

# **DCOF Technical Assistance Report: Pretoria and Johannesburg, South Africa**

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By

Jill Donahue  
Mark Lorey

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For additional information or copies of this report, contact

**Displaced Children and Orphans Fund and War Victims Fund Contract**

1300 Pennsylvania Ave, NW

North Tower, Suite 405

Washington, DC 20004

phone: 202-789-1500 fax: 202-789-1601

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## Acronyms

CBO	Community-Based Organization
CCO	Catalyst/Capacity-building Organization
COPE	Community-based Options for Protection and Empowerment
DCOF	Displaced Children and Orphans Fund
DOW	Department of Welfare
FHI	Family Health International
FINCA	Foundation for International Community Assistance
IFESH	International Fund for Education and Self-Help
MFI	Microfinance Institution
NMCF	Nelson Mandela Children's Fund
NGO	Nongovernmental Organization
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
OVC	Orphans and Vulnerable Children
USAID	U.S. Agency for International Development





## Introduction

The U.S. Agency for International Development's (USAID) Displaced Children and Orphans Fund (DCOF) began a series of trips to Pretoria, South Africa in July 1999, at the invitation of the South African USAID mission. The first trip explored how USAID could best contribute to mitigating the impacts of HIV/AIDS on children and families. The second trip included attending a workshop to discuss the Department of Welfare's National Strategic Framework for children and families affected by HIV/AIDS. After the workshop, USAID/South Africa and DCOF met with staff from the Department of Welfare and the Nelson Mandela Children's Fund (NMCF) respectively. Staff from both institutions expressed interest in further developing their respective approaches to mitigate the impact of HIV/AIDS on families and children. USAID/South Africa and DCOF offered technical assistance for this purpose.

This report summarizes the work done during a third trip to provide specific technical assistance to the Department of Welfare and Nelson Mandela Children's Fund. Jill Donahue, the DCOF technical advisor on community mobilization and economic strengthening activities served as team leader. Mark Lorey, a former staff member of Save the Children's Community-based Options for Protection and Empowerment (COPE) program in Malawi and a visiting lecturer and researcher at the University of the Western Cape, participated as a technical resource advisor. USAID/SA provided two other technical resource advisors for the team: Caroline Brokenshire, a monitoring and evaluation specialist, and Felicity Young, an organizational development specialist with experience in supporting HIV/AIDS projects.

## Background

South Africa has one of the world's most rapidly increasing HIV epidemics. Recent reports estimate that 1 of every 10 new infections in the world occurs in South Africa. The current prevalence rate among adults is almost 23 percent. In 1997, it was 12 to 14 percent, while in 1992 it was about 2 percent. At the end of 1997, an estimated 180,000 South African children were living without their mothers or both parents due to HIV/AIDS. Already an estimated 3.6 million South Africans are HIV positive.

The exceptionally rapid spread of South Africa's HIV/AIDS epidemic appears to be due to factors such as longstanding patterns of labor migration domestically and within the region; the country's excellent transportation infrastructure, which facilitates movement within the country; and post-Apartheid population shifts. Other factors include widespread gender inequities, a situation most visible in high rates of domestic abuse and sexual assault, and high rates of unemployment, a

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<sup>1</sup> Cape Argus, "AIDS Spreading Like Wildfire in SA," July 2, 1999; Anthony Kighorn and Malcom Steinberg, "HIV/AIDS in South Africa: The Impacts and the Priorities," Department of Health, p. 9.

<sup>2</sup> UNAIDS and World Health Organization, "South Africa: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases," June 1998, p. 3.

situation that often leads to despair, fatalism, and self-destructive behavior among South African youths.

Because South Africa's HIV/AIDS prevalence rate has increased so rapidly, related death and orphaning are not yet evident on a large scale in most of the country. However, levels of illness, mortality, and orphaning are rising rapidly in the highest prevalence areas. In the hardest hit districts of KwaZulu-Natal, for example, community capacities to provide care for adults who are ill and for orphans are already being strained. Problems there, as well as the impacts of HIV/AIDS in other countries in the region, have alerted service providers and policy makers to the crisis of care that South Africa can expect nationwide within the next few years.

## **Work Summary**

*Nelson Mandela Children=s Fund*The team facilitated a participatory analysis, with the NMCF senior programme officer, of the fund=s past modes of operation and its current desire to institute a new approach to assist South African children infected and affected by HIV/AIDS. The fund=s leadership and staff felt that past methods of simply reacting to proposals were neither producing a strategic, large-scale, measurable impact nor projecting a desirable image. NMCF had already decided that they would move towards a proactive development style of managing their grants. This new style would have NMCF staff engaging their grantees in partnerships to develop innovative programs and projects.

The team and staff examined the following topics:

- Results of a recent evaluation of the fund and a scan of the policy environment,
- Current program sectors and new areas of focus,
- Desired impact or intended results of the NMCF program, and
- NMCF's guiding principles.

From this base, the team and staff brainstormed a variety of potential strategies. A critical analysis of the strategies examined the various scenarios along with the pros and cons of each. The following three core strategies emerged:

1) Community Initiatives—where external catalyst organizations (i.e., non-governmental organizations [NGO]/community-based organizations [CBO]) engage community leaders and members in a participatory process to examine HIV/AIDS impacts on children and families and possible responses to mitigate them. The catalyst would then evolve to a capacity-building role to assist community members in mobilizing internal and external resources that could sustain their chosen activities.

2) Economic Strengthening—where microfinance institutions (MFIs) or donors who support them are identified and engaged as partners. In this scenario, MFIs and community initiatives are located in the same geographic areas. NMCF might provide some funding, but overall project oversight would remain with the MFI or the donor that supports them. Catalyst/Capacity-building Organization (CCO) and MFI staff would collaborate in mutually beneficial ways to create synergy between their activities. The two endeavors would be operationally separate, but conceptually and geographically joined.

3) Small Grants Scheme—where NMCF would maintain a small pool of discretionary funds for special purposes. The team and NMCF discussed two basic scenarios. In one, NMCF would maintain direct control of the funds and would award grants on a case-by-case basis, either in conjunction with community initiative requests or for unique projects that appealed to NMCF according to as yet undeveloped criteria. In the other, NMCF would build a small grant scheme into the budgets of the CCOs who would manage them on behalf of NMCF. Other scenarios may emerge as NMCF staff discusses the pros and cons of each further.

NMCF asked the DCOF team to prepare the draft strategic framework using the first two core strategies as the centerpiece of its Amodel". The other team members who reside in South Africa will be continuing with NMCF to flesh out a detailed implementation plan. NMCF will use the final document to guide its programming to assist AIDS-affected children and to embark on a search for additional funding

*Department of Welfare*—As mentioned in the introduction, DOW requested that USAID/SA provide them with technical assistance to fine-tune their National Strategic Framework (NSF) for Children Infected and Affected by HIV/AIDS. The team met first with the Integrated Task Team on Children Affected and Infected by HIV/AIDS. Present at the meeting were representatives from UNICEF, Save the Children/UK, USAID, and the Department of Welfare. The meeting included new information about a change in government policy. Prime responsibility for implementation of the NSF had been shifted from DOW to the Department of Health. Although surprised by this sudden development, DOW staff and the integrated task team members reiterated their commitment to the NSF and to their respective contributions, regardless of which department had prime responsibility.

At the end of the meeting, the team was invited to work with the DOW staff on their National Strategic Framework of Assistance for Children Affected and Infected by HIV/AIDS. In essence, the NSF describes how material assistance and training/capacity-building resources would be delivered from government to communities affected by HIV/AIDS. It assumes that the government would need intermediary organizations (such as NGOs) through which to funnel resources. The major themes throughout the NSF relate to building the capacity of communities and families to care for children infected and affected by HIV/AIDS and to strengthening government systems to respond.

The first working session consisted of a review of the framework and a briefing of a meeting between Finance and DOW staff. Finance staff requested that DOW staff provide additional information on the following topics:

- Coordination links between various government levels (national, provincial, regional, and district) and between other government department programs
- Specific plans for implementation of goals 2, 3, and 4
- Monitoring and evaluation system.

DOW staff asked the team to develop supplemental material for the NSF that would address the information needs of Finance. This encompassed a clarification of the issues surrounding coordination and linkages, suggested roles for various stakeholders (e.g., district staff, intermediary organizations, and communities), and ideas on what they might discuss with their field staff during an upcoming provincial tour. A critical piece of work involved developing a monitoring and evaluation plan, since the DOW had no real system in place. Finally, DOW staff asked for suggested modifications to the objectives stated in the NSF.

The DCOF team performed the following duties during its visit to South Africa:

- Developed a conceptual framework of government linkages to intermediary organizations and communities;
- Clarified coordination/linkages issues;
- Suggested scenarios for intermediary organizations and for community roles;
- Modified NSF objectives; and
- Proposed a list of information to gather during the upcoming provincial visits. The South Africa-based team would develop the monitoring and evaluation plan before the next meeting between DOW staff and Finance.

## **Recommendations for the Displaced Children and Orphans Fund**

*Development of a USAID South Africa Mission Strategy for OVC*—The USAID mission in South Africa feels that continuity is important to maintain while it develops programming strategies to mitigate the impacts of HIV/AIDS on children and families. Caroline Connolly, (project officer for PHN South Africa) spoke of arranging for a USAID HIV/AIDS division team to assist in fine-tuning an overall OVC strategy for the South Africa mission. In the spirit of maintaining continuity, DCOF should offer to add John Williamson, DCOF senior technical advisor, to the HIV/AIDS division team.

*Refinement of a Coordinated Approach for Economic Strengthening and Community Mobilization Activities*—USAID mission staff, NMCF, and the DOW all felt that strengthening the economic resources of families and communities affected by HIV/AIDS is crucial. However, there was

insufficient time to research and examine the current state of economic strengthening activities and the organizations that carry them out. In addition, USAID has a new policy for its private sector development Strategic Objective. It was only recently approved by USAID Washington. Finally, a new actor in microfinance development, FINCA, is about to come on board. In order to fully understand the sector and propose how it might be combined with community mobilization efforts, DCOF should offer the services of Jill Donahue, technical advisor. Donahue should also explore how geographic overlap between Strategic Objective 3 (Health) and 5 (Private Sector) activities might occur.

*Study Tours for NMCF, DOW, and USAID/SA Staff*—There are several projects in the region that include community mobilization as an important part of their approach to mitigate the impacts of HIV/AIDS on children and families. If possible, DCOF might share costs of such study tours or include a line for them in the funds provided to USAID/SA. If such tours do happen, USAID/SA might consider including staff from other Strategic Objectives, especially for SOs that appear to be the most likely partners in any OVC-related projects. Suggested projects to visit would COPE/Malawi, PCI/Zambia, and FOCUS/Zimbabwe. Visits should be intensive as opposed to extensive. For example, participants should spend five days learning from one project instead of spending five days at five projects. In this way, participants can gain in-depth knowledge of how projects evolved, the challenges faced, and techniques that overcame them.

*Provision of Further Technical Assistance to the Department of Welfare and the Integrated Task Team on Children Infected and Affected by HIV/AIDS*—The Department of Welfare has expressed interest in additional technical assistance from DCOF as they implement their National Strategic Framework at national, provincial, and local levels. Full implementation of the NSF will be a multi-phased process that unfolds over the next few years, but crucial steps will be taken in the coming six months. DCOF should remain open to requests from the Department of Welfare and/or the Integrated Task Team for assistance in developing key aspects of NSF implementation.

*Assistance to NMCF to Design a Workshop for Their First Group of Catalyst/Capacity-Building Organizations*—It may be difficult for NMCF to identify a range of potential catalyst/capacity building organizations with both community participation skills and knowledge of HIV/AIDS issues. At some point, NMCF should hold a workshop where all partners would come together to do the following:

- Thoroughly discuss the approach,
- Develop advanced participatory analysis and planning techniques,
- Become familiar with issues surrounding HIV/AIDS, and
- Harmonize and coordinate strategies.

DCOF should make some of its South Africa funds available to invite resource people who have experience in designing and implementing similar projects in Africa, preferably within the region.

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<sup>3</sup> Specifically Zambia (staff from PCI) and Malawi (staff from the Save the Children/US's COPE project).

They could participate in the design of the training and act as resources to a South African service provider and to participants. This would ensure that training capacity for future catalyst organizations remains in South Africa.

*Design and Develop a Regional Training of Trainers Workshop in Participatory Community Mobilization Techniques*—The full impact of HIV/AIDS is yet to be experienced by South Africa. While a feeling of urgency may not yet exist across all communities, it is emerging. This affords the South Africa government and NGO community an opportunity to coordinate a multi-sectoral response, and to prepare program managers and field workers in community mobilization techniques. Several neighboring Southern African countries have experience and skills in HIV/AIDS impact mitigation projects that used community mobilization techniques. In addition, or as an alternative to the above described workshop for NMCF, DCOF could propose to host a regional workshop that would transfer skills in participatory community mobilization techniques to key program managers, field workers, and training service providers. The following is offered as a potential scenario for the design and delivery of such a workshop:

- 1) Design the workshop with the assistance of such resource people as **COPE/Malawi** staff **PCI/Zambia** staff, someone from **PAMFORK/Kenya**'s network of participatory development, **FOCUS/Zimbabwe**, **CLUSA**, **FHI/Impact**, **Save the Children/US**, and **the Assets Based Community Development Institute** of Chicago, IL. These resource people need not be immediately involved in the actual production of the training materials, but their input would be important. The design process could be managed from Washington.
- 2) Select two to four trainers to deliver the community mobilization training. Trainers drawn from different African countries who are involved in the material design would be ideal. Conduct a brief orientation to the materials and allow time for organization and logistics details. This could take place immediately before the workshop in the country where it will be held.
- 3) Invite participants from South Africa, Malawi, Zambia, Kenya, and Zimbabwe. Participants should be program managers, responsible for designing community mobilization projects; field workers, responsible for carrying out mobilization activities; and training service providers, responsible for training field workers and/or program managers in the art of participatory techniques. The rationale for inviting training service providers from each country is in the interests of developing a local cadre of trainers who can create a multiplier effect in community mobilization skills.

## Schedule of Activities

<b>Date</b>	<b>Time</b>	<b>Activity</b>	<b>Individuals Present</b>
<b>Sunday, 23 Jan.</b>	a.m. p.m.	Initial meeting and briefing of team	Caroline Connolly (CC) - PHN Officer, USAID/SA Jill Donahue (JD)- Team Leader, DCOF Catherine Brokenshire (CB), Mark Lorey (ML), Felicity Young (FY) - Team Members
<b>Monday, 24 Jan.</b>	a.m.	Team meeting and discussion	JD, CB, ML, FY
	p.m.	Meeting with FHI representatives planning HIV/AIDS care and support assessment	JD, CB, ML, FY Joan MacNeil and Sarah Bowsky, Family Health International
	p.m.	Meeting	JD, CB, ML, FY Rose Smart - Former director of SA National AIDS Program in the Department of Health; currently consultant for USAID's Equity project
	p.m.	Meeting	JD, CB, ML, FY Stephen Morgan (SM) - Director, Save the Children/UK South Africa
<b>Tuesday, 25 Jan.</b>	a.m. p.m.	Initial meeting with Nelson Mandela Children's Fund (NMCF) staff	CC, JD, CB, ML, FY Achmat Dangor (AD) - CEO Sibongile Mkhabela (SM)- Senior Manager, Programmes & Projects Fikile Ngcogo (FN)- Programme Manager - Education and Development Naomi Hill (NH) - Programme Manager - Well-being of Children
	p.m.	Team meeting	JD, CB, ML, FY
	p.m.	Progress briefing	CC, JD, ML, FY
<b>Wed, 26 Jan.</b>	a.m. p.m.	Meeting with NMCF staff	(Team) JD, CB, ML, FY (NMCF staff) SM, FN, NH
	a.m. p.m.	Meeting with NMCF staff	(Team) JD, CB, ML (NMCF staff) SM, FN, NH
<b>Friday, 28 Jan.</b>	a.m.	Meeting with members of the Integrated Task Team on Children Affected and Infected by HIV/AIDS	CC, JD, FY Ashley Theron - Chief Director, Developmental Social Welfare Services

			Maria Mabetoa - Director, Women's Section, Department of Welfare Johanna de Beer - HIV/AIDS Coordinator, Department of Welfare Ken Yamashita - Chief, USAID Health Development Office (SO3) Stephen Morgan - Director, Save the Children/UK SA Karin Seidlitz - Protection and Communication Officer, UNICEF
	p.m.	Meeting	JD, ML, FY
<b>Saturday 9 Jan.</b>	a.m. p.m.	Preparation of strategic framework for NMCF	JD, ML
<b>Sunday, 30 Jan.</b>	a.m/ p.m	Meeting to discuss NMCF strategic framework	CC, JD, CB, ML, FY
<b>Monday, 31 Jan.</b>	a.m.	Meeting to finalize presentation plans for NMCF	JD, CB, ML, FY
	p.m.	Presentation of framework to NMCF	CC, JD, CB, ML, FY AD, SM, FN, NH
<b>Tuesday, 1 Feb.</b>	a.m.	Meeting with Department of Welfare staff	JD, CB, ML, FY Johanna de Beer Cookie Moodley, Chief Social Worker
	p.m.	Preparation of documents for Dept. of Welfare	JD, CB, ML, FY
<b>Wed., 2 Feb.</b>	a.m.	Meeting to examine NMCF management information system	CB
	a.m.	Meeting with NMCF staff to discuss operational issues	CB, FY, NH
	a.m.	Meeting with SO5 to discuss activities and potential collaboration with SO3	JD Bill Brands, Acting Chief of Private Sector Development (SO5)
	am/p m	Preparation of presentation for Department of Welfare	JD, ML
<b>Thursday 3 Feb.</b>	a.m.	Meeting with NMCF staff	JD, CB, ML, FY, SM, FN, NH
	p.m.	Meeting with Department of Welfare staff	JD, CB, ML, FY
	p.m.	Meeting to discuss presentation at USAID	CC, JD, CB, ML, FY
<b>Friday, 4 Feb.</b>	a.m.	Meeting with Department of Welfare staff	ML, Johanna de Beer

	p.m.	Presentation to USAID/SA staff	CC, JD, CB, ML, FY Eilene Oldwine - Deputy Mission Director Michelle Russell - Southern African Regional Coordinator for HIV/AIDS Representatives from following SOs: health, education, democracy and governance, housing, economic development (see list of contacts) S. Denise Rouse - Director, HIV/AIDS Program, International Fund for Education and Self-Help (IFESH) Eartha Isaac - Chief of Party, IFESH/SA
	p.m.	Debriefing	CC, JD, CB, ML, FY
<b>Saturday 5 Feb.</b>	p.m.	Revision of documents and preparation of report	JD, ML

## List of Contacts

<p><b>Department of Welfare</b>          Johanna de Beer          HIV/AIDS Coordinator, Department of Welfare          Tel: 012-312-7589          Fax: 012-323-3733          Email: wels033@welspta.pwv.gov.za</p> <p>Maria Mabetoa          Director, Women's Section, Dept of Welfare          Tel: 012-312-7546          Cell: 082-809-0675</p> <p>Cookie Moodley, Chief Social Worker</p> <p>Ashley Theron          Chief Director, Developmental Social Welfare Services</p> <p><b>Nelson Mandela Children's Fund</b>          Tel: 011-786-9140          Fax: 011-786-9197          Email: nmcf@mail.icon.co.za</p> <p>Achmat Dangor, CEO          Sibongile Mkhabela, Senior Manager – Projects &amp; Programmes          Fikele Ngogo Project Officer - Education and Development          Naomi Hill, Project Officer - Well-being of Children</p> <p><b>Integrated Task Team on Care and Support for Children</b></p>	<p><b>Family Health International</b>          Joan MacNeil          FHI Washington          j.macneil@cgjar.org</p> <p>Sarah Bowsky          FHI Washington</p> <p><b>International Fund for Education and Self-Help (IFESH)</b>          S. Denise Rouse          HIV/AIDS Program Director, IFESH/US          Tel (US): (301) 887-0602          sdeniserouse@cs.com</p> <p>Eartha Isaac          Chief of Party, IFESH/South Africa          Tel: 011-403-8781          Fax: 011-403-8785          Email: eartha@icon.co.za</p> <p><b>USAID/SA</b>          Tel: 012-323-8869          Fax: 012-323-6443</p> <p>Eilene Oldwine, Deputy Mission Director          Michelle Russell, Regional Coordinator for HIV/AIDS, Southern Africa          Steffi Meyer, Chief Project Development Officer</p>
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<p><b>Affected by HIV/AIDS</b>  Stephen Morgan  Program Director, Save the Children/UK -RSA  Tel: 012-341-1889  Cell: 082-657-2072</p> <p>Karen Seidlitz  Protection and Communication Officer  UNICEF - South Africa</p> <p><b>Consultant</b>  USAID/SA Equity Project  Rose Smart—Formerly Director, National AIDS Program, SA Department  of Health  Tel: 011-465-9803  Cell: 082-374-8099  Email: rsmart@netactive.co.za</p>	<p>SO 1: Democracy and Governance  Nomea Masihlelo, Program Officer</p> <p>SO 2: Education</p> <p>SO 3: Health  Caroline Connolly  Anita Sampson</p> <p>SO 4: Economic Development  Nompilo Mali</p> <p>SO 6: Housing and Urban Development  Rebecca Black, Housing/Urban Development Officer</p>
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## Scope of Work

South Africa is currently undergoing the fastest growing epidemic of HIV/AIDS in the world. About 3.8 million South Africans are infected and it is estimated that there are 1,700 new infections per day. Of particular concern is the rising infection rate amongst young people ages, 15-19, which increased by 65.4% between 1997 and 1998 as compared to the increase in adult prevalence of approximately 30%. In addition, the growing number of AIDS orphans and vulnerable children is causing communities, community based organizations (CBOs) and non-governmental organizations (NGOs) to search for resources and interventions, providing shelter, care and the basic necessities for these children's growth and development.

In this light, over the past year USAID/South Africa (USAID/SA) has been working to develop a program for and orphaned and vulnerable children (OVC) that would fall under its intermediate result (IR) for mitigation of HIV/AIDS. As a result of this effort, USAID/SA has been asked to assist:

1. The Department of Welfare (DOW) in the development of a strategy for an integrated community based program for regarding OVC and;
2. The Nelson Mandela Children's Fund (NMCF) in the development of an implementation plan for its OVC strategy.

Therefore, USAID/SA requests technical assistance (TA) from the Displaced Children's and Orphans Fund (DCOF) to assist the DOW and the NMCF to develop their respective strategies and implementation plans regarding OVCs.

USAID/SA would request that DCOF provide two experts in the area of OVC to assist the DOW and NMCF. Between them, they should have strong technical knowledge and experience with OVC programming in the areas of microfinance, community mobilization, and development programming generally as well as skills in participatory planning. One or both should have working knowledge of HIV/AIDS and development issues in South Africa. In consultation with USAID/SA, it is anticipated that one of the experts provided by DCOF will serve as team leader. As part of the TA team, USAID/SA anticipates providing one expert familiar with HIV/AIDS NGOs in South Africa and another expert in monitoring and evaluation. It is understood that the DOW and NMCF will make relevant personnel available to work with the TA team. All participants will take direction from the team leader. The dates for the work will be from January 20 - February 4, 2000 in Johannesburg and Pretoria, South Africa. Other travel within the country may be necessary.

In consultation with DOW and NMCFTA, the TA team may chose to work with DOW and NMCF personnel separately and/or together during the development of the respective strategy documents and plans.

Prior to the start of the work, USAID/SA, with the cooperation of DOW and NMCF, will provide documentation to the TA team and other participants to acquaint them with the current situation of HIV/AIDS, community mobilization and OVCs in South Africa.

In addition, USAID/South Africa requests assistance in the development of a strategic plan for an intersectoral OVC program. The team will work with the Health Strategic Objective Team as well as other SO Teams deemed appropriate.

**Expected Deliverables:**

1. Strategy for community based program for VOC for DOW.
2. Strategy and implementation plan for NMCF's VOC program.
3. Monitoring and Evaluation plan for all programs (the M&E plan might have to be developed after the completion of the strategy and implementation plan).

As with implementation, responsibility for finalization of the respective strategy documents and implementation plans will be with the DOW, the NMCF, and USAID/South Africa.

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