different USAID activity managers to coordinate technical support visits to partners, in addition to the regular program review meetings that took place on a quarterly basis.

The Pact team used a variety of site visit checklists to enable the systematic review of activities at site level against accepted quality standards, depending on the program area. For instance, visits to clinic-based sites referenced SAG clinical standards and guidelines for the various HIV and AIDS



An innovative food garden at a partner project site.

“We have received funding from PEPFAR Community Grant program and IDT (Independent Development Trust) and are expecting from Lotto (National Lottery Distribution Trust Fund). Thanks to the workshop that Pact conducted and informed us of the opportunities”

– CBO Director in Limpopo providing feedback on outcome of sustainability workshops.

services, including PMTCT, antiretroviral treatment (ART) and HCT services. USAID and Pact often undertook joint site visits to partners and used the information gathered to provide guidance for quality improvement, particularly during the quarterly partner review meetings. Based on identified needs, Pact was then required to source technical assistance through sub-contracts. This mechanism was utilized mostly for cross-cutting technical support needs among OVC partners.

Program Quality Assessments

From 2009, USAID began commissioning formal program quality assessments for a sample of purposefully selected partners. The assessments, dubbed the South African PEPFAR Partner Performance Assessments (SAPPPAs), provided systematic review of partner programs and identification of programming gaps and areas of improvement. Cross-cutting findings identified in the SAPPPAs enabled USAID to determine which technical areas required additional support to partners. This support was then often provided through sub-contractors contracted by Pact on behalf of USAID.

In addition to SAPPPAs, USAID also commissioned a number of program case studies, which enabled partners to fully document their implementation approach. The case studies also provided opportunity for a qualitative review and recommendations for strengthening programs.

Areas Covered by USAID – SAPPPAs
Availability and awareness of policies, plans, procedures and regulations
Human capacity development and systems strengthening
Program planning and implementation
Organizational administration and fiscal planning
Quality of service delivery
Referrals, linkages and integration

In 2010, Pact developed and piloted the OVC program quality assessment tool (PQAT) with 10 prime partner organizations and 17 sub-partners/CBOs. This tool, implemented through facilitated self-assessments, assisted the partners to identify gaps, prioritize areas of improvement, and develop responses to strengthen the quality of services to children and families affected by HIV and AIDS.

Pact highlighted to partners the importance of alignment with government plans and priorities. It was essential for partners to ensure that government was aware of all activities in their province or district, and that government was consulted regarding site selection, needs assessments, and program design. With support from the PEPFAR Provincial Liaisons, several partners also established working relationships and obtained memorandums of understanding (MOUs) or service-level agreements with relevant government departments.

The areas covered by the assessment included:

Areas Covered by the Pact OVC Program Quality Assessment Tool
a. Adherence to guidelines and standards for OVC programming
b. The capacity and support needs of staff implementing OVC programs
c. Measurement of accessibility of services by OVC and their families
d. Assessment of stakeholder involvement in OVC programs

Various individuals within implementing sites participated in the assessment processes and rated the status of the various aspects of program quality using a five-point scale.

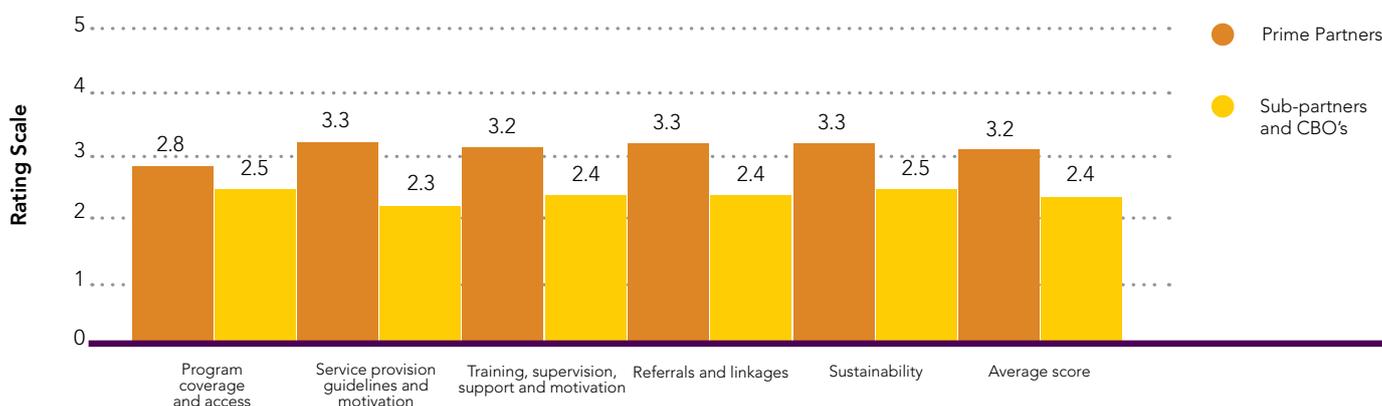
Findings From Program Quality Assessments

In the initial phase of the program, quality reviews revealed large variations in the scope and depth of services provided by partners. While clinic-based programs largely followed already well-defined service standards, community-based programs lacked formal guidelines and clearly defined packages of services for different target groups. OVC programs, for instance, varied greatly in the way they defined services. For example, reported psychosocial support services ranged from simple home visits with no additional care to more complex services such as therapeutic care for abused children and their families. The number of contacts with beneficiaries also varied greatly, as did the ratios of caregivers to beneficiaries.

As there were no agreed-upon standards for what constituted a package of services for OVC care, there was a very large variance in the quality of services provided by partners. HIV prevention programs as well as home-based care for PLWHA were just as ill-defined, and partner services varied greatly in terms of packages of care.

While there was tremendous improvement in addressing glaring gaps in the first couple of years of the program, the OVC PQATs implemented by Pact in 2010 revealed that partners generally still needed support in strengthening various aspects of programs. Community-based partners in particular required much more support to address programming gaps, including sustainability of interventions beyond PEPFAR funding. The graphic below provides a summary of key findings.

Program Quality Rating based on Pact's PQAT



Technical Assistance in Response to Identified Gaps

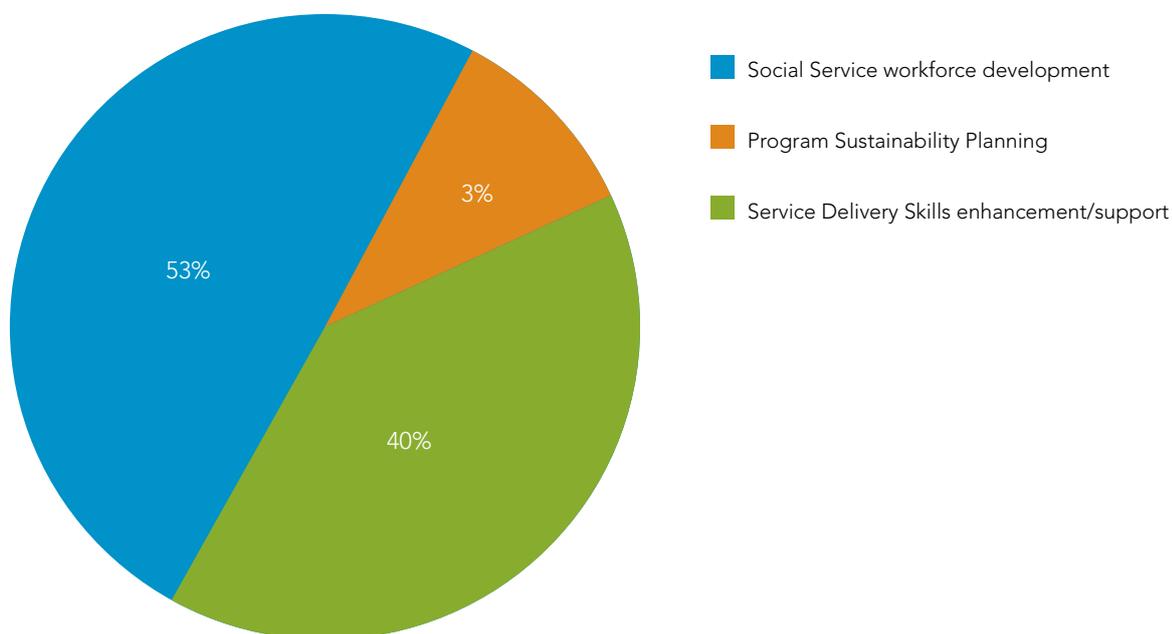
PEPFAR/USAID guidance assisted in addressing partners' program quality gaps by formalizing requirements for the minimum services required in order to count a beneficiary as "served". This guidance included defining services more clearly and providing protocols for supporting standardization of service delivery. Pact worked to ensure that partners set up systems to comply with PEPFAR/USAID requirements, including ensuring that partners developed service tracking systems and built databases to track individual beneficiaries over time.

With the improvements in systems for program monitoring, partners were able to follow up with clients more closely and track progress. As a result, partners strengthened their referral systems and dealt with bottlenecks in service delivery.

The OVC database system, developed through USAID support and guidance and rolled out to all partners, revolutionized partners' client management and support processes. Such databases made it possible for partners to go beyond simply counting numbers reached, allowing them to track clients' individual outcomes. This capability was particularly important for OVC programs, enabling them to implement a family-based approach to planning services rather than simply working with individual clients. The family-based approach enabled partners to address the needs of children within the broader family context, and ensured that a comprehensive set of services was provided based on the family situation. Support to CBOs improved tremendously, with several prime partners developing mentoring and support programs through which community-based care workers received close support supervision.

Over the life of the grant Pact expended just over \$3.378 million on sub-contracted technical support to partners, in addition to the direct technical support provided by both USAID and Pact staff. Pact procured technical support through a total of 11 subcontracts focusing on various services. The three broad areas Pact covered are illustrated in the graphic below.

Funding For Technical Support to Partners



Evidence of Partner Improvements in Program Quality

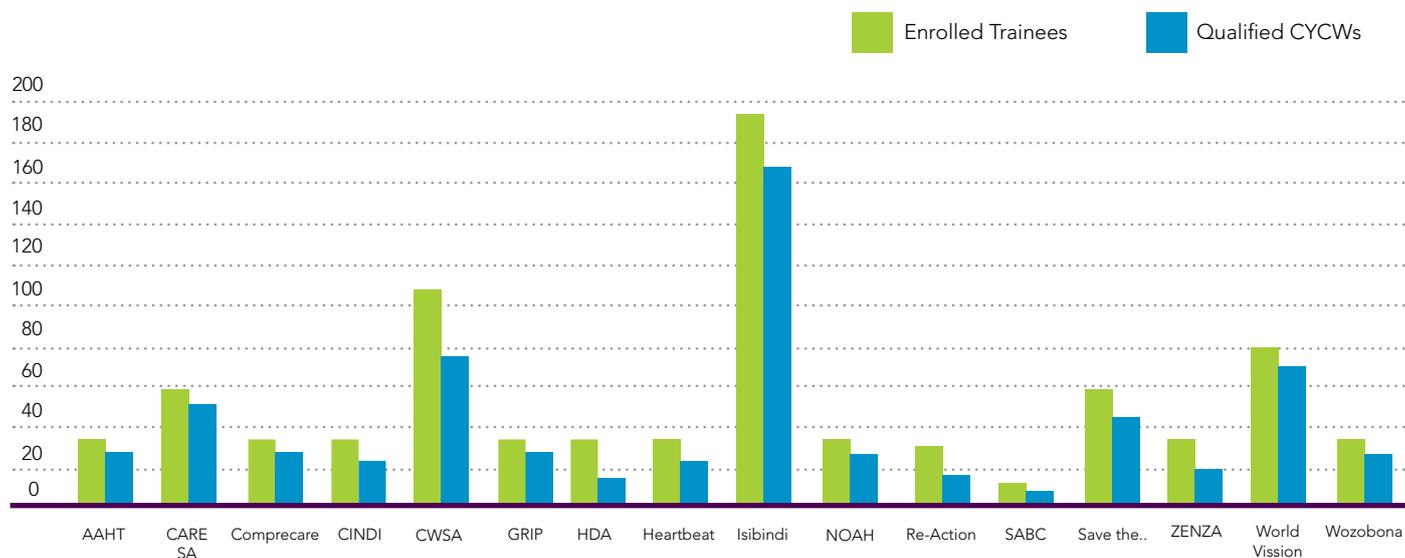
Over the life of the project several partner organizations achieved great strides in strengthening the quality of service delivery, through providing training to community care workers and ensuring that services were strengthened in line with PEPFAR guidance. With USAID’s push to invest in strengthening the social service workforce, several organizations participated in the child and youth care worker (CYCW) training program by NACCW between 2011 and 2012. This program, funded by USAID through Pact, aimed to produce qualified para-professionals who were equipped to effectively support vulnerable children and their families.

Programming models that engage trained, compensated paraprofessionals in home visiting have clear strengths over volunteer-reliant approaches. Households served by paraprofessionals benefit from longer, more frequent home visits, and are more likely to receive certain types of tangible and emotional support.

Thurman TR, Kidman R, and TM Taylor (2013)

Eight of Pact’s OVC prime partners, along with several other USAID-funded organizations, directly benefited by increasing the pool of qualified CYCWs working in their program sites. This transformation of the service workforce, from a largely volunteer lay workforce to qualified paraprofessionals, proved highly beneficial in strengthening program quality.

CYCWs trained by NACCW under the Pact UGM 2011-2012



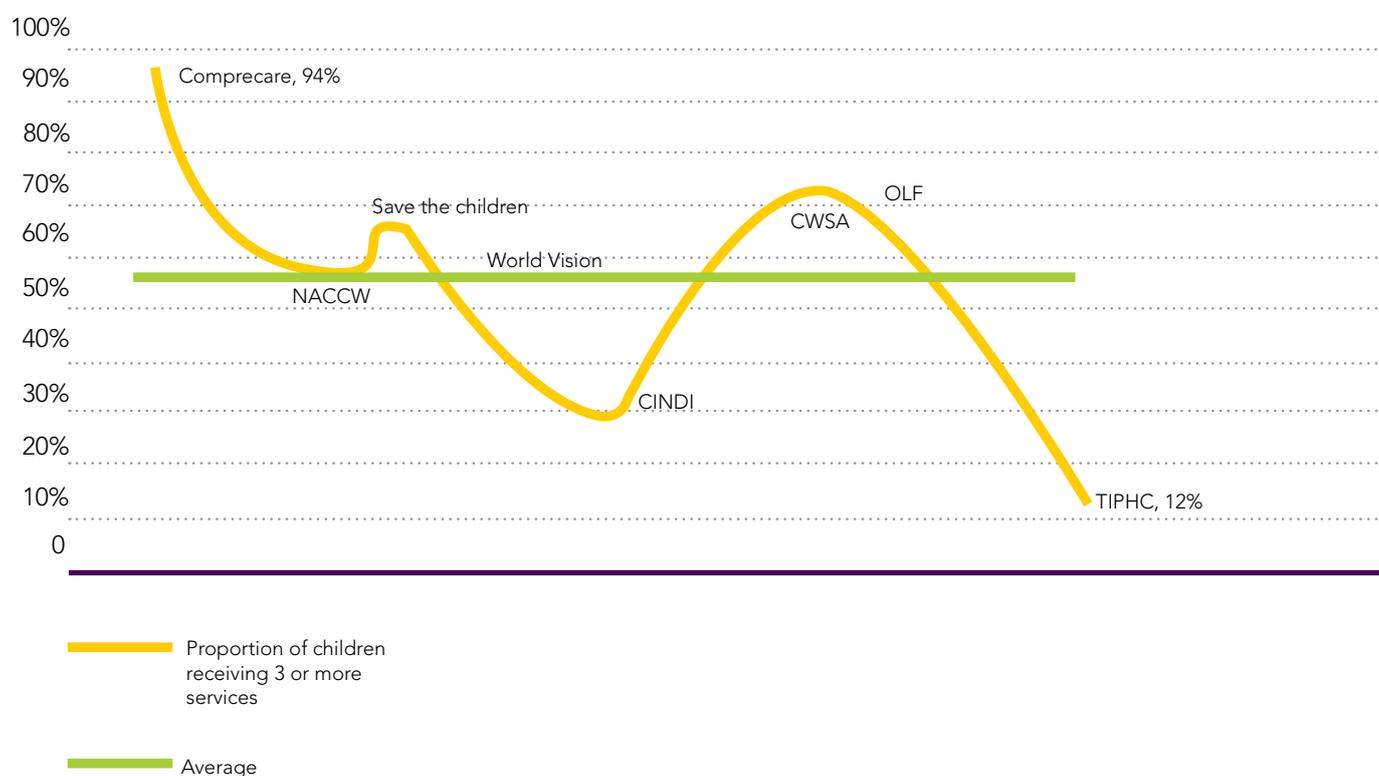
Evidence from a 2013 study in KwaZulu Natal by University of Tulane⁷ indicates that services delivered by paraprofessionals are superior in quality compared to volunteer-driven programs. This study involved two organizations that benefited from the above-mentioned CYCW training: CINDI and the NACCW-Isibindi program.

Improved Access to a Comprehensive OVC Service Package

Another key area of program quality improvement was the increased access to a more comprehensive set of services by children and their families. In the earlier years of the program, there was a large variation among partners in the number of services delivered per beneficiary over the reporting period. With PEPFAR's increased emphasis on addressing this programming gap, Pact supported partners to implement systems that enabled closer monitoring and support to individual children and their families, leading to increased numbers of services provided by beneficiary.

From 2010, partners were required to only report beneficiaries that had received at least three services over the reporting period. This meant that all numbers reported met this minimum quality criteria, as opposed to the earlier years in which all beneficiaries provided with at least one service were reported. This new requirement enforced delivery of more comprehensive services to children and their families, and partners were forced to institute measures for one-on-one tracking of beneficiaries in order to ensure availability of evidence of services for all reported data. Notable Findings from Partners' End-of-Program Evaluations⁸

Proportion of Children Receiving At Least Three Services in FY 2007



7. Thurman TR, Kidman R, and TM Taylor (2013). The Impact of Paraprofessional versus Volunteer-Driven Home Visiting Programs on the Wellbeing of Orphans and Vulnerable Children: Evidence from a Longitudinal Evaluation in KwaZulu-Natal, South Africa, New Orleans, Louisiana: Tulane University. Available at: www.hvc-tulane.org

8. References for the Pact and USAID commissioned program evaluations based from which these notable findings were extracted are included in Appendix 2

Pact commissioned end-of-program evaluations for several partners in 2012. The evaluation results were analysed to identify notable cross-cutting findings, which are presented here:

- Evaluators reported that partners are providing a basket of interventions addressing most of the essential OVC needs, either directly or through partnerships and referrals. Findings indicate that programs succeeded in identifying large numbers of orphaned and vulnerable children and youth (OVCY), however, the response in some cases lacked the required depth and quality to make a real, tangible difference in OVC wellbeing.
- In addition to providing a package of services, partners who maintained a reasonable child-to-care worker ratio (usually 15-20 children supported by one care worker at a time), were generally more effective than partners who focused on massive outreach (where care workers had limited ability to spend time addressing individual children's needs).
- Qualitative data from several evaluations indicates that care workers spend a large part of their time helping families they support to access legal documents, which are vital in enabling children to access government social grants and other support.
- Immigrant/undocumented children still have limited access to services. Government and NGO service providers do not always understand or apply the legislation that states that all children have a right to services whether they are South African or not. This contributes to challenges in addressing the needs of migrant children, who largely remain highly vulnerable.
- There are generally high levels of access to child support grants, and evaluators found that programs are making a significant difference in assisting children and their families to overcome administrative difficulties related to the application process. Based on the findings from different evaluations, rates of access to child support grants are in the region of 70-75%. There is, however, limited success in accessing foster care grants, largely due to the need to engage with multiple government departments.
- Across the board, evaluations found that partners have a strong focus on ensuring access to schooling by learners of school-going age. Many programs monitor school attendance closely and have established strong partnerships to ensure access to schooling data from educators. However, access to material support remains a big challenge. Children mentioned lack of proper uniforms and shoes as barriers to schooling. Hunger is the other common issue that children cited. The level of bullying experienced by vulnerable children at school is an additional concern.
- Several of the evaluations showed that partners' efforts to support OVCY and their families to access healthcare were yielding positive benefits in targeted communities. Data indicated that reports of recent ill health were reasonably low (20-30%) among respondents in most communities. Qualitative evidence from different evaluations indicates that care workers provide considerable support to families in accessing health services, including accompanying them to clinics or supervising adherence to treatment (ART and TB).
- Several evaluations found that OVC still lack sufficient protective HIV knowledge, and this is a huge concern. Evaluators found only a few pockets of effective programming, including the school-based intervention in KwaZulu-Natal in which lay counseling by young, approachable, knowledgeable and independent adults was the key success factor in the program's HIV prevention activities.

3.4 results for objective 4:

Administer and manage a USAID funding mechanism designed to support OVC programming needs and priorities by facilitating rapid-response contracts.

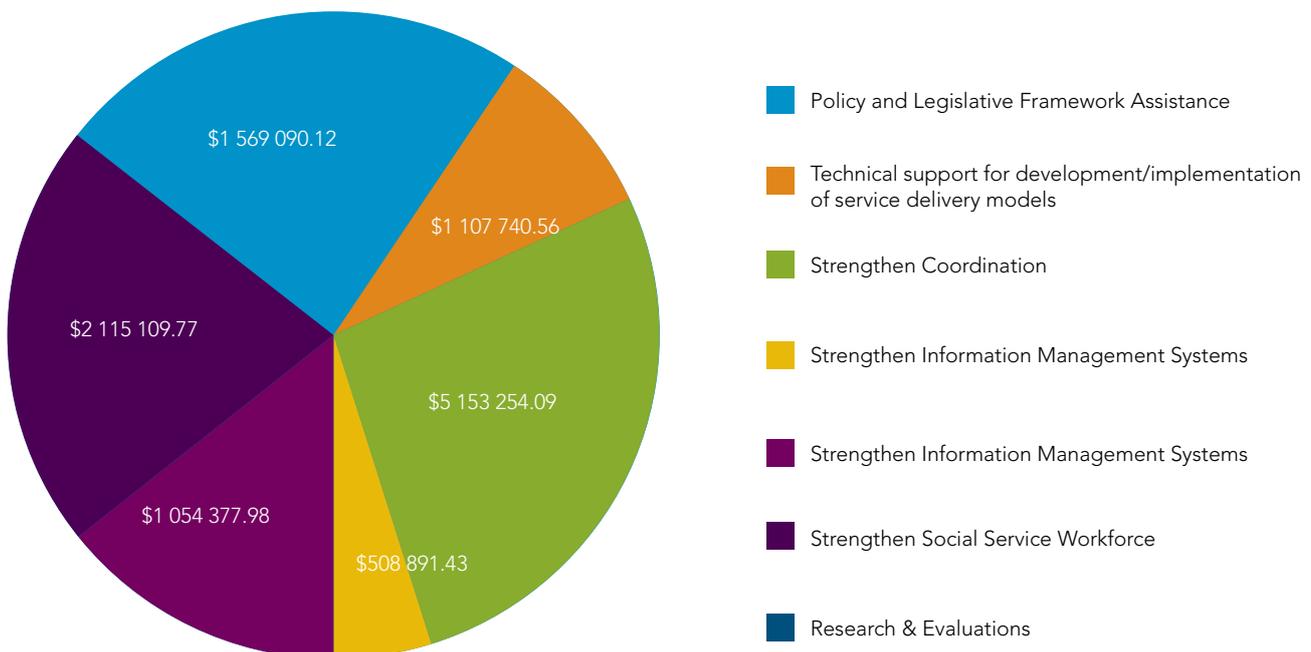
Pact’s funding mechanism for rapid-response contracts originally consisted of funds allocated by USAID to provide technical assistance in support of the South African Department of Social Development (DSD) and South African Department of Health (DoH) initiatives. The portfolios expanded over time and began to also cover USAID partner technical assistance needs, and a wide range of other activities. Overall, a total of 95 contracts were issued to 56 different service providers.

Under this objective, Pact coordinated with both USAID and SAG officials throughout the contracting and project management process. Pact further assisted with drafting scopes of work and with identifying deliverables meeting all SAG requirements. Pact managed the solicitation and negotiation processes, including the issuing of the final contract to the selected contractor. Pact determined 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.

Pact also monitored the performance of all subcontractors, ensuring that SAG and USAID were satisfied with the quality of the deliverables. Pact achieved this by attending all project meetings, conducting quality assurance site visits, reviewing documents, and preparing reports and updates for USAID and SAG. In addition, Pact proactively identified and addressed all performance-related issues that arose during the contract period.

Contracts were categorized into the following sections:

Contract Distribution by USD Value



Policy and Legislative Framework Assistance

Ten of the contracts issued were aimed at creating an enabling environment for the DSD, through policy and legislative reform. Therefore projects under this area covered the reform of legislature, government action plans, guidelines, and number of strategies. Specific projects ranged from: reviewing DSD's National Action Plan (NAP) for OVC and the development of the new DSD OVC NAP 2012-16; to the finalization of the HIV and AIDS Prevention Strategy, as well as the DSD Adoption Strategy; to the drafting of the third amendment to the Children's Act Legislation.

Pact procured the services of a contractor to assist the DSD with the legislative drafting of the third amendment to the South African Children's Act. The draft Third Amendment to the Children's Act came about due to the realization that some of the provisions of the Children's Act, as fully promulgated in 2010, led to implementation challenges that were detrimental to children and/or the children's rights sector. Activities under this contract included reviewing all proposed amendments, consolidating these amendments into a presentation for key stakeholders, facilitating consultative meetings with key stakeholders, and the legislative drafting of the third amendment to the Act. This contract was successfully concluded under this agreement.

Pact also procured a contractor to assist the DSD Families Directorate in developing a White Paper on the promotion of family life and strengthening families in South Africa. Activities under this contract included: extensive consultations with key stakeholders and public hearings in all provinces on the current Families Green Paper; the drafting of the White Paper; and costing and development of an inter-departmental implementation plan for the White Paper. The contract produced a professionally edited White Paper and a final implementation and costing plan, which were handed over to the DSD. These documents were presented to and approved for national roll-out by the SAG in June 2013.

Technical Support for Development/Implementation of Service Delivery Models

More than 40% of the funds under the contracting mechanism were used for technical support for the development and implementation of different service delivery models. A total of 41 contracts were issued under this area. Ten of these contracts have been discussed under Objective 3: "External technical support to partners", and include contracts such as: the training of 597 individuals to integrate TB prevention into their PEPFAR-funded OVC programs; the training of 358 individuals to run youth camps; the actual running of youth camps in each of the nine provinces, reaching a total of 452 children and youth; and technical support to various partners to implement the Vhutshilo Peer Education and HIV and AIDS prevention program.

The remaining 31 contracts were aimed primarily at improvements in DSD's and DoH's service delivery models. Support to DoH consisted of a number of activities revolving around some key projects. One of the key projects was aimed at the development of DoH's Primary Care 101 Guidelines and the subsequent training of individuals on its use, and the evaluation of the tool.

Another key project was focused on developing DoH's Chronic Disease Care Model (ICDM) and then providing assistance with its roll-out to all primary health care sites through management and oversight support. Pact seconded a Senior Technical Advisor to the DoH to support the

development of the ICDM conceptual model and its implementation in three selected districts in Gauteng, Mpumalanga and North West Provinces. Support to the pilot districts and participating facilities included the use of the baseline analysis to tailor the model to the needs and circumstances of individual clinics, using a phased approach.

The SI team concludes that Pact UGM had a unique and noteworthy mechanism to recruit and fund external TA for SAG DSD and DOH, beyond the usual CB components provided by the other UGMs. SAG Key Informants were clear that the external TA through Pact contributed to improvements in quality of services, through both capacity building trainings and development of guidelines and standards intended to capacitate social service professionals to provide quality service delivery.

Henn C, Tarsilla M, McSmith D and Wilson T (2012)

Pact also assisted with developing DoH's standard breastfeeding and nutrition training materials targeting front-line health workers, trainers, and policy and decision-makers, all with individually tailored trainings. In addition, Pact worked with two consultants to provide management and oversight support at DoH's 18 priority sub-districts, which were facing implementation and management challenges. Through these consultants, Pact was able to carry out management effectiveness programs, training on GIS, a formal review of the DHIS, and a program aimed at supporting doctors in rural areas.

Support to DSD under this programmatic area also consisted of a number of projects, including:

- Funding the DSD's Gender-Based Violence call centre and hotline;
- Assisting DSD with the finalization and roll-out of its Safety and Risk Assessment Tool for the training of social workers on these child protection assessments; and
- Developing and costing of DSD's Community Capacity Enhancement (CCE) model, and
- Further assisting with the CCE roll-out by employing seconded staff members and contractors to perform the roll-out, conduct CCE dialogues with children, and document the results in child-friendly reports.

Strengthen Coordination

Four contracts were issued with the specific purposes of strengthening coordination across the sector and therefore improving DSD service delivery. These contracts included:

- Assistance with planning DSD's 2013 OVCY conference;
- Additional technical support to develop an action plan emanating from the conference;
- Facilitating the DSD Gender-based Violence Indaba, which was attended by 60 individuals and brought together DSD representatives and a multitude of representatives from other government departments and the NGO sector; and
- Disseminating research on OVC funding in SA to ensure informed decision-making by NGOs, SAG departments, and donors. Dissemination was conducted through a consolidated research report, a research digest, and a number of summary articles, which were then posted on a number of online forums, distributed in hard-copy, and presented at a conference with NGOs, SAG departments, and donor representatives.

Within this category of contracts, Pact provided contractual, financial and administrative oversight and support for PEPFAR Provincial Liaisons (PPLs) appointed in the provinces of Eastern Cape, Free State, Limpopo, Mpumalanga, North West and Northern Cape. Each PPL served as the point person for coordination between SAG and the U.S. Government (USG) with regard to PEPFAR activities in the relevant provinces. Although administratively managed by Pact, the PPLs worked under the technical direction of the USG PEPFAR team in close collaboration with provincial governments. Through these efforts, relationships between government departments and partners supported by Pact and other UGM mechanisms were strengthened and several partners managed to secure MOUs with the DoH and DSD. The PPLs transitioned to the US Embassy in November 2012.

Funders and USAID funded partners at national sustainability conference.



Strengthen Information Management Systems

Fourteen of the contracts issued were aimed at strengthening information management systems within DSD, as well as amongst USAID implementing partners. The contracts included: the design and development of DSD's non-profit organization (NPO) database, which acts both as a web portal where NPOs can submit applications as well as a back-end CRM with specific workflows within DSD; a number of contracts to assist with DSD's roll-out of the Community Based Care Information Management Systems (CBIMS) M&E database; and a number of trainings for partners on the USAID OVC database.

Pact further assisted DSD, through a contractor, to build the NPO web-based database. A User Requirements Specification Document for the database was developed, including the functional and technical specifications of the new database, which in turn led to the development of the software for the web-based system. The contractor provided technical support to enhance the new NPO database system's functionality, as well as to transfer knowledge and skills to assigned DSD staff on how to manage the NPO database software.

Strengthen Social Service Workforce

USAID funds were also used to contribute to DSD's objective to strengthen the Social Service Workforce (SSW). The seven contracts issued under this area focused primarily on DSD's adoption of NACCW's Isibindi model and the subsequent DSD planned roll-out of 10,000 new CYCWs. As such, funds were used to provide accredited CYCW training aimed at improving the standard and quality of OVC services in projects supported by USAID/PEPFAR. A total of 698 individuals completed the training and received qualification as CYCWs through an 18-month course. Other contracts consisted of the drafting and costing of DSD's funding proposal to SAG to roll-out the Isibindi model; and a contract aimed at ensuring joint DSD National, DSD provincial, and NACCW planning on the national roll-out of the Isibindi model.

In addition to the NACCW contract, work within this area included a situational analysis of the SSW. The analysis aimed to provide DSD with an overview of the current situation of the SSW serving children, and identify the gaps, emerging needs, and relevant skills and qualifications that would allow the SSW to fulfill the provisions of the Children's Act. The project consisted of determining the human resource requirements regarding Social Service Professionals providing services to children as prescribed by the Children's Act, and a comparative analysis between the current SSW situation and the needs on the ground.

Research and Evaluations

Nineteen contracts were issued with research and evaluation objectives, mostly consisting of USAID implementing partner baseline and end-of-program evaluations. However, funds were also used to conduct an impact assessment of DSD's Home and Community-Based Care (HCBC) support program and to conduct research into the feasibility of DSD setting up a skills enhancement center.

The HCBC assessment supported DSD's HIV and AIDS Chief Directorate and determined the HCBC program's future strategic direction. The key objectives of the study were to:

- a) Evaluate the effectiveness of the HCBC program in responding to the needs of the target group;
- b) Assess the relevance and sustainability of the HCBC Program, given the changing landscape of the HIV and AIDS epidemic; and
- c) Conduct a mapping exercise to establish the coverage of the HCBC program in terms of location of HCBC organizations in relation to the demand or need for the HCBC services.

Pact also provided oversight support to one staff member who was seconded to DSD's HIV and AIDS Chief Directorate. This staff member was tasked with providing long-term onsite assistance with the design and execution of DSD's own research agenda, with the aim of informing strategic planning and programming.



Care workers during a training session in the Free State.

financial data

Below are the financial data for the UGM program for the period October 2007 through September 2014. The schedules reflect the approved USAID partner funding allocations, the amounts obligated by Pact to each partner, and the reported partner cost share. The summary report also reflects the total cost of the UGM program inclusive of Pact costs.

Summary Financial Report for the UGM Program October 2007 – September 2014

BUDGET LINE	PACT CA BUDGET	DISBURSED AS AT 30 SEPTEMBER 2014	REMAINING OBLIGATED BALANCE
Administration	\$ 31,048,309	\$ 30,952,737	\$ 95,572
Sub-grants	\$ 220,877,867	\$ 220,869,751	\$ 8116
Subcontracts	\$ 12,573,501	\$ 12,573,501	\$ 0
Totals	\$ 264,499,677	\$ 264,395,989	\$ 103,688

Partner Funding Allocation Detail

PARTNER	TOTAL BUDGET ALLOCATION	OBLIGATED	DISBURSED *	BALANCE OF TOTAL BUDGET ALLOCATION	PERCENTAGE OF TOTAL ALLOCATION SPENT
Africa Centre	\$ 19,997,243	\$ 19,997,243	\$ 19,706,107	\$ 291,136	99%
AMREF	\$ 4,375,000	\$ 4,375,000	\$ 4,375,000	-	100%
ARK	\$ 8,469,790	\$ 8,469,790	\$ 8,469,790	-	100%
CARE	\$ 10,554,605	\$ 10,554,605	\$ 10,293,431	\$ 261,174	98%
Child Welfare SA	\$ 8,183,318	\$ 8,183,318	\$ 8,181,631	\$ 1,687	100%
Childline MPU	\$ 3,458,934	\$ 3,458,934	\$ 3,405,455	\$ 53,479	98%
Childline SA	\$ 1,862,501	\$ 1,862,501	\$ 1,841,776	\$ 20,724	98%
CINDI	\$ 4,438,810	\$ 4,438,810	\$ 4,385,884	\$ 52,926	98%
CompreCare	\$ 8,545,357	\$ 8,545,357	\$ 8,487,157	\$ 58,200	99%
CPC	\$ 1,247,489	\$ 1,247,489	\$ 1,224,407	\$ 23,082	98%
HDA	\$ 2,470,935	\$ 2,470,935	\$ 2,469,344	\$ 1,591	100%
Kheth'Impilo	\$ 35,696,458	\$ 35,696,458	\$ 35,696,458	-	100%
Living Hope	\$ 2,848,786	\$ 2,848,786	\$ 2,788,249	\$ 60,537	97%
mothers2mothers	\$ 31,975,743	\$ 31,975,743	\$ 31,694,473	\$ 281,270	99%
Mpilonhle	\$ 2,920,469	\$ 2,920,469	\$ 2,909,945	\$ 10,524	99%
NACCCW	\$ 23,508,098	\$ 23,226,707	\$ 23,479,852	\$ 28,246	99%
OLF	\$ 14,169,104	\$ 14,169,104	\$ 14,044,429	\$ 124,675	99%
Salvation Army	\$ 1,150,000	\$ 1,150,000	\$ 1,108,557	\$ 41,443	96%
Save the Children	\$ 13,859,229	\$ 13,859,229	\$ 13,851,195	\$ 8,034	99%
Starfish	\$ 1,891,126	\$ 1,891,126	\$ 1,891,126	-	100%
TIPHC	\$ 1,449,526	\$ 1,449,526	\$ 1,432,233	\$ 17,293	99%
World Vision	\$ 19,001,291	\$ 19,001,291	\$ 18,997,625	\$ 3,666	100%
Port St Johns	\$ 84,754	\$ 84,754	\$ 84,754	-	100%
Totals	\$ 222,158,566	\$ 222,158,566	\$ 220,818,878	\$ 1,339,688	99%

Partner Cost Share Detail Report October 2007 – September 2014

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	-
AMREF	\$ 4 375 000	10%	\$ 429 000	\$ 262 185	
Ark	\$ 8 469 790	10%	\$ 846 979	\$ 2 461 538	
CARE	\$ 10,554,605	3%	\$ 316 638	\$ 325,188	-
Child Welfare SA	\$ 8 183 318	5%	\$ 458 281	\$ 1 654 446	
Child line MP	\$ 3,458,934	2%	\$ 75 445	\$ 106,056	-
Child line SA	\$ 1,862,501	2%	\$ 34 500	\$ 223,389	-
CINDI	\$ 4,438,810	2%	\$ 88 336	\$ 97,639	-
CompreCare	\$ 8,545,357	5%	\$ 418 991	\$ 818,143	-
CPC	\$ 1,247,489	2%	\$ 24,949	\$ 28,721	-
HDA	\$ 2,470,935	15%	\$ 400 640	\$ 415 346	-
Kheth'Impilo	\$ 35,696,458	10%	\$ 3 569 646	\$ 5,048,630	-
Living Hope	\$ 2,848,786	5%	\$ 111 523	\$ 1,455,943	-
M2M	\$ 31,975,743	5%	\$ 1 598 787	\$ 6,190,871	-
Mpilonhle	\$ 2,920,469	5%	\$ 146 023	\$ 676 260	-
NACCW	\$ 23,508 098	5%	\$ 1 148 948	\$ 1,555,836	-
OLF	\$ 14 169 104	10%	\$ 1 416 910	\$ 1 693 942	
Salvation Army	\$ 1 150 000	5%	\$ 57 500	\$ 140 089	
Save UK	\$ 13,859,229	10%	\$ 1 441 938	\$ 1 572 795	-
Starfish	\$ 1,891 126	3%	\$ 56,420	\$ 593,010	-
TIPHC	\$ 1 449 526	2%	\$ 28 991	\$ 46 281	
World Vision	\$ 19,001,291	10%	\$ 1 900 129	\$ 1 975 589	-
Totals	\$ 222 073 812		\$ 15 570 436	\$ 41 829 579	



Male care workers who do home visits to OVC and support the implementation of education programmes.

key programming challenges and lessons learned

5.1 key programming challenges

As described in the sections above, Pact's UGM program had a tremendously positive impact on the partners, enabling partners to scale up their programs, improve organizational development, and graduate to direct USAID support. There were challenges, however, and not every partner achieved the program goals. Here are some of the major challenges that Pact and its partners faced during the implementation of the program.

- **Measuring capacity:** While Pact's assessment methodologies were standardized across the program, there was still some level of subjectivity in determining the scores for the various domains within the tools. As these were facilitated self-assessments, the different perspectives of participants influenced the scoring. Pact addressed this challenge by providing more information to participants to enable them to make informed decisions on their ratings.
- **Partner resistance to change and support:** Some partners were resistant to proposed changes, thus limiting the success of capacity development interventions. Resistance to change often stemmed from leadership in the organization not buying into the proposed solutions, and in some instances led to the loss of funding. In order to address this challenge, change management training should form part of the training curricula at the start of the award.
- **Lack of input in selecting partners:** Pact felt that some of the partners received levels of funding that were not matched to their capacity, and were therefore unable to achieve the expected results and manage their grants effectively. The partner selection method applied for this UGM program placed additional strain on Pact to ensure sound grant management and delivery of results.
- **Over-dependence on Pact support:** Some partners were not able to put in place the required expertise within their organizations to make management decisions either due to lack of funding or not institutionalizing the required change. As a result they continued to rely on Pact to provide the necessary guidance and to support them in making the hard decisions. Graduating such partners from Pact's intensive support remained a challenge throughout the program. Pact will need to strengthen the exit strategy of its capacity development model where support to partners is diminished prior to the end of the award.

5.2 lessons learned

Pact learned many valuable lessons about how best to assist local partners in increasing their capacity and grant management ability and scaling up services to their clients.

Multi-disciplinary team approach for effective grants management: A team approach is necessary to manage grants efficiently and ensure that partners receive consistent and quality support. Pact's grant management team included one staff member from the program office, one from finance, and a MERL staff member. All three members of the team were familiar with all aspects of a partner's program, regardless of area of expertise. This management strategy ensured that partners received a comprehensive array of services and also that continuity was maintained if one staff member was absent.

- **Capacity development interventions should be adaptable and tailored.** For capacity development to be effective, support to partners must be tailored to their specific needs. Pact therefore tweaked partner interventions to match their challenges and programming context.
- **Capacity development is a collaborative effort.** An open and collaborative partnership based on trust is essential for identifying and addressing organizational needs. Capacity development support achieves best results when partners buy into the process fully, and are willing to invest time and resources into achieving required organizational capacity improvements. This collaboration also applies to working well with the donor.
- **Assessment versus intervention.** It is important to minimize assessment time and maximize productive interventions. Pact responded to this need by limiting assessment time and investing more resources in implementing interventions.
- **Finance as a first priority.** Financial management is initially the most urgent priority due to the need for compliance with donor rules and regulations. The organization has to maintain the grant to benefit from capacity development. Partner organizations are therefore encouraged to also prioritise additional areas such as programmatic goals and quality standards in the development process.
- **On-site support is essential.** Capacity development support achieves greater results when delivered on-site, working directly with the organization. Pact prioritized providing targeted support to prime partners and their sub-partners, as cascading of support from prime partners to sub-partners did not always work.
- **Cascading support is ineffective:** Cascading support from prime partners to sub-partners is not an effective approach when capacity development is not the partner's area of expertise. Pact found that providing effective capacity development required training, mentoring and coaching. As these skills were not always available within prime organisations, reliance on the cascading approach was not effective.
- **Use of internal expertise.** Pact's strategy to utilize in-house expertise – rather than external consultants – for capacity development proved effective and efficient, as it enabled consistency in the quality of technical support and enhanced relationship-building.

conclusion

Pact has achieved the objectives stated in its cooperative agreement, and has even gone beyond the initial expectations of USAID/South Africa. Pact's research provides both quantitative and qualitative evidence that affirms Pact's theory of change: Substantive capacity-building is a key and integral part of effective, developmental grant-making.

Pact's grantee partners confirm that, with few exceptions, Pact SA's grant-making and capacity-building services have indeed enabled these partners to implement more efficient, higher quality, and expanded HIV and AIDS and OVC programs.

The cost of effective capacity-building appears to be justified when viewed against the cost of not building capacity or not doing it properly. Under the UGM program, partners achieved rapid growth in the scale and reach of their HIV and AIDS services. Almost all of the grantee partners exceeded PEPFAR targets. Partners also experienced organizational growth and improved effectiveness, establishing sustainability and providing high-quality HIV and AIDS services.

Pact appreciates the opportunity to work on this program and recognizes the impact the program has had on the numerous beneficiaries. Pact gained invaluable experiences and skills and fostered critical and important relationships through the implementation of the UGM program, and will continue to serve and impact the people of South Africa. Pact will also continue to support the partners it has worked with to ensure that they are able to deliver the best programs at the required standards.

appendix 1: prime partners by pact funding period

The table below reflects the partners that were funded under the UGM program during the period of the award. In addition, we have grouped partners based on the HIV and AIDS focus area of the USAID funding they received including the total value of the award that was made to each partner. It should be noted that some partners may have received funding for more than one focus area but that the table below reflect the predominant funding categories.





appendix 2: evaluation references

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