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Coordinating Comprehensive Care for Children

# COORDINATING COMPREHENSIVE CARE FOR CHILDREN (4CHILDREN)

SEMI-ANNUAL PERFORMANCE REPORT: OCTOBER 1, 2014 – MARCH 31, 2015



**Coordinating Comprehensive Care for Children  
(4Children)**

**Semi-Annual Performance Report  
October 1, 2014 – March 31, 2015**

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## Acronyms

ACPF	Africa Child Policy Forum
CDC	Centers for Disease Control and Prevention
CEE	Core Essential Element
CP	Child Protection
CRS	Catholic Relief Services
CSO	Civil Society Organization
DCOF	Displaced Children and Orphans Fund (USAID)
DEP	<i>Direction d'Etudes et Planification</i>
DISPE	<i>Direction des Interventions Sociales pour la Protection de l'Enfant</i>
DIVAS	Division of Social Affairs
DOD	Department of Defense
DRC	Democratic Republic of Congo
ECD	Early Childhood Development
FY	Fiscal Year
GHR	Gerald and Henrietta Rauenhorst Foundation
GSSWA	Global Social Service Workforce Alliance
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HSRC	Human Science Research Council
KII	Key Informant Interview
KML	Knowledge Management and Learning
M&E	Monitoring and Evaluation
MINAS	Ministry of Social Affairs, Humanitarian Action and National Solidarity
MSH	Management Sciences for Health
MSW	Master of Social Work
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PAN	Parenting in Africa Network
PEPFAR	President's Emergency Plan for AIDS Relief (USAID)
PMTCT	Prevention of Mother to Child Transmission
QI	Quality Improvement
REPSSI	Regional Psychosocial Support Initiative
SILC	Savings and Internal Lending Communities (CRS)
SIMS	Site Improvement Monitoring System
SUNRISE- OVC	Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children
SGD	Small Group Discussion
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence Against Children
VACS	Violence Against Children Survey

## EXECUTIVE SUMMARY

Coordinating Comprehensive Care for Children (4Children) is a five-year, USAID-funded project to assist orphans and vulnerable children (OVC) by building technical and organizational capacity, strengthening essential components of the social service system, and improving linkages with health and other sectors. The project is implemented through a consortium led by Catholic Relief Services (CRS) with partners IntraHealth International, Pact, Plan International USA, Maestral International, and Westat.

The objectives of 4Children are:

- To increase the generation and use of evidence through surveillance and research to inform strategic child welfare and protection programming for children affected by AIDS and other adversities;
- To support countries to scale up evidence-based child welfare and protection programming; and
- To create an enabling environment, focused on local capacity and ownership, that is conducive to sustainable and quality child welfare and protection programming.

4Children began on September 15, 2014. During the first six months of implementation, the project has worked in close collaboration with USAID to complete a successful start-up phase and initiate a set of core activities and country-based activities.

A full project team, including all Key Personnel, has been hired and began work. Financial tracking and reporting systems were established, and other operational procedures and guidance were developed. Sub-recipient agreements were approved and signed with all consortium partners, and a series of meetings to coordinate planning and activities were held with partners as well as with USAID.

Project work on several “core” activities was initiated after defining the scope, objectives, and desired outputs of each. These activities include assisting MEASURE Evaluation to refine and field test a monitoring and evaluation framework for efforts to strengthen social service systems; identifying promising practices and developing programming guidance for integrating interventions to prevent and respond to violence against children, early childhood development, and mental health support into HIV/AIDS and OVC programming; developing case studies, tools, and procedures for improving case management and referral systems as part of OVC programs; supporting the Global Social Service Workforce Alliance; and managing the OVCsupport.net website as a platform for disseminating evidence, experience, and resources to improve programming.

Among 4Children’s most significant achievements were those related to the field-based scopes of work, including the OVC Portfolio Review and SUNRISE-OVC Evaluation in Uganda and scoping visits in the DRC and Zambia. In Uganda, 4Children consortium members teamed with local researchers in performing extensive desk reviews, data analysis, and qualitative research to assist the USAID Mission to assess the achievements, strengths, and gaps in its portfolio of OVC activities and investments, including an in-depth final evaluation of one OVC project. A visit by 4Children to the DRC served to inform plans for improving government social welfare system strengthening efforts and for implementing a household economic strengthening, parenting skills training, and referrals system strengthening activity for HIV-affected households in Kinshasa. A scoping visit to Zambia, meetings with stakeholders from Rwanda and Uganda, and other consultations were carried out as part of the project’s work to prioritize focus countries and design operational research on preventing family separation and supporting reintegration, with support from USAID’s Displaced Children and Orphans Fund (DCOF).

This report details major activities and achievements of the first six months of implementation, together with progress towards meeting established program performance indicators, challenges faced, and planned activities during the next performance period.

# 1 INTRODUCTION

Coordinating Comprehensive Care for Children (4Children) is a five-year, USAID-funded project to assist orphans and vulnerable children (OVC). 4Children aims to help build technical and organizational capacity at all levels and relevant sectors of government and civil society to strengthen essential components of the social service system. It will support efforts to pilot and scale up interventions proven to improve outcomes for children and families affected by adversity, conduct research on programming to expand the evidence base and inform next-generation programming, and support local bodies to carry out such programming.

This approach comes out of an understanding that, while each prospective 4Children country will have different assets and challenges in trying to meet the needs of millions of children affected by HIV and AIDS and other adversities, their social service systems often share many characteristics:

- Decision-makers need relevant, timely and accessible evidence.
- Individuals and entities need the technical and organizational capacity to use evidence, systems and structures.
- Child welfare and protection is multi-sectorial and requires strong linkages among formal and informal actors, at all levels and across all relevant sectors.
- Even in dire circumstances, regional, national and local strengths and resources exist.

The objectives of 4Children relate to building the base of evidence on child welfare and protection interventions, scaling up evidence-based practices, and creating an enabling environment that supports family and child safety, health, and well-being.

Under Objective 1 (Building the Evidence Base), 4Children supports research about interventions for children affected by HIV/AIDS and other adversities to identify those that show evidence of success. In addition, it works to increase the number of countries that regularly collect information about children affected by HIV and other adversities and how their needs are being met, and implements strategies to create, share, and use this knowledge.

Under Objective 2 (Putting Evidence to Practice), 4Children scales up evidence-based practices by building the capacity of systems, organizations, and individuals to enhance leadership and governance, strengthen the social service workforce and bring together government, faith, traditional, community and civil society leaders to better serve orphans and vulnerable children.

Under Objective 3 (Supporting Quality and Sustainability), 4Children helps countries make better use of their existing expertise around interventions for children affected by HIV/AIDS and other adversities. As part of this effort, it promotes the use of Quality Improvement (QI) approaches to service delivery and help to strengthen countries' legislation, policies, and regulations which protect children.

4Children is implemented by Catholic Relief Services (CRS), in partnership with IntraHealth International, Pact, Plan International USA, Maestral International, and Westat. Africa-based organizations, Africa Child Policy Forum (ACPF), Parenting in Africa Network (PAN), and Regional Psychosocial Support Initiative (REPSSI) are additional collaborating partners. The project was initiated on September 15, 2014. In close collaboration with USAID, the 4Children consortium has embarked on an intense project start-up and has begun implementing a robust set of core and country-level activities.

This report details major activities and achievements of the first six months of implementation, including progress on the set of core activities and country-based activities, as well as key management undertakings. Progress towards meeting established program performance indicators, challenges faced, and planned activities during the next performance period are also described.

## 2 PROGRESS ON CORE ACTIVITIES

### 2.1 Strengthening Social Service System Indicators

**Overview:** Although significant social services system strengthening efforts have resulted in improved legal and policy frameworks, strengthened workforces, data collection systems and the establishment of national and sub-national coordinating bodies, a monitoring and evaluation framework specifically designed to measure the success or impact of PEPFAR investments in system strengthening needs further development.

MEASURE Evaluation has designed a draft set of indicators for the key components of a social service system. This Social Service System Strengthening Monitoring and Evaluation Framework is a tool for measuring the outcomes of interventions designed to strengthen each system component and contextualizes ‘system strengthening’ as an input that ultimately improves child and household well-being. 4Children was asked to support a final series of reviews of the indicators and to support MEASURE as they lead a process of field-testing.

**Objective:** To support the on-going validation process and eventual field testing of the indicators.

**Accomplishments during the reporting period:** The review of the social systems strengthening indicators has progressed as planned. 4Children facilitated independent reviews by six individuals including experts from within the 4Children core team and external experts (Jini Roby, John Fluke, and Fred Wulczyn). A report consolidating feedback from the reviews was drafted by 4Children and submitted to MEASURE, who are revising the framework based on the review recommendations. 4Children and MEASURE have also initiated discussions regarding possible areas of need for 4Children assistance with field validation.

### 2.2 Transition and Management of OVCsupport.net

**Overview:** OVCsupport.net was originally developed by the International HIV/AIDS Alliance (UK), with support from USAID. Management Sciences for Health (MSH) assumed management of the site in 2010 through the AIDSTAR-Two project and was managing it through March 31, 2015, under the Leadership, Management and Governance (LMG) project. The site began as a resource database, but as interest increased, stakeholders recognized the potential to increase the site’s scope and expanded it to include updated technical content, news and events, a discussion board, social media accounts, and an editorial board to provide guidance from experts in the field.

**Objective:** To update and improve OVCsupport.net as a platform for disseminating current evidence on HIV and children to the global community and for connecting community and non-governmental organizations (NGOs), policy-makers, donors and other stakeholders in order to improve the global response.

**Accomplishments during the reporting period:** Through March 31, 2015, day-to-day management of the OVCsupport.net site and social media platforms remained the responsibility of LMG. As such, there are no web-analytic metrics attributable to 4Children during the reporting period. Nevertheless, the project made important progress in ensuring a successful and timely transition from LMG to 4Children by April 1. Among the key activities undertaken to ensure the success of this transition include:

- 4Children and LMG participated in a series of collaborative meetings (and sustained communication) to plan the transition process, outline required tasks, and establish deadlines. A detailed transition report prepared by LMG assisted in guiding this process.
- Access for 4Children to all of the accounts needed to manage the website and associated social media was facilitated and ownership transferred.

- Relevant contractual agreements, such as the agreement with Human Science Research Council (HSRC) for preparing the Research Newsletter, were reviewed.
- Relevant processes and tools for retrieving and disseminating content (website watcher, google alerts, BufferAp, MailChimp) and for monitoring site usage were set up.
- A detailed review of the website content and interface, procedures for editorial review, and previous sustainability recommendations was initiated; an internal 4Children task force was created to review and support implementation of changes for improvement.

### 2.3 Integrating Violence against Children Prevention and Response Activities within PEPFAR Programs

**Overview:** A number of countries are currently completing or have recently completed surveys addressing violence against children (VAC). Several countries have begun developing interventions to respond to these findings. While both USAID and CDC have supported violence prevention and response, there remain opportunities for better addressing VAC within PEPFAR programming – including both clinical and socio-economic platforms. To complement CDC’s evidence-based review and guidance on what works in violence prevention and response, USAID has asked 4Children to develop accompanying guidance that identifies key opportunities within PEPFAR programming to incorporate interventions that prevent and respond to violence.

**Objective:** 4Children will work with the PEPFAR OVC and Gender Technical Working Groups (TWGs) and other TWGs to identify key opportunities to incorporate interventions that prevent and respond to violence.

**Accomplishments during the reporting period:** During the reporting period, 4Children worked with USAID to refine the scope and objectives of this activity. Several key resources were identified from Together for Girls, CDC, WHO, UNICEF and other relevant organizations. 4Children’s Capacity Building Technical Director participated in the [Without Violence](#) summit in February 2015, along with a range of other organizations engaged in violence prevention and response.

### 2.4 Support Management and Development of Products through the Global Social Workforce Alliance

**Overview:** The Global Social Service Workforce Alliance (GSSWA) works toward a world where a well-planned, well-trained, and well-supported social service workforce effectively delivers services that improve the lives of vulnerable populations. The Alliance’s mission is to promote the knowledge and evidence, resources and tools, and political will and action needed to address key social service workforce challenges, especially in low- to middle-income countries. Fulfilling this mission requires a multifaceted approach, which involves a range of strategies for planning and financing, training, developing, supporting and retaining the workforce, and coordination with other system strengthening initiatives within the social service sector and other relevant sectors.

PEPFAR has supported the Alliance from its inception, and other donors are now also contributing support for its work. IntraHealth acts as a fiscal sponsor and host of the Alliance. Ongoing activities of the Alliance include webinars, development and distribution of technical briefs, facilitation of Social Service Workforce Week other events, and support for two Interest Groups. As of early 2015, the Alliance included 407 members from 55 countries (with additional mailing list subscribers and twitter followers), and a resource library including 161 documents.

**Objective:** 4Children will provide continued support for the management of the GSSWA, including support for the development of several key products and events, in coordination with other workforce strengthening partners.

**Accomplishments during the reporting period:** Support for the Alliance through 4Children began on February 1, 2015. Key accomplishments during the months of February and March 2015 include the following:

- A webinar was held on World Social Work Day in collaboration with UNAIDS, PEPFAR and USAID, attracting 108 participants.
- The Alliance added 32 new members, bringing their total membership at the end of the reporting period to 446.
- A total of 18 new resources were included in the library.
- Page views on the Alliance website increased by 6,209, totaling 47,498 by the end of the reporting period, and the number of mailing list members increased by 25 subscribers.
- Two Steering Committee conference calls were held.
- Work progressed on the Annual State of Social Service Workforce report and planning for the Alliance's Annual Symposium, to be held in June 2015.

## 2.5 Supporting the Integration of Early Childhood Development within HIV/Health Platforms for Children under 5 Years

**Overview:** A growing evidence base has demonstrated the positive impact of early childhood development (ECD) on the health, well-being and educational attainment of children throughout their life cycle. Recent research has illustrated that ECD programs also serve as a critical entry point for reaching children affected by or living with HIV and building linkages with caregivers and health clinics. During the early years of life, brain architecture develops that will support individuals throughout their lives, enabling young children to become thriving adults. However, when external factors disrupt this architecture from being firmly laid out during the early years of life, the consequences are lifelong and often severe. Research has consistently demonstrated that children affected by HIV and AIDS are more at risk of disruptions during these early years than their peers.

**Objective:** To provide guidance and examples on integration of ECD into PEPFAR programming.

**Accomplishments during the reporting period:**

- Developed a key informant interview guide to use for discussions with stakeholders;
- Held meetings with stakeholders working in ECD and HIV, specifically Hilton Foundation, GHR Foundation, CRS, and HSRC;
- Reviewed evidence reported in the literature related to ECD interventions;
- Developed a framework for a summary of interventions.

## 2.6 Supporting Improvements to Case Management Systems throughout PEPFAR Programming

**Overview:** Case management is a core component of a social service system designed to effectively prevent and respond to children and families' vulnerabilities. Case management can be understood as the process of assessing, referring and monitoring the delivery of services in a timely, context-sensitive and individualized manner. As the evidence base continues to highlight the multiple vulnerabilities that children and families affected by HIV and other adversities face, the need to establish effective case management systems that promote integration amongst the different sectors (e.g., health, social protection, children protection and social welfare) is more critical than ever.

Assessing the status of case management systems is included as a component of the community-level Site Improvement Monitoring System (SIMS). SIMS is an important part of the USG's efforts to strengthen systems for capturing, aggregating and analyzing reliable, quality data across programs and to monitor inputs and other standard indicators affecting people living with HIV/AIDS and their families. Introduced in 2014 for use in PEPFAR-supported health facilities under the CDC, SIMS has now also incorporated a Community Tool for use by PEPFAR-funded prevention, care and support programs for OVC and their families at the community level.

**Objective:** 4Children will identify successful case management tools and procedures that enhance and improve case management (i.e., assessment, development and management of care plans, and monitoring of care plans, including closure) by government bodies and implementing partners. Adaptation of existing tools or creation of new tools to ensure they are evidence-based, user-friendly, and context-appropriate and are appropriately linked with SIMS guidance will support quality service delivery as well as help to prepare sites to be responsive to the SIMS.

**Accomplishments during the reporting period:**

- CRS, Pact and IntraHealth provided numerous inputs and resources related to case management, including standard operating procedures (SOPs), implementing guidelines, and other tools/resources collected from program teams in Ethiopia, Namibia, Swaziland, and Tanzania.
- An expert panel (Drs. Becky Davis, Martha Bragin, Lucy Steinitz, and Kelley Bunkers) was recruited and completed an assessment of the initial set of SOPs and tools.
- In addition, 4Children collected approximately 50 documents on elements of case management which will be reviewed for potential inclusion as examples of case studies.
- An initial list of key informants that will be interviewed as part of the process to identify and develop case studies on promising practices was developed.

## 2.7 Supporting Improvements to Referral Systems throughout PEPFAR Programming

**Overview:** The timely referral of children to necessary services within and between different sectors (e.g., health, education, social service) is a core component of a strong, effective and coordinated case management system. The linkages between the health clinic and social service system is especially relevant given that children and families affected by HIV and other adversities tend to have multiple vulnerabilities that require services provided by both sectors. To date, some government systems and civil society organizations have developed tools and approaches that support effective referrals mechanisms but this has not been done in a systematic, large-scale manner.

Additionally the utilization of technology (e.g., cell phones and SMS) has not been explored as comprehensively as it might be, although emerging models piloted by 4Children consortium members (e.g., Pact in Tanzania) and others are demonstrating positive results. Utilizing technology presents an opportunity to develop cost-effective and user-friendly mechanisms which help to ensure that: children are referred to and able to access services; services are of high quality; feedback loops exist and provide information as to where improvement is needed; and service providers routinely document this in a standardized and timely fashion.

**Objective:** To identify, through review of existing tools, programming documentation, peer reviewed literature and key informant interviews, successful tools that can enable government (especially Ministries of Health and Social Welfare) and implementing bodies to improve referrals amongst and between sectors, especially between health and social services. Adaptation of existing tools or creation of new tools will ensure that they are evidence-based, user friendly, flexible enough to be adapted to different contexts, and linked with SIMS guidance.

**Accomplishments during the reporting period:** Approximately 40 documents on elements of referral mechanisms have been collected for inclusion in the desk review. An initial list of potential key informants to be interviewed as part of the process to identify and develop case studies on promising practices was developed. In addition, the case management review process included specific SOPs and tools related to referral mechanisms, and findings will help feed into and inform the development of case studies and guidance on referrals.

## 2.8 Integrating Research into Mental Health Programming

**Overview:** Mental health continues to be a major concern in resource-poor settings and especially for vulnerable populations. Research related to mental health demonstrates the negative impact that caregiver mental health can have on children’s emotional, physical and cognitive development. To date, many programmatic responses in resource-poor settings have focused on psychosocial support, often centering on the social aspects with much less attention to the psychological components. However, there is a need to identify programmatic options for more severe mental health concerns that extend beyond the traditional psychosocial support.

The growing evidence base illustrating the impacts of HIV on the mental health of adults and children demonstrates the need to develop user-friendly, contextually appropriate resources for health care and social workers. Such programming resources may exist but not yet be published in peer-reviewed media. Likewise, published studies on promising practices may exist but may not yet be incorporated into programmatic responses.

**Objective:** To strengthen the integration of mental health interventions into OVC programming.

**Accomplishments during the reporting period:** A literature review of relevant published material was started. In addition, a key informant interview guide to use for discussions with stakeholders was drafted.

## 3 PROGRESS ON COUNTRY-BASED ACTIVITIES

### 3.1 Keeping Children in Healthy and Protective Families (DCOF)

**Overview:** Globally, a large but essentially uncounted number of children live outside of family care, with negative long-term effects on their physical, emotional, and cognitive development and social integration. USAID’s Displaced Children and Orphans Fund (USAID/DCOF) supports the implementation of the USG’s Action Plan for Children in Adversity, with a particular focus on supporting families, preventing unnecessary separation, and supporting permanent family care, as well as on preventing, responding to, and protecting children from violence, exploitation, abuse, and neglect.

National capacities to identify vulnerable children and provide accessible social services are also critical for addressing violence against children in the family and for preventing unnecessary child separation. Locally appropriate social work services and child protection measures are needed in targeted countries to ensure that: (1) children at risk of family violence and/or family separation and their families can benefit from quality child protection services and timely and relevant assistance that are contextually and culturally appropriate; and (2) locally appropriate social work practices and supporting child protection activities are developed and sustained by key actors in the national child protection system.

**Objective:** 4Children will develop multi-year projects implemented in at least three countries with two inter-related approaches: (i) the design and implementation of research related to family strengthening, especially identifying, assessing and promoting endogenous and evidence-based practices that prevent unnecessary separation, that promote and sustain successful reintegration of children into family based care and that prevent and respond to violence and abuse in the family environment; and (ii) strengthening

the capacity of social work cadres and other allied professionals, community and faith-based leaders aligned with or engaged in child protection and welfare to implement and oversee contextually appropriate case management and community mobilization activities with the aim of ensuring stable and protective family environments for children at risk of separation, abuse, violence, neglect or exploitation.

**Accomplishments during the reporting period:** Major activities during this reporting period aimed at working with DCOF to identify the focus countries and key areas of programming and research. Along these lines, the following activities were accomplished:

- A scoping visit to Zambia was carried out together with DCOF in February.
- Scoping meetings were held with stakeholders from Rwanda and Uganda during 4Children's participation in a three-country workshop organized by DCOF highlighting child care reform in Burundi, Rwanda and Uganda, including meetings with CRS Rwanda and other key stakeholders from Rwanda (UNICEF, NCC, Hope and Homes for Children, Tulane, and Global Communities) and Uganda (Child Fund and Retrak).
- Meetings to gather information on potential countries for engagement were held (in person or over phone) with over 15 resource people.
- A country matrix including detailed background information on six priority countries for engagement was completed, informed by a database of approximately 500 relevant documents organized by country and by resources provided by 4Children consortium partners.
- A 'country options paper' was prepared, together with the country matrix mentioned above, and submitted for DCOF's appraisal (in April).
- Preparations were initiated to host a research inception meeting with approximately 30 participants to support the development of the 4Children-DCOF learning agenda in May 2015, including concept note, list of invitees, and Theory of Change (TOC).

### 3.2 Uganda Portfolio Review

**Overview:** Among the USAID investments and mechanisms within the OVC portfolio in Uganda, there are two main projects and a number of other smaller activities within large comprehensive health and HIV mechanisms. One of the main projects is SUNRISE-OVC (Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children). This project was designed to improve government responses in support of the National OVC policy by strengthening leadership, management capacities, and information and providing technical assistance to national, regional and local government and civil society organizations.

**Objective:** USAID commissioned 4Children to carry out a review of the OVC portfolio in Uganda, in order to help refine the vision for the portfolio and assess the cohesiveness and congruence of USAID/Uganda's OVC portfolio of activities and investments. 4Children was also asked to carry out a more intensive final performance evaluation of the SUNRISE-OVC project.

**Accomplishments during the reporting period:** Among 4Children's most significant achievements during the reporting period was the performance of the OVC Portfolio Review and SUNRISE-OVC Evaluation in Uganda. These activities will allow USAID to strengthen future mechanisms to respond to OVC and child protection service delivery.

A team of five researchers from the 4Children consortium and three local researchers from Makerere University carried out the Portfolio Review and SUNRISE-OVC evaluation. Among others, these activities involved administration of 96 key informant interviews, focus group discussions with 642 participants, an extensive desk review of 65 documents, and analysis of SUNRISE-OVC and Ministry of Gender, Labour and Social Development (MGLSD) datasets.

Planning for the evaluation and portfolio review began in January with in-depth document reviews and a series of teleconferences and email exchanges between 4Children, USAID, and other on-the-ground personnel. Detailed scopes of work, key questions, draft data collection tools, and review methodologies were all developed during this preparatory phase. Field work by the full team, including activities in Kampala and in selected districts, took place in February; a second phase of field work was carried out by the local research team from March 10-20 (for part of the SUNRISE-OVC evaluation).

Detailed reports for each exercise (portfolio review and evaluation) were prepared, including descriptions of methodologies used, study limitations, key findings and recommendations. A final draft report from the portfolio review was submitted to the USAID Uganda Mission on April 2, while the SUNRISE-OVC evaluation report was finalized and submitted April 13.

### 3.3 Democratic Republic of Congo Social Welfare System Strengthening

**Overview:** According to the 2009 National Orphans and Vulnerable Children (OVC) Action Plan, there are an estimated 8.2 million OVC in the DRC. The principal government ministry mandated with responsibilities relevant to the protection of children is the Ministry of Social Affairs, Humanitarian Action and National Solidarity (MINAS). USAID has asked 4Children to improve the national capacity of key MINAS offices (including the General Secretariat and offices responsible for planning and research and for child protection) to fulfill the implementation of their mandate and strengthen the social welfare system for vulnerable children, building on the momentum created by previous capacity building projects. Capacity building efforts will include an increased focus on child protection, monitoring and evaluation (M&E), and strengthening linkages to pediatric HIV treatment, and will also be linked with the upcoming ELIKIA project in regards to district level capacity strengthening.

**Objective:** The goal of this five-year activity is to improve the national capacity of key MINAS offices to fulfill their mandate and strengthen the social welfare system.

**Accomplishments during the reporting period:** This activity also constituted a major effort under the 4Children project during the reporting period. Working closely with USAID, a scoping visit was planned, including the following key activities:

- Development and submission of detailed scope of work;
- Identification of scoping visit team, including representatives of CRS, Intrahealth, Maestral, Westat and a national consultant, and development of project orders and/or contracts;
- Briefing for the team on past achievements and impact of CapacityPlus, as well as lessons learned about working with MINAS and other key stakeholders;
- Development of scoping visit methodology and arrangement of in-country meetings;
- Drafting of supporting tools for key informant interviews (KII) and small group discussions (SGDs);
- Review of relevant USAID, Government of DRC, and other donor documents (including World Bank assessment of GDRC capacity) as well as relevant legislation and other recent relevant literature.

The scoping visit was conducted from March 16 - April 3. In total, 25 KII and SGD were conducted, with various divisions of MINAS (Secrétaire Général, Direction des Interventions Sociales pour la Protection de l'Enfant (DISPE), Direction d'Etudes et Planification (DEP), Direction de l'Education Non Formelle, Direction Action Sociale, Direction du Service Générale et des Ressources Humaines et la Direction de la Rééducation et du Reclassement Sociale); current and potential future donors supporting MINAS in areas related to child protection/programs for vulnerable children; a range of implementing agencies; and the Ministry of Gender, Families and Children (which is mandated to overview prevention and other related interventions for children's well-being). Briefing meetings were held with USAID and the MINAS Secrétaire

Général. Information obtained during the visit will be reflected in a full scoping visit report and will guide development of a five-year strategy and the first year work plan for capacity building with MINAS.

### 3.4 Democratic Republic of Congo Service Delivery in Kinshasa

**Overview:** USAID, along with other donors and the Government of DRC, has made significant investments in efforts to address HIV in the DRC. Chief among these are investments in social services to wrap around care and treatment programs to support efforts to prevent, diagnosis and treat HIV infection. Despite these investments, there is a lack of community-oriented interventions for children affected by HIV/AIDS that ensure health and social services are linked and that children and their families have the resources and knowledge, skills, and attitudes to access these services. USAID has asked CRS to increase the effectiveness of referral systems within selected health zones of Kinshasa and to establish savings and internal lending clubs and parenting skills training.

**Objective:** This activity includes two main objectives: 1) to increase the effectiveness of referral systems within Kinshasa so that HIV treatment and social services are better coordinated, and 2) to establish a household economic strengthening plus (HES+) program that includes both savings and internal lending clubs (SILCs) and parenting skills training targeted at HIV-affected households who are already associated with USAID and CDC supported treatment facilities.

**Accomplishments during the reporting period:** As part of the scoping visit to DRC described above, 4Children consulted with USAID/DRC to identify USAID-supported priority treatment facilities and health areas in Kinshasa for roll out of referral mechanisms and HES+ groups. The team also consulted with USAID HIV/AIDS partners and other key stakeholders, including ICAP, PROVIC, EGPAF, PSI, CARE/LIFT, CORDAID, CARITAS, PNLs, and others and benefited from meetings with a variety of social services providers conducted under the national capacity strengthening scope of work. A concept note describing the proposed activity was developed during the visit and submitted to USAID. Feedback from discussions with USAID on the concept note is being integrated into a full proposal, to be shared early in the next reporting period with USAID/DRC for approval.

### 3.5 Other Country-Based Scopes of Work

4Children is in the early stages of discussing additional country-based SOWs. Among these, USAID issued a modification to accommodate a 4Children activity in Botswana, for which the specific SOW is still under development. In addition, a draft SOW has been developed by USAID for carrying out independent monitoring, evaluation, and operations research linked to two anticipated projects addressing the health, nutrition, education, and psychosocial needs of OVC in heavily HIV-affected areas of Uganda. Initial discussions between 4Children and USAID/Uganda personnel on this work were held during the OVC Forum in South Africa in February 2015.

## 4 GENDER INCLUSION

4Children has made deliberate efforts to ensure gender inclusion remains a core tenet of implementation, both in core and country activities. Specific activities during the first six months of project implementation include the following:

- In February, Plan International USA drafted an operational approach for mainstreaming gender across the project service pillars. The document provides a series of steps that project partners can undertake to ensure that all core activities and country buy-ins address gender and gender equity in their design and implementation. Highlights from this document were shared with partners during a session on gender integration in OVC and child protection programming. Next steps will include drafting a project-wide resource(s) for partners that highlights the evidence-base and rationale for mainstreaming gender in each of the project technical areas (e.g. workforce development, case management, etc.) to provide partners with common language on the benefits of integrating a gender perspective in the diverse range of activities that comprise the project portfolio.
- Plan reviewed the 4Children project brochure from a gender-perspective and provided recommendations for enhancing the gender-responsiveness of the project description.
- The literature reviews for both ECD and mental health activities are explicitly including gender as a key review area.
- Because gender has not yet been adequately captured in the current SIMS materials review, the next phase will include a more direct focus on gender.
- The Portfolio Review and the SUNRISE-OVC Evaluation also ensured that methodology, findings and recommendations included a gender-sensitive lens. The key informant interviews and focus group discussions aimed to ensure equitable representation of both men and women and boys and girls.
- The DRC Social Welfare and System Strengthening activity is child-protection focused and includes both vulnerable boys and girls. Some of the most important vulnerable groups have a particular gender bias, such as child mothers, child soldiers (mostly boys), street children (the particular vulnerability is for girls but not only girls); and victims of sexual exploitation (mostly girls).

## 5 ACCOMPLISHMENTS AGAINST TARGETS DURING REPORTING PERIOD

The table below shows the major quantitative accomplishments of the 4Children project during the period from October 2014 – March 2015 against targets proposed in the performance monitoring plan (revised version, submitted to USAID on April 10, 2015). Activities which have not yet been initiated (in accordance with planned timing) are not reflected in the table.

Indicator	End-of-Year Target	Actual
<b>CORE ACTIVITIES</b>		
<b><i>Strengthen Social Service System Indicators</i></b>		
Facilitate review of draft indicators by 4Children and specified experts	6	6
Report on consolidated feedback on indicators developed	1	1
<b><i>Support Management and Development of Products through the Global Social Workforce Alliance<sup>1</sup></i></b>		
New resources included in the library	80	18
Total number of GSSWA members increased	750	446 <sup>2</sup>
Total number of mailing list members increased	256	184 <sup>3</sup>
Number of page views on Alliance website increased	60,000 <sup>4</sup>	47,498 <sup>5</sup>
Annual in-person Steering Committee meeting and monthly conference calls held	8	2
Product developed by each of two interest groups	2	0
Webinars promoted that address critical workforce issues	3	1
Participation in webinars	40/webinar	108
Percentage increase in non-PEPFAR funds supporting the Alliance	50%	0
<b><i>Support Improvements to Case Management Systems throughout PEPFAR Programming</i></b>		
Inventory of Case Management SOPs that meet SIMS standards	TBD	33
<b><i>Integrating Research into Mental Health Programming</i></b>		
Literature review conducted	1	0
<b>COUNTRY ACTIVITIES</b>		
<b><i>Uganda Portfolio Review &amp; Final Evaluation</i></b>		
SUNRISE performance assessment preliminary findings presentation to USAID/Uganda	1	1
Uganda OVC portfolio review preliminary findings presentation to USAID/Uganda	1	1
SUNRISE OVC performance assessment report delivered	1	1
Uganda OVC Portfolio review report	1	1
<b><i>DRC Social Welfare Systems Strengthening</i></b>		
In-country assessment conducted	1	1
Presence of scoping visit report with recommendations of short and long term capacity strengthening interventions	1	0
Phase 2 plan (capacity building methodology, work plan, and year 1 activities to be implemented) developed	1	0

<sup>1</sup> Achievements noted are for the period from February 1 – March 31, 2015 only.

<sup>2</sup> Including 32 added in February 1-March 31, 2015.

<sup>3</sup> Including 25 added in February 1-March 31, 2015.

<sup>4</sup> Target updated from 20,000 (as presented in the Performance Monitoring Plan) to 60,000 due to an error in the calculation detected after the submission of the PMP

<sup>5</sup> Including 6,209 in February 1-March 31, 2015.

## 6 CHALLENGES AND LESSONS LEARNED

During the first six months of project implementation, a few minor challenges have been faced; these are described below with the associated responses taken to address them and/or lessons learned:

- 4Children is promoting new objectives and approaches that are unfamiliar to some global- and country-level actors. In this context, 4Children is working to ensure that its initial scoping visits and dialogue inform stakeholders of the potential benefits of exploring, developing and implementing 4Children's comprehensive care approach.
- There is a relatively small pool of professionals working in the area of international child welfare and protection systems strengthening. 4Children was very successful in staffing its team with experts in this area and partnering with organizations which also house relevant expertise and resources. In addition, 4Children has worked intensively to map and reach out to the global professional community to develop a solid roster of experts and organizations who meet or exceed the professional requirements to provide 4Children support.
- One lesson learned from CapacityPlus' work with MINAS in the DRC was that the request to solely focus on strengthening the DISPE resulted in a lack of collaboration within MINAS and buy-in from decision-makers. Building on this learning, USAID has expanded the capacity strengthening intervention to also include the office of the Secrétaire Général and the DEP to ensure broader buy-in and collaboration. 4Children's initial meeting with the Secrétaire Général included many other offices that need to collaborate with DISPE and DEP to successfully implement policies and programmatic interventions for vulnerable children. The project will continue to work closely with USAID/DRC to promote this collaboration and to benefit the work of other offices, while keeping within the scope of the current USAID investment in the three key offices (DISPE, DEP, and office of the Secrétaire Général) and without unnecessarily raising expectations. 4Children will also work to support efforts to increase public and private funding by increasing the visibility of all MINAS offices and showcasing to existing and potential new donors the improved impact of joint efforts on children's welfare.
- 4Children's national level capacity strengthening effort in the DRC is expected to coordinate with the ELIKIA project for district level capacity strengthening. As ELIKIA has not yet been awarded, the scoping visit was not able to identify these areas of collaborations at this stage. As soon as the project is awarded, 4Children will begin consultations to ensure linkages and interface between the national and district levels are strengthened in the three target provinces. In the meantime, 4Children will ensure that the proposed work in selected health areas of Kinshasa informs and links with the national capacity strengthening efforts of MINAS and that national level interventions support and build on the work in Kinshasa, especially related to strengthening referral mechanisms and linkages to pediatric HIV treatment.

## 7 UPCOMING ACTIVITIES AND NEXT STEPS

Major activities planned for the next performance period (April – September 2015) include those shown below:

Activity	Next Steps
<i>Core Activities</i>	
Social service system indicators	<ul style="list-style-type: none"> <li>▪ Assist MEASURE with field validation, as needed</li> </ul>
OVCsupport.net	<ul style="list-style-type: none"> <li>▪ Implement key stakeholder surveys (users, Editorial Board, donor) to identify key needs of various target audiences and areas of improvement</li> <li>▪ Complete search engine optimization</li> <li>▪ Investigate and implement recommendations for site revisions (user interface, content, etc.)</li> <li>▪ Formally assume ownership and day-to-day management of the site and social media accounts</li> <li>▪ Update resources and facilitate learning events</li> </ul>
Violence against children prevention and response	<ul style="list-style-type: none"> <li>▪ Organize and participate in calls and meetings with OVC and Gender TWG colleagues, USAID and CDC</li> <li>▪ Identify additional resources to review, including resources that outline the types of activities supported by PEPFAR where prevention and response to VAC could be pertinent</li> <li>▪ Work with the OVC and Gender TWGs to develop a Summary Chart of high-impact, cost-effective, timely and relatively easy-to-implement interventions that could be integrated within different areas of PEPFAR programming</li> <li>▪ Prepare consultative meetings between representatives from the OVC and Gender TWGs and other PEPFAR TWGs to review and revise the recommendations and to identify examples of how VAC is currently being addressed</li> <li>▪ Identify select PEPFAR mission personnel and conduct KII</li> </ul>
GSSWA	<ul style="list-style-type: none"> <li>▪ Hold Annual Steering Committee (June 8 – 9)</li> <li>▪ Hold Annual Symposium (June 10)</li> <li>▪ Finalize and disseminate State of the Social Service Workforce Report</li> <li>▪ Conduct three webinars</li> <li>▪ Finalize products linked to two interest groups</li> <li>▪ Facilitate meeting in East/Southern Africa (September)</li> </ul>
ECD	<ul style="list-style-type: none"> <li>▪ Meet with the OVC TWG for input on summary table</li> <li>▪ Identify promising practices among PEPFAR colleagues</li> <li>▪ Hold key informant interviews with stakeholders</li> <li>▪ Develop summary chart of ECD interventions that could be integrated within different areas of PEPFAR programming</li> <li>▪ Develop and share draft ECD guidance</li> </ul>
Case Management	<ul style="list-style-type: none"> <li>▪ Conduct second phase of SOP collection and review</li> <li>▪ Identify and review examples of and processes involved in case management systems to help inform the development of case studies</li> <li>▪ Design key informant interview guides for key stakeholders and conduct KIIs</li> <li>▪ Begin collecting and analyzing findings from document review and KII to inform content of guidance</li> <li>▪ Draft case management case studies and guidance on case management</li> </ul>

Referrals	<ul style="list-style-type: none"> <li>▪ Identify and review a minimum of five existing examples of and processes involved in referral mechanisms to help inform the development of case studies</li> <li>▪ Design key informant interview guides for key stakeholders and conduct KIIs</li> <li>▪ Begin collecting and analyzing findings from document review and key informant interviews to inform content of guidance</li> <li>▪ Draft referral case studies and guidance on case management</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>▪ Meet with the OVC TWG for input</li> <li>▪ Finish literature review of published literature and collect additional grey literature</li> <li>▪ Identify promising practices among PEPFAR colleagues</li> <li>▪ Hold KIIs with stakeholders</li> <li>▪ Develop case studies on promising programmatic options and recommendations for integration of mental health and HIV</li> <li>▪ Attend and present on mental health at the REPSI psychosocial forum</li> </ul>
<i>Country-Based Activities</i>	
Keeping Children in Healthy and Protective Families (DCOF)	<ul style="list-style-type: none"> <li>▪ Facilitate research inception meeting to review evidence and gaps and explore programming and research options</li> <li>▪ Carry out scoping missions to three selected target countries</li> <li>▪ Complete Theory of Change and learning agenda document</li> <li>▪ Produce project plan with detailed description of proposed country interventions for the next 4 years</li> <li>▪ Complete plan for engagement with at least two countries for research and programming, initiating activities in at least one</li> </ul>
Uganda OVC portfolio review and SUNRISE-OVC Evaluation	<ul style="list-style-type: none"> <li>▪ Incorporate USAID feedback into final versions of portfolio review and SUNRISE-OVC evaluation reports</li> </ul>
DRC Social Welfare System Strengthening	<ul style="list-style-type: none"> <li>▪ Finalize scoping visit report, including a review of what others are doing in this realm at the national level; review of the essential role and responsibilities of MINAS with respect to a child-sensitive social service system and review of current strengths, weaknesses, opportunities and threats to the capacity of MINAS to carry out this role; and immediate- and short-term recommendations for USAID on where to prioritize intervention and next steps</li> <li>▪ Draft 4Children MINAS capacity building methodology, work plan, and activities to implement in year 1, based on the findings from the scoping visit and plan consultation with MINAS</li> <li>▪ Start implementing short-term capacity strengthening activities as agreed with USAID</li> </ul>
DRC Service Delivery in Kinshasa	<ul style="list-style-type: none"> <li>▪ Finalize proposal and methodology and begin to organize implementation as agreed with USAID/DRC</li> <li>▪ Following approval by USAID/DRC, establish project staff and develop and submit a work plan and monitoring plan for approval</li> <li>▪ Create a technical working group of stakeholders (to include representatives of GDRC, clinical and social service providers, and community PLHIV support groups, and work with TWG to conduct a mapping and assessment of current referral systems</li> <li>▪ Establish a household economic strengthening plus (HES+) program that includes both savings and internal lending clubs (SILCs) and parenting skills training targeted at HIV-affected households who are already associated with USAID supported treatment facilities; identify household economic</li> </ul>

	strengthening plus field agents and introduce HES+ groups and start enrolling members
Other Country-Based activities	<ul style="list-style-type: none"> <li>▪ Follow up with USAID regarding plans for the impact evaluation, monitoring, and operations research in Uganda, a SOW for work in Botswana, and other potential buy-in activities</li> </ul>

## 8 ENVIRONMENTAL COMPLIANCE

No issues or challenges faced per 22 CFR PART 126.

## 9 HUMAN SUBJECTS PROTECTION

For the DCOF-supported 4Children research, information about IRB procedures in potential countries or engagement was collected during the country assessment phase.

For the portfolio review and SUNRISE-OVC evaluation in Uganda, the team gathered consent forms for all focus group discussions, including for children from their guardians.

Other core and country activities have not required special human subjects protection actions.

## 10 PROGRAM MANAGEMENT

### 10.1 Start up

During this first reporting period, major efforts were devoted to establishing the 4Children program. A brief timeline of major achievements during the start-up phase is as shown below:

- The Coordinating Comprehensive Care for Children (4Children) project was awarded on September 15, 2014, with an initial obligation of \$3.57 million.
- In the first two weeks, USAID sent two modifications, for \$1.33 million and \$1 million respectively, for a total obligation of \$5.9 million.
- CRS established a financial tracking system to accommodate the sub-award tracking as well as activity-based tracking and developed a financial reporting package to comply with CRS policy and USAID reporting requirements.
- CRS developed job descriptions and began posting vacancies, interviewing, and hiring in September, with all CRS staff on board by January 2015. All key personnel, with the exception of the Deputy Project Director, a Pact-seconded position filled in mid-March, were on board by January 2015. The team is now fully staffed.
- An initial meeting with USAID was held on October 1, 2014, and included discussions on the DCOF Scope of Work and the structure of the cooperative agreement.
- The first meeting with consortium partners occurred on October 6, 2014. USAID attended for most of the day and provided guidance on the project.
- In October, CRS signed Letters of Authorization with all five partners to provide initial funding while the sub-awards were being prepared. Sub-recipient agreements were approved by USAID in February and signed shortly thereafter.
- In November, CRS hosted a partners meeting at CRS Headquarters. USAID staff attended on the first day and presented suggestions for Core Activities as well as suggested revisions to the work plan for year one.
- As a result of the November meeting, a team of 4Children partners came up with suggestions for a project name; USAID approved the name “4Children” in December.

- In December, USAID sent buy-in SOWs for the Uganda Portfolio Review, Uganda Impact Evaluation, and DRC Social Welfare System Strengthening. In response, the 4Children team developed detailed SOWs for the 4Children response to the USAID proposed activities.
- In December, the Year 1 work plan, budget, PMP, and Branding Strategy and Marking Plan were submitted to USAID. The 4Children team was in process of revising these documents in March for resubmission to USAID after receiving and incorporating USAID feedback.
- In January 2015, Dan Oliver (CRS) and Karen Megazzini (Westat) attended the OVC Forum in Johannesburg. The inter-agency event included representatives from USAID, CDC, and the Departments of State and Defense. The purpose of the event was to discuss and reinforce the role of monitoring, evaluation and research within the current and future portfolio of OVC activities funded by the USG. Conversations were held by the 4Children staff with numerous mission representatives, as well as representatives from USAID/Washington, CDC and State.

## 10.2 Staffing

All 4Children personnel have been hired, as shown in the table below.

Position	Name
<b>Key Personnel</b>	
Project Director (CRS)	Shannon Senefeld
Deputy Project Director/Program Director (Pact)	Tom Ventimiglia
Evidence Building Technical Director (CRS)	Dan Oliver
Child Welfare and Protection Systems Technical Director (Maestral)	Kelley Bunkers
<b>Other Core Team Staff</b>	
Senior Technical Advisor for Family Strengthening and Child Protection (CRS)	Denise Stuckenbruck
Capacity Building Technical Director (CRS)	Severine Chevrel
Operations Director (CRS)	Jason Sullivan
Knowledge Management and Learning Officer (CRS)	Yemisi Songo-Williams
Monitoring and Evaluation and Knowledge Management and Learning Officer (CRS)	Alvaro Cobo
Grant and Compliance Manager (CRS)	Sarah Beakes
Program Specialist (CRS)	Suzanne Andrews

## 10.3 Coordination with Partners

Close communications and coordination have been maintained between the members of the 4Children consortium. During the reporting period, three in-person planning meetings were held: on October 6, November 5-6, and December 9. In addition, remote coordination meetings have been held on a monthly basis.

## 10.4 Financial Report Overview

A detailed financial report is submitted under separate cover. Highlights of project finances during the period from inception through March 31, 2015, include the following:

*Expenditures versus budget and obligated amount:* As of the end of the reporting period, 4Children project expenditures totaled \$1,696,017 inclusive of actual expenses, accruals in the CRS financial system for partner expenses, and outstanding commitments to 4Children partners for the current fiscal year. This represents 47% of the Year 1 workplan budget of \$3,592,897 and 25% of the total obligated amount of \$6,850,000. The total remaining of the current obligation is \$5,153,983.

*Burn rate:* The 4Children project continues to expand and incur higher levels of expenses, with the burn rate increasing significantly in the 2<sup>nd</sup> quarter of FY2015. This is due to the fact that the Core Team was fully staffed beginning in Q2, partner expenses were recorded for all partners, and significant program activity occurred for the Uganda review and evaluation and DRC scoping visit.

*Partner expenditures:* CRS worked with all five consortium partners—IntraHealth, Maestral, Pact, Plan, and Westat—to develop year one budgets according to initial core funding obligation levels. In February, CRS signed sub-agreements with the partners. As partners only charge the project for time worked, more significant expenses were incurred by those with full-time staff on the Core Team (Maestral and Pact) and those involved with the current country SOWs (IntraHealth, Maestral, and Westat).

*Activity expenditure tracking:* Following a meeting with USAID in January, 4Children developed a financial tracking system aligned with the work plan to record expenses by activity under core funding. This was operationalized by CRS in February. As a result, expenses in Management & General are still relatively high, at 82% of core actual expenditures/accruals from January-March 2015. This percentage is expected to decrease significantly in quarter three, as staff allocate more time to applicable central activities.

*Country Buy-in expenditures:* The buy-ins for the 4Children project had significant activity in the second quarter. The DCOF portion of 4Children has spent/committed to date \$142,739, representing 12% of the \$1.2 million year 1 budget. The increase in DCOF expenses in the second quarter is due to the hiring of a full-time DCOF Senior Technical Advisor and a scoping visit to Zambia. Expenses/commitments are expected to increase after the selection of countries for the DCOF initiative. Expenses/commitments for the Uganda portfolio review and SUNRISE-OVC evaluation are \$154,603 or 78% of the \$199,096 budget in the revised work plan. There will be additional costs in April for local consultants and work on the final report. DRC expenses/commitments for the Social Welfare System Strengthening are \$153,748 as of March 31, 2015, representing 53% of the budget of \$288,625 from the revised work plan. The DRC Service Delivery component expensed \$7,260 in the 2<sup>nd</sup> quarter. A 2-year budget for this work has been submitted to USAID/DRC and Planned Expenditures for the remainder of FY15 are estimated at \$425,634 pending USAID approval of the concept note and budget.

*Cost share:* 4Children cost share remained on target for FY2015, with expenditures totaling \$161,109 or 51% of the total cost share budget of \$315,015. Of the total cost share spent, \$18,132 was in support of the Uganda portfolio review and SUNRISE-OVC evaluation and \$823 was in support of the Mental Health initiative for central activities. The cost share rate is currently higher than the 5% required for the award with cost share at 21% of total project inception to date federal expenditures of \$783,038.