

**FHI Sub Partner Final Reports
October – December 2009**

Starfish

Orphans and Vulnerable Children

Total number OVC served

	Male	Female	Unknown	Total
Primary Direct Support	39	55		94
Supplementary Direct Support	55	74		129
Total				223

OVC served according to service categories

	Total	FY 2009 Target
Clinical nutrition interventions	0	
Food and/or food parcels (Meals/Food Parcels)	94	
Shelter interventions	193	
Child protection interventions (birth certificates, ID documents & understanding Childs rights)	48	
General healthcare services (Access to clinics & clean water)	66	
HIV prevention education or interventions(HIV Education & Health Education)	56	
Psychosocial care(Counseling & Psychosocial education)	9	
General education(Practical skills & life Skills)	124	
Vocational training	0	
Economic opportunity or economic strengthening (i.e. social grants)	6	
Healthcare support specifically for antiretroviral treatment	10	
Total number served	611	

Number of OVC served (Indirect)

	Total	FY 2009 Target

Number of providers/caretakers trained in caring for OVC

	Male	Female	Unknown	Total	FY 2009 Target
	3	37		40	

OVERVIEW/BACKGROUND:

In July – December 09 a programmatic shift took place which saw Starfish playing a more direct support role in order to improve the quality of care to OVC by strengthening OVC programmes in 3 provinces namely Eastern Cape, North West and Limpopo. There were 16 CBOs in total to benefit from the PEPFAR programme, and the breakdown is as follows: 8 Eastern cape, 4 Limpopo and 4 North West, to benefit 6,516 children in all 3 provinces.

These 16 CBOs continued to receive grant funding for their OVC programmes and ongoing progress has been

noted in all three provinces. There has been some improvement, more work remains to maintain the level of improvement that has been achieved so far on service delivery. There have been several trainings for careworkers such as the norms and standards provided by the Department of Social Services as well as the MER workshops which provided them with tools to better service delivery to OVC care and support. Careworkers are now able to identify, select and provide better support to children according to their needs.

PROGRESS ON IMPLEMENTATION/PROGRESS REPORT BY INDICATORS

Clinical nutrition interventions:

Implementation plan activity: OVC life skills – cooking, food gardens

In all 3 provinces i.e. EC, Limp and North West the Starfish Provincial Mangers stressed the importance of ensuring that older OVC received basic life skills e.g. cooking, especially children from child headed households and children living with terminally ill parents. Training OVC to know how to make nutritional meals and the value of maintaining a productive food garden at their homes was also stressed as well. As a result, 3 CBOs in the North West, 3 in Limpopo and 4 in the Eastern Cape have productive food gardens which supplement their kitchen meals. However, some areas in other provinces (e.g., Limpopo and the Eastern Cape) have challenges in maintaining the vegetable gardens due to inadequate supply of water and space, but that does not stop careworkers' efforts to train OVC on food gardens.

Food and/or Food Parcels (Meals/Food Parcels):

Implementation plan activity: Ensure OVC is linked to feeding scheme

This service is proportionally the highest across all the 3 provinces, and all 16 CBOs provide daily cooked meals by means of soup kitchens or food parcels. In the Eastern Cape 4 of the 8 CBOs have received cooking equipment to make their work easier and quicker during meals preparations. All 8 CBOs in the North West and Limpopo provinces have received cooking equipment to this effect.

Shelter interventions:

Implementation plan activity:

- 1. Refresh Department of Social Development (DoSD) drop-in centre guidelines*
- 2. Review drop-in centre activities*
- 3. Develop & implement plans for improving drop in centre*
- 4. Refresh DoSD norms & standards, particular focus in CHH*
- 5. Care workers to visit vulnerable homes are visited 3 x per week*
- 6. Care workers to use checklist when conducting home visit*

All 16 CBO's were provided with drop-in centre guidelines and a document on National Norms & Minimum Standards for HCBC was presented by DoSD, and particular attention was given to Child Headed Households. In turn each CBO's drop in centre activities were assessed and a template was developed and used to assess the current status of the drop in centres. Based on the assessment findings necessary items were then purchased according to the needs of individual CBOs, gaps in service delivery were also identified as well from the drop in centre assessment tool.

The implementation of these exercises took place around October in all 3 provinces, and more details are provided under workshops and vocational training.

Child Protection Interventions (Birth Certificates, ID Documents & Understanding Child's Rights):

Implementation plan activity:

1. Refresh DoSD Guidelines
2. Review current status of OVC
3. CCF status
4. Referral follow-up's

All 16 CBO's were provided with a template that enables effective monitoring of progress of OVC status in obtaining legal documentation, this included a means of tracking follow-up. A review of all CBO's CCF status was undertaken, guidelines in establishing an active and effective CCF was communicated & documents circulated to CBOs. CBOs attended a workshop on the establishment of a child care forum and 2 members from each CBO attended training on child protection with the focus being on The Children's Act. These trainings and workshops took place around November 2009.

General Healthcare Services (Access to Clinics & Clean Water):

Implementation plan activity: Care workers sufficiently networked with health care systems

The relationship with local health care systems varies from CBO to CBO due to the location and the distance of the CBOs to the clinic or hospital. In the Eastern Cape, 5 of the 8 CBOs have exceptionally strong relationships with the local clinic. For example, Masivuke's project manager is on the board of the nearby hospital. The remaining three groups do work with the clinics but have been encouraged to strengthen these relationships. Whereas in the North West and Limpopo provinces all 8 CBOs have a good working relationship with the local clinics, of these the CBO with the strongest relationship with the local clinic is Hoedspruit Training Trust. This CBO has health facilities within their HBC programme which necessitates strong links with the local health structures.

HIV prevention education or interventions(HIV Education & Health Education):

Implementation plan activity: Local nurses to visit, monitor & educate OVC at CBO's

CBOs typically organize education and awareness campaigns on a quarterly basis, with the matron from the local clinic and other prominent community members participating in these events. For this quarter in the Eastern Cape, the December period was particularly busy with events marking World AIDS Day and the 16 Days of Activism. Whereas in the North West and Limpopo provinces the CBOs conducted health education and organized awareness/door to door campaigns according to the health calendar and the health promoters from the local clinics and community members took part in these events. A survey will be conducted in 2010 to identify the frequency of visits from local nurses to each CBO.

Psychosocial Care(Counseling & Psychosocial Education):

Implementation plan activities:

1. CBO Psycho-social support & bereavement counselling
2. CBO Self care for care workers

Training on psycho-social support, including bereavement counselling, was conducted for CBOs in both North West and Limpopo provinces in December 2009 by two service providers, Ragoga Support Services (NW) and Lethubuntu Health Care Services (Limpopo). For both provinces (North West and Limpopo) 5 caregivers from each CBO attended the training,, totaling 40 careworkers from all 8 CBOs.

The duration of training was 3 days and 3 modules were covered. The participants had an opportunity to learn about caring for themselves and exploring ways in which they can manage stress as well as sharing similar experiences with other CBOs.

Similar training covering psycho social support, bereavement counselling and care for carers training for the Eastern Cape will resume in January 2010. The training will be carried out by Hospice Palliative Care of South Africa.

General Education (Practical Skills & Life Skills):

Implementation Plan activities:

1. *OVC Outward Bound Camp*
2. *OVC to receive basic life skills*

A total of 96 OVC from all 3 provinces participated in Outward Bound leadership camps from the 1st to 5th of October 2009 in Sedgfield and Potchefstroom. Although a challenging and exciting experience, it is reported that the OVC believed that the camp was a life changing experience and ultimately felt more confident in their abilities to overcome challenges. Some of the life skills covered during Outward Bound included cooking, survival skills, teamwork, swimming and “facing fear” activities.

Vocational Training:

Implementation plan activities:

1. *CBO MER Workshop*
2. *CBO Communication infrastructure & training*

Several workshops e.g. MER training and DoSD workshops were conducted on different dates in different provinces. In the Eastern Cape training was conducted from the 5th – 8th October, whereas the North West and Limpopo provinces conducted their trainings from the 26th to 29th October 2009. There were 46 attendees in total from all 3 provinces : 1

- 6 from the Eastern Cape (2 from each CBO),
- 30 from Limpopo (3 each CBO) and
- 30 from North West (3 from each CBO).

The final day of training provided an opportunity for the attendees to address funding strategies, identify CCF status, and consolidate the weeks’ learning’s as well as address questions & concerns and to provide overall feedback on the workshop.

In order to facilitate improved MER capabilities in CBOs, a communication infrastructure needs survey was conducted and analysed for all 16 CBOs in all 3 provinces. Delivery will therefore take place in the first quarter of 2010 and part of the implementation process which will include computer training.

Economic Opportunity or Economic Strengthening (i.e. Social Grants):

Implementation plan activities:

1. *Refresh CBO’s on national guidelines*
2. *Jamboree (inter-governmental event)*

Workshops on the national guidelines were conducted in all 3 provinces by the Dept. of Social Services (Districts officials) and the national guidelines have been circulated to CBOs. These workshops created an opportunity for participants to interact and put questions to DoSD regarding access to social benefits.

The Jamboree (Inter- governmental event) took place in December 2009 for both the North West and Limpopo provinces. These events were organized by the District officials of the prospective provinces

together with the Starfish Provincial Manager. There were 90 representatives from all 8 CBOs from the two provinces, 30 in North West and 60 in Limpopo. Other departments who were present are Dept. of Home affairs and Health; South African Social Security Agency (SASSA) did not make it in the North West. In Limpopo other departments who were present are Dept of Health, Home Affairs, SASSA and Dept of Agriculture. The Department of Agriculture did a successful presentation on the importance of food gardening and the support programme.

Unfortunately the Jamboree session has not taken place in the Eastern Cape province despite repeated requests from the Provincial Manager to the provincial DoSD to roll-out Jamboree's in selected areas. To date there has been no movement on this. However the Starfish Provincial Manager will continue to pursue the matter in the first quarter in 2010.

MONITORING & EVALUATION / PROGRESS TOWARDS TARGETS:

The progress made in this programme extension quarter relates to the workshops that the Starfish M&E department facilitated for the 16 CBOs who are sub-recipients of the PEPFAR Starfish grant. During the workshop various reporting tools provided by Starfish for CBOs usage were explained.

The workshop also covered the data quality topic whereby issues that can contribute or affect the quality of data were highlighted. The M&E workshop was an opportunity for Starfish to launch a pilot phase of two reporting tools namely: child registration form and OVC monthly profile. These two tools, if successful, will enable CBOs to have detailed information about child headed households, schooling, etc.

The result of the M&E workshop that was conducted could be seen by the improved quality of CBO reports. This improvement is, however, not consistent across all participating CBOs, due to lack of skilled personnel and information technology infrastructure. With regular contact and assistance in the implementation of the workshop learnings, CBOs will be able to develop proper M&E systems and improve on their reporting as well as effectively deal with data quality problems.

DATA QUALITY ISSUES: including data quality audits conducted

In September 2009, a follow up data quality audit was conducted by FHI; the result of the audit showed considerable improvement when compared to the results of the March 2009 audit.

Recommendations were made with regard to developing Standard Operating Procedures for data management, database, and information back up, as well as assisting CBOs with data analysis. Starfish has been able to work on the FHI data quality audit recommendations.

A plan has been drawn to implement the audit recommendations, and this will be taking place during the next financial year. During this quarter, most of the work was to develop and discuss the best way of implementing the recommendations as well as addressing areas of vulnerability that still existed within the CBOs.

FINANCIAL REVIEW/STATUS:

All RMFR's were completed and submitted on time and all expenditures were in line with the budget. The budget that was revised numerous times, and a final budget was confirmed at the beginning of December 2009. This situation created pressure on staff, and with the FHI financial year closing end of December 2009, much of the finance and programme teams' time was taken with obtaining quotations, invoices, initiating payments etc. But it was worth the effort to provide significant needed financial and material support to uplift and improve our sub-partners and supported OVC.

UPDATE ON ORGANIZATIONAL DEVELOPMENT

The transition to a new UGM took place during this reporting period. FHI South Africa's UGM program will close down, and USAID has elected PACT SA by USAID to take over the intermediary role as UGM for Starfish. The sub-agreement between Starfish and PACT SA has been finalized and signed, and as from the beginning of the new year, January 2010, Starfish will be reporting to PACT SA. However the final project close out with FHI still continues until the 11 January 2010 when Starfish submits the last Quarterly report for the period Oct – Dec 2009.

STAFFING:

During this reporting period, Mrudula Smithson, former PEPFAR Relationship Manager, has left the employment of Starfish Foundation at the end of October 2009, and her position was filled by Nokuthula Tsela who assumed her duties as from the beginning of November 2009.

MOUs with Local / Provincial Government:

The Starfish Foundation is in the final stage of signing an MOU with National Department of Social Development, included in the MOU is the Capacity Building Programme for the Mpumalanga province. For the purposes of the Capacity Building programme this will be a tripartite partnership between National & Provincial Department of Social Services and the Starfish Foundation. The Capacity Building programme will benefit 15 Community Based Organizations across the Mpumalanga province. Even with some final revisions still to be made on the MOU, work has resumed and there have been several working meetings and the work plan have been drafted.

LINKS WITH OTHER PEPFAR PARTNERS:

The Starfish Foundation supports the work carried out by two organizations namely Makotse Woman Club (Limpopo) and Masoyi Home Based Care (HBC) for the care and support of children made vulnerable by HIV & AIDS. Masoyi HBC is a sub grantee for Hands at Work in Mpumalanga, who is one of the PEPFAR, supported partners in the Mpumalanga province.

Both organizations are involved in treatment and prevention work, which forms part of their Home Based Care programme and palliative care.

Peace Corps:

Starfish has been in contact with Peace Corps to explore a partnership for the deployment of foreign volunteers to CBO sites. Several meetings between the two partners have taken place and now they are in the final stage of signing an MOU. Initial site visits by relevant Peace Corps directors to selected CBOs took place during November and December 2009 period, and all visited CBOs were given application forms to fill in and return it back to Peace Corps offices before the end of December 2009. Visits were made in Mpumalanga and KwaZulu Natal Provinces. The Peace Corps volunteers will arrive in South Africa on the 22 January. By then, all successful organizations will have been notified, and intense training for the volunteers will commence.

SUCCESS STORIES:

Extracts from feedback on the Starfish workshops

“Before I came to the workshop I thought reporting was for the sake of the donor but Starfish has opened my eyes and now I know I can use the information to improve the work of my organisation”

“In this workshop we have learnt the importance of partnering with other organisations in order to have more access to information and advice, we also learnt about the norms and standards when dealing with orphaned and vulnerable children”

Extract from Isipho’s report on Outward Bound

“The children managed to do the activities & trainings though it was difficult. Ultimately they were able to walk long distance, driving canoes in deep water, mountain climbing, hiking with a large bag full of goods on your back –made them strong enough and independent. From the water activity they will now be able to swim even in large lakes, dams, rivers & even in the ocean.

Extract from feedback on psycho-social support training

“The training was well presented and I have learnt a lot and I am sure I will become a good counselor. It is for the first time I receive this kind of training”

Extract from feedback on bereavement counseling

“As a learner, who is also a caregiver, coming across the traumatized clients almost on daily basis, and a times I also get traumatized by listening to their stories and, and their emotional behaviors, this training was an eye opener, a supportive system, a pillar of strength for me to be able to deal with emotional feelings of my work and be able to help the traumatized clients to cope with situations they face. We have learnt to understand our psychosocial well being. We managed to share knowledge and we now believe that “beyond education there is empowerment.” We wish we can have more days for this training, 5 days at least, from the evaluation forms.

Extracts from feedback on the items purchased to strengthen the drop in centres from one of the caregivers

“The jungle gym is a total new way of playing outside for the children in our drop in centre. Thank you for proving our beneficiaries with the jungle gym, we believe playing is a therapy and play time is best for the children”

Hands at Work

OVC served according to service categories

	Total
Clinical nutrition interventions	<i>0</i>
Food and /or food parcels	<i>1051</i>
Shelter interventions	<i>0</i>
Child protection interventions	<i>0</i>
General healthcare	<i>3585</i>
HIV prevention	<i>0</i>
Psychosocial support	<i>0</i>
General education	<i>222</i>
Vocational training	<i>0</i>
Economic strengthening	<i>0</i>
Healthcare antiretroviral treatment	<i>0</i>

FOOD AND NUTRITION

Food parcels and food meal were received by 1051 OVC . From the 1051 OVC, 1025 children received food meal through their centres during the feeding scheme meal. These children have at least one warm meal each day. The children who receive food from their centres includes children from Ndzalama HBC (95), Belfast HBC (73), Pfunani HBC (78), Hitekani HBC (180) , Hlanganani HBC (306), Senzokuhle HBC (62) and Masoyi HBC (231). The remaining children (26) received one of the 26 food parcels donated by SOS to Sakhasive.

Vegetables (spinach and cabbage) that were harvested at Hands Village during the month of October were given to all the CBOs in Mpumalanga. On the 17th and 18th of October 2009, there was a workshop on farming God's way that was organized by Hands at Work. Forty-three people (19 males and 24 females) attended the workshop. Out of the 43 participants, 18 were from our CBO partners, , five were from Hands at Work, two were from Word of Hope HBC from Bushbuckridge (Anthol Village), and 18 of them were from the Childline.

During the workshop people were taught how to control weeds, what tools they need to have, the preparation of land, planting, fertilization, and how to post harvest stalk lodging and rotations. The workshop was divided into two parts, the theoretical and practical part. During the practical part the participants were given a chance to plant maize and peanuts using the farming God's way procedure and the non God's way procedure.

The workshop attendees have shown interest in starting farming God's way in their gardens. Every CBO has been tasked to use mulch in their gardens in order to save water and moisture. The maize and the groundnuts have been planted at Hands Village as the experimental garden on farming God's way. Maize, groundnuts and pumpkins were planted in each of the 14 CBOs gardens before the 25th of November 2009.

HEALTH

There are 3506 children that were dewormed in the 14 CBOs in Mpumalanga during the month of November 2009. Out of the 3506 there were 1216 males and 1372 females. The children that were dewormed were all from Mpumalanga province which is divided into Bushbuckridge Service Centre and Clau-Clau Service Centre and the children were also given Christmas presents.

EDUCATIONAL SUPPORT

Two hundred and twenty-two (222) children were assisted with educational support. Of these 222 OVC, 152 from Masoyi HBC received school shoes that were donated by Aids Foundation South Africa during the month November 2009. The remaining 70 children are attending the Early Childhood Development at Bushbuckridge under Pfunani HBC and Ndzalama HBC.

TRAINING

On the 17th and 18th of November, 31 trainers from the CBO level attended the PCG/OVC interview held at ACTS clinic (opposite Hands at Work). Out of the 31 trainers who attended the interviews, 15 (13 women and two men) were appointed. Twelve will work full time as trainers and three will be reserved for emergency/back up (in case one of the 12 trainers get sick or resigns). The 15 trainers attended the ten days training on basic counseling skills including introduction of counseling, structure of a counseling session, presentation on counseling sessions, how to counsel an individual, family and children, the rules and regulations of counseling. This kind of counseling is called the systematic counseling approach.

The purpose of the 10 days training was to assist the trainers to understand and assist the care givers and mostly the OVCs in their burden of bereavement consequences, and also to bring the understanding about future life to OVC. If a need arise then the care workers will also be trained on counseling by the PCG/OVC program manager with the assistance of the three senior trainers from Hands at Work

Seventy-five (75) child care workers that were trained by the National Association for Child Care Workers (NACCW) on Basic Care of Children. Out of the 75 child care workers trained, 50 were from seven CBOs that we are partnering with in Mpumalanga and 25 were from North West (our two sub-partners).

ORGANIZATIONAL DEVELOPMENT

On the 28th of October 2009, the Child Status Index (CSI) was introduced at Masoyi HBC through the meeting organized by FHI. Mandla Motshweni from FHI introduced the CSI to Masoyi HBC and the CSI training was held at Pretoria from the 9th of November 2009 until the 13th of November 2009. There were two people who attended the training from Hands at Work and this includes the one Child Care Worker from Masoyi HBC. The piloting of the Child Status Index will start in January 2010 at Masoyi HBC.

Humana People to People

COUNSELING AND TESTING

Number of service outlets providing counseling and testing according to South African or international standards

	Total	FY 2010 Target
	6	4

Number of individuals who received counseling and testing and received results

	Male	Female	Unknown	Total	FY 2010 Target
Number of individuals who received counseling and testing and received their test results	405	1315		1720	12000

Number of individuals who received counseling and testing and received their test results (indirect)

	Total	FY 2010 Target
	1720	12000

Number of individuals trained in counseling and testing according to South African or international standards

	Total	FY 2010 Target
	8	20

Objective/Output 1: To train members of the community as Field Officers, Passionates, Caregivers and Counsellors

Activity 1:

During the reporting period, 8 counsellors were trained by the counsellors from TAC - Treatment Action Campaign. This was refresher training. The following topics were covered; Virology, immunology, ARV's in adults and children STI – Sexually Transmitted Infections and HIV & AIDS and TB- Tuberculosis. The training was for 5 days. The TAC counsellors provided the course.

Activity 4: 8

Objective/Output 3: To provide mobile counselling and testing

Activity 1: Establish service outlets

There was satisfactory progress with regards to this activity with 6outlets in existence by the end of the quarter compared to the first quarter target of 4 outlets. This has enhanced the programme's capacity to provide CT services to even more people in the operating areas.

Activity 2: Conduct mobile Counselling and Testing
 HOPE Humana Bushbuckridge and Mopani have continued to provide mobile CT services to Bushbuckridge local areas, Maruleng and Greater Tzaneen. The communities have continued to have easy access to the CT services.

Accomplishments: Consider the activities above and analyse overall progress to date in terms of their incremental contribution to planned results/objectives or outputs of your programme/project. Also reflect on current progress towards achievement of annual target.

Although the first quarter target for the number of people tested for HIV was not achieved, the greater than expected achievement in establishment of service outlets indicates greater capacity of the programme to reach more people with CT services. In total, 16 counsellors were active in the reporting period. 8 for each of the 2 HOPE Humana projects; Mopani and Bushbuckridge respectively. Humana People to People in South Africa is confident of achieving the annual target.

Availability of testing kits remains a challenge for HOPE Humana Bushbuckridge and several meetings have been conducted to address the challenges. The Provincial Department of Health is engaged in finding the solution. During the first quarter HAST – HIV and AIDS, STI provincial meeting the questions of testing kits was raised and the Department of Health officials made a commitment that they are working at the procurement to secure that there is enough supply including the confirmatory test kits. So far HOPE Humana Bushbuckridge is only using the rapid test.

Implementation challenges

	Challenge	Planned action to address challenge
Objective	1. Lack of testing kits	Humana People to People in South Africa has raised this challenge with the Provincial Department of Health in Mpumalanga. During the last HAST meeting, the Provincial Department of Health assured the meeting that they were working with their procurement department to find a lasting solution to this challenge.
	2. Lack of confirmatory test	The Department of Health is working to address this challenge by securing enough confirmatory test kits. DOH stated that the whole of Mpumalanga province is affected by this and they are working around the clock to secure the confirmatory test kits.
	3. Long distances travels for mobile CT	The distances to reach people is affecting the productions and the CT staff have to leave much earlier so that the reach the places on time and be able to provide the CT services.

Data Quality Issues

Outline relevant data quality issues, estimates of over/under counting, efforts to strengthen data collection, analysis and use, and any other problems relating to reporting/counting.

Humana People to People in South Africa were using the COP 2010 goals. During the FHI site visit this was observed and measures were taken to revert to COP 2009 goals. As such it is possible for Humana People to People in South Africa as most of the indicators were still covered under COP2010.

As such there have not been any significant data quality issues. The Program Managers and nurses have controlled the data. The Total Control of the Epidemic (TCE) Special Forces in the Corps Office verified the reported figures.

PREVENTION – ABSTINENCE AND BEING FAITHFUL

Partner Overlap / Double Counting

No

Please explain whether any other PEPFAR partner is working at this site resulting in any reporting of the same individuals in this programmatic area. Please tick the checkbox and describe potential duplication for each section that is relevant.

HPP-SA is not aware of any other PEPFAR partner in the sites

Number of individuals reached through community outreach that promotes HIV prevention through abstinence and/or being faithful

	Male	Female	Unknown	Total	FY 2010 Target
	36497	45138		81635	330000

Number of individuals reached through community outreach that promotes HIV prevention through abstinence (subset of previous)

	Male	Female	Unknown	Total	FY 2010 Target
	13138	16250		29388	120000

Number of individuals trained to promote HIV prevention through abstinence and/or being faithful

	Total	FY 2010 Target
	0	2400

Objective/Output 1: To train members of the community as Field Officers, Passionates, Caregivers and

Counsellors

In Mopani district the recruitment and training of Field Officers was done in collaboration with the local government and the local leaders in and around the areas of Lenyenye in Greater Tzaneen, Namakgale in Ba-Phalaborwa and Giyani section A in Greater Giyani local Municipality. A large number of people from the communities responded to the public posters which were inviting those who were interested in working as TCE Field Officers. The interested participants were invited for information meetings. Over 200 people applied for the post of Field Officers. The applications were screened, and those who qualified were invited for interviews.

During the month of November 2009, 88 participants were invited to the 3 weeks initial training. Out of 88 participants 71 completed the training. The participants were trained in 2 groups, namely N'wamitwa and Nkowa Nkowa. These were the two areas where we needed to place the Field Officers. The following topics were covered during the training;

- a. History of Humana People to People in South Africa and worldwide
- b. Objectives of TCE and its demands, what we strive to achieve during the 3 years of TCE
- c. World figures of HIV and AIDS
- d. Basic facts about HIV and AIDS
- e. Immune System and Opportunistic Infections
- f. Sexually Transmitted Infections and the relationship with HIV and AIDS
- g. Risk Management in sexual life
- h. Voluntary Counselling and Testing
- i. Basic skills in HIV and AIDS Counselling
- j. Prevention of Mother to Child Transmission of HIV and AIDS
- k. PES – Perpendicular Estimate System – Individual Risk Reduction plans and its advantages
- l. ARV and Adherence
- m. TCE TRIO system
- n. TCE tools and systems
- o. Planning and Reporting
- p. Role plays for first visits. Etc

Guest speakers from the Department of Health and other stakeholders were invited to provide the lessons and courses to the Field Officers.

The Field Officers met on weekly basis to report, plan and exchange experiences and challenges. The meetings took place in troop (a meeting for 50 Field Officers) and patrol meetings (a meeting for 10 Field Officers) Special Forces, Troop Commanders and Division Commanders were present in the meetings and they provides answers to the Field Officers challenges.

TCE trained Passionates (a TCE term for community volunteers). The Passionates are a key to the sustainability of the community to total control of the epidemic. The Field Officers recruited the Passionates during the home visits.

TCE Mopani conducted 2 passionate trainings. The aim of this training was to equip the Passionates with more information about HIV and AIDS, to elaborate about their role as TCE Passionates. 180 Passionates were trained. Some of these Passionates are working with the Field Officers conducting door to door campaigns and sharing information with the community. Others are assisting in condom distribution. The Passionates have understood their roles and very active in TCE activities in the operational areas.

Objective/Output 2: To educate and counsel the individuals to be in control of HIV and AIDS in their

lives

TCE uses a tool called Perpendicular Estimate System (PES) which is a risk reduction plan. The Field Officers assist each individual to have a PES plan and declare themselves TCE compliant. Being TCE compliant simply means that the person knows and has understood all about HIV and AIDS in his own life and that he will secure that he doesn't infect others if he is HIV positive and re-infect himself. If negative, then he decides to remain HIV negative and support those infected and affected. PES is an individual decision and the Field Officers facilitate the whole process.

In this quarter, a total number of 41 819 people made their individual PES plans and 12,889 people declared themselves TCE compliant. PES implementation is a face to face dialogue between a Field Officer and an individual. This is mainly to create a conducive environment to the individual and this gives enough room to the Field Officer to probe more and get the person to talk about their sexual life. Confidentiality is stressed and assured to the individuals.

TCE and HOPE Humana projects formed support groups for people living with HIV. The support groups offered support to individuals on how to cope with HIV, dealing with stigma and discrimination. So far, 59 support groups have been formed. 837 people attend the support groups. The support groups meet in the following places; Ngove clinic in Greater Giyani, Mogapeng clinic, Khujwana clinic, Bonn community hall and the Dutch reformed church in Khujwana in Greater Tzaneen and Lulekani clinic and the Philani Community centre in Namakgale in Ba-Phalaborwa.

Activity 1: Door-to-door (person-to-person) campaign with individual counselling of all community members

During the first quarter, about 81,635 people in the operating areas were reached with individual counseling. The population was reached with messages emphasizing the need for abstinence for those who were not in relationships while those in relationship were encouraged to be faithful to their partners.

People with high risk behaviors were identified and mobilized by TCE Field Officers in their fields; these were truck drivers, taxi drivers, and commercial sex workers just to mention a few. Condom demonstrations and distribution actions and campaigns were done at different taxi ranks in the catchments area. 2 lessons were given to 25 truck drivers for Cargo Carriers Company in Malelane and Komartport areas in TCE Ehlanzeni.

Partnership and networking system was put in place between TCE and Trucking Wellness organization currently having a Truck Drivers Clinic at Kormatport, TCE is mobilizing all the long distance taxi drivers and sex workers to visit the clinic and receive different services concerning their health.

Activity 2: Conduct life orientation lessons, group discussion and debates as per the School programme

The activity was successfully carried with outreach campaigns to all learners. The Field officers delivered life orientation lessons, initiated debate about the importance of abstinence i.e. refraining from sexual activity until they were grown up. The Field Officers gave courses on the following topics: Tuberculosis, Sexually Transmitted Infections, teenage pregnancy, alcohol and drug abuse and its effects, and positive living. 25 lessons were given to the schools in Maruleng local municipality and Greater Letaba municipality.

Accomplishments: Consider the activities above and analyse overall progress to date in terms of their

incremental contribution to planned results/objectives or outputs of your programme/project. Also reflect on current progress towards achievement of annual target.

Humana People to People will achieve the overall target.

Implementation challenges

	Challenge	Planned action to address challenge
Objective	1. Field Officers not allowed to teach in schools	TCE leadership is in contact with Department of Education to align the TCE school program topics to their curriculum and be in agreement as to who is teaching which topics.

Data Quality Issues

Outline relevant data quality issues, estimates of over/under counting, efforts to strengthen data collection, analysis and use, and any other problems relating to reporting/counting.
TCE Corps Office has verified the reported figures in the divisions.

CONDOMS AND OTHER PREVENTION

Partner Overlap / Double Counting

No

Please explain whether any other PEPFAR partner is working at this site resulting in any reporting of the same individuals in this programmatic area. Please tick the checkbox and describe potential duplication for each section that is relevant.
HPP-SA is not aware of any other PEPFAR partner in the sites

Number of targeted condom service outlets

	Total	FY 2010 Target
	62	600

Number of individuals reached through community outreach that promotes HIV prevention through other behavior change beyond abstinence and/or being faithful

	Male	Female	Unknown	Total	FY 2010 Target
				29546	120000

Number of individuals trained to promote HIV prevention through other behavior change beyond abstinence and/or being faithful

	Total	FY 2010 Target
	264	2400

Objective/Output 1: To train members of the community as Field Officers, Passionates, Caregivers and Counsellors

Activity 1: Training of Field Officers and Passionates in Basic knowledge about HIV and AIDS and

counselling skills

Objective/Output 2: To educate and counsel the individuals to be in control of HIV and AIDS in their lives
Activity 1: Distribution of condoms and establishment of condom outlets
Over 62 condom outlets were established. The condom outlets are supplied with condoms on weekly basis. The Field Officers have trained the Passionates who are responsible to ensure that there is a constant supply of condoms. Passionates demonstrate and distribute the condoms to those who needed them. Penis models were provided to them to enhance their work.
Activity 2: Conduct HIV and AIDS lessons, groups discussion and debates as per the TCE workplace programme
So far 28 workplaces have TCE workplace program. 264 workers have been reached with lessons, debates and group discussions. The workers debated on preventive methods which is Abstinence, Be faithful and Condoms use. TCE Special Forces assisted the Field Officers to negotiate with Managers and workers of those workplaces to form HIV and AIDS committees at each workplace. The objective of forming the HIV and AIDS committees was to secure sustainability of the program and continuity.

BASIC HEALTH CARE AND SUPPORT AND TB/HIV CARE

Partner Overlap / Double Counting	No
Please explain whether any other PEPFAR partner is working at this site resulting in any reporting of the same individuals in this programmatic area. Please tick the checkbox and describe potential duplication for each section that is relevant.	
HPP-SA is not aware of any other PEPFAR partner working in the same sites	

Number of service outlets providing HIV-related care and support (including TB)

	Total	FY 2010 Target
	13	10

Number of individuals provided with HIV-related care and support (including TB)

	Male	Female	Unknown	Total	FY 2010 Target
			1033	1033	3000

Number of family members of HIV-infected individuals or OVC provided with HIV-related care and support

	Total	FY 2010 Target
	2057	3000

Number of individuals trained to provide HIV-related care and support (including TB/HIV)

	Total	FY 2010 Target
	30	560

Objective/Output 1: To train members of the community as Field Officers, Passionates, Caregivers and Counsellors
Activity 1:
Activity 2: Training of Field Officers and Passionates in palliative care
Activity 3: Training of Care Givers in Home Based Care During the reporting period, 30 care givers in Home Based Care receiving training from Sizile organisation. This was refresher training. The training took 1 week. The care givers benefited from the lessons and they got answers to most of their questions. Myth and misconceptions were cleared and clarification done.

Objective/Output 5: To offer care and support to people living with HIV and AIDS and their families
Activity 1: Provide care and support to people living with HIV and AIDS (TRIO programme) During the quarter under review, a better than expected number of services outlets were established. With the establishment of 13 outlets, the annual and first quarter target of 10 (<i>number of service outlets providing palliative care</i>) was exceeded. The greater than expected outlets also capacitated the programme to engage 1033 people living with HIV and AIDS (PLWHA) in the TRIO programme; higher than the target of 650 for the quarter.
Activity 2: Provide care and support to family members of people living with HIV and AIDS. The period under review saw a greater than expected progress in this activity with 2057 family members of HIV positive people (first quarter target =750) receiving palliative care. This also means that the annual target of 3000 is within sight.

Implementation challenges

	Challenge	Planned action to address challenge
Objective	1. Long distances	The care givers have been mobilized to continue to reach the remote villages and provide the services.

Heartbeat

Orphans and Vulnerable Children - Care

Total number OVC served

	Male	Female	Unknown	Total
Primary Direct Support	1012	1050		2062
Supplementary Direct Support				
Total				

OVC served according to service categories

	Total	FY 2009 Target
Shelter interventions	640	
General education(Practical skills & life Skills)	1422	
Total number served	2062	

OVERVIEW/BACKGROUND:

During this close-out period Heartbeat conducted Holiday Schools at the different Heartbeat projects/sites, supplied School Uniforms to OVC at 9 sites in Limpopo province and supplied blankets to children in Kwa Jobe near Jozini in Northern Kwazulu Natal.

PROGRESS ON IMPLEMENTATION/PROGRESS REPORT BY INDICATORS

Shelter interventions:

A total of 640 (384 Male, 356 Female) children were supplied with blankets at Heartbeat's Kwa Jobe project in Northern KZN.

General Education (Practical Skills & Life Skills):

Holiday Schools were conducted during the September/October 2009 school holidays where a total of 186 (88 Male and 98 Female) OVC attended. Following are the projects/sites where Holiday Schools took place and the number of OVC attending:

- Attridgeville: 35
- Bakenberg: 31
- Katlehong: 21
- Nellmapius: 20
- Randfontein: 23
- Tembisa: 33
- Vosloorus: 23

In October 2009, Heartbeat supplied school uniforms to 1236 OVC (590 Male, 646 Female). These uniforms were supplied to Dikgale, one of Heartbeat's partners, at 9 different sites in the Limpopo province. The breakdown per site is as follows:

- Madiga Kgekaganang: 86
- Rejalena: 135
- Rehulegile: 134
- Molwantwa: 82
- Kokona: 137
- Rekgotleleleng: 138
- Ranti : 206
- Ntotole: 169
- Ntshereletsa: 149

Mpilonhle – see separate document

GOLD

PROGRAM AREA 1- PREVENTION THROUGH ABSTINENCE AND/OR BE FAITHFUL **PROGRAM AREA 2- PREVENTION THROUGH OTHER BEHAVIOUR CHANGE** **BEYOND ABSTINENCE AND/OR BE FAITHFUL**

Activities and Accomplishments for this Period:

Key R&D activities:

Curriculum and portfolio print and distribution 2009: (for use by Implementing Organisations (IOs) in 2010) – Resources printed and distributed: These included curricula, portfolios, peer educator future forward guides, implementation guides and peer educator training DVDs.

Parent booklet developed, designed and printed.

New Session Development: Further work was carried out on new sessions linked to the key drivers of HIV– all are now complete in draft form.

Research Conducted:

- Research reports received from Research and Assessment Analyst:
 - Track 2 Curriculum report
 - Track 3 curriculum report
 - Past Peer Educator Strategy Research
 - Cell phone usage research report
- Research commissioned and conducted:
 - Desk Research into GOLD “Leaner” equivalents
 - Research conducted into session aids – video and visual
 - Art and drama session options
 - Peer Booklets and Educator Guide feedback report

Track 4 (T4) (Lead Peer Educator) program:

- Finalization and development of T4 program structure, including outputs, finalized and training plan developed (with T&S)
- Liaison and agreement of KZN elective partners (S4S Uk and Aus) including detailed deliverables and time schedules
- T4 orientation day process notes refined and distributed to field offices.
- All resources for 2010 updated and refined (field guide created, supervisor guide)
- T4 Portfolio 2010 developed from last year’s version and printed. Will be distributed in Jan for use by provincial teams.
- Briefing of Provincial teams at end of year review

Trainer Resource Kit development:

- All training docs are compiled and ready for inclusion on Resource CD
- Designs and layouts developed
- Core components of Manuals developed

Cell phone Strategy:

- Numbers entered from WC and messages sent
- Messages sent to over 1500 Peer Educators (PEs) on a weekly basis
- Met with Cell life re: 2010 relationship and confirmation gained that free SMS messages can extend into 2010.
- Conversations and relationship development with Ogilvy re: safe texting concept.

Pilot of 'leaner' version of GOLD:

- Proposal written and presented at Model Development and input received.
- JAG, the partner for the pilot, have presented this to their governing body and have authorization to go ahead.
- Additional partners identified to be engaged in 2010.

Trainer videos (GOLD Peer Education Facilitator training):

- DVD design and duplication carried out
- Final copies distributed to all IOs and GOLD teams.
- Have begun using videos in different context to positive feedback.

Key QA activities:

2007 – 2009 KZN JPE and MPE pre/post surveys have been analyzed and reports written

2009 JPE Post surveys have been data entered and will be ready, along with the 2009 JPE Pre surveys, to be analyzed in 2010.

157 Educator, Principal and Community Member surveys were collected and have been data entered, analyzed and a report has been written.

Data from Most Significant Change (MSC) Peer Research and Mentor Peer Educator Peer Educator Stories has been analyzed and reports written.

A summary of the GOLD Exploratory Outcomes Report was done and reports printed for distribution to IOs and other stakeholders.

Trend report received from KZN based on the Q4 Bi annual Assessments of Program Managers and Facilitators

Key M&E Reports:

Revised and upgraded the Excel data summary sheet – now much analysis is conducted automatically.

Analyzed Implementing Organization (IO) reports from areas of implementation (KZN, MPU, WC)

Produced IO feedback reports

Compiled a summary of targets met/exceeded by each IO

Analysis and write up of Internal M&E Data (2006 – 2009) in final stages – report will be completed in January.

A draft document of M&E Standard Operating Procedures has been developed.

A generic set of M&E tools for 2010 have been developed for both school based and community based program. These are currently being checked by QA and will be disseminated to IOs.

Revised standards for Year 1-4 IOs have been written and outputs were approved by T&S and R&D.

GOLD presented papers at the LoveLife conference and the Tutu HIV/AIDS Foundation conference.

Capacity Building:

All planned activities within RSA were conducted as per the intended delivery schedule with Head Office playing an integral part in providing field teams with the needed capacity and support to deliver their province specific services and Program coaching.

The Track 2 Training developed in Quarter 3 incorporated the new GOLD Training DVD's. This product was delivered to KZN, MPU and WC Implementing Organizations successfully with 51 Facilitators being trained.

The Curriculum Messaging workshop was delivered to KZN and MP Program Managers and Facilitators – while this workshop was redesigned to better address issues of Lifestyle and the character within the GOLD Program, this will be refined (in 2010) to target areas of specific challenges in other crucial behavioral areas (Alcohol use; MCP, Transactional and Trans-generational Sex).

Program Administration and T&S QA processes were streamlined between HOT&S and Field T&S Personnel, with policies and processes being refined and adjusted based on Q3 and Q4 feedback.

All Peer Education Forums (PEF's) for the last quarter were delivered with an additional Facilitator PEF in the Western Cape for Facilitators and Program Managers.

Training, Coaching and on-site support was provided to the following organizations: Childline; Cross Roads; Sethani; Olive Leave Foundation; ISAAC/ECC; Hope 2 Educate and Positive Ray in KZN and YFC – MPU; Thembaletu HBC; Masoyi HBC and Youth with a vision in MP.

The Resource Mobilization Toolkit, a training resource for IOs, was edited and refined.

The GOLD Facilitator Database has been completed and will be signed off by the field in January 2010. This body of work has enabled HO T&S to Grade all facilitators based on Phase 1 Grading Criteria (number of minimum Training's attended).

The GOLD (Pilot) Master Facilitator Strategy has been written and been submitted to the Field for comments and input

Peer educator skills training courses and mentoring sessions took place in most of GOLD sites in line with GOLD standards. Two organizations are under an intervention by GOLD to improve on meeting standards, however core targets for PEPFAR were achieved by all sub-partners in this regard. Detailed reports are available on request and peer educator to peer activities and success stories.

Visibility and Advocacy activities:

Support given to IOs to take part in the Stand Up Against Poverty Campaign and facilitated their involvement through liaising with GCAP SA.

The Resource Mobilization Toolkit, a training resource for IOs, was edited and refined.

Developed a document entitled The Peer Education Journey which details, in an accessible way, the experience of a Peer Educator over the 3-4 years of GOLD Peer Education.

The 'You're GOLD' magazine surveys were collated to ensure feedback of Peer Educators, Peers, Facilitators and Educators taken into account when next issue produced.

GOLD's Youthzone website went live with a blog and Updated the GOLD Facebook page.

Banners were printed and distributed to all GOLD areas.

Submitted an article to the National Teacher's Guide

SA Government activities:

GOLD has been working in collaboration with various government officials and representatives in the WC, KZN and MP in order to strengthen and form relationships with the departments of Education, Health and Social Development.

GOLD had the privilege of hosting a government stakeholder workshop in Cape Town in October 2009. Delegates from the Departments of Health, Education and Social Development from Mpumalanga, Kwa-Zulu Natal and the Western Cape were invited to attend. The workshop was a great success and the way forward was minuted as follows:

GOLD reiterated that its aim is to link education outcomes around HIV with health services and access to VCT in the communities.

The summary of the way forward was as follows:

- GOLD to ensure ongoing communication and meetings at Provincial and National level
- Memorandum of Understandings to be refined or developed where needed
- Continued integration of activities to better meet National and Provincial objectives in the long term
- All role-players to continue to build and strengthen a sense of a community of practice between GOLD, DOE and DOH
- Work towards a common vision for youth and reduction of risk behavior and mitigation of HIV and AIDS

Scheduled Items Not Completed:

R&D:

- Final working proposal and plan for Curriculum v3 not yet developed – MD task team was postponed due to R&D capacity to get this written - so plan will be written in early Jan based on all research compiled so far.
- New sessions developed and printed – this was not completed due to time restraints. All 4 new sessions are written and now need to be edited for final release in 2010. All will be included in v.3. MCP session will be released early in the year in order to meet requirements for NACA proposal should it come through.

QA:

- PEMS ‘go live’ was scheduled for the end of October 2009, but there were delays in the system being ready to test (Kineto) and there were further delays in provincial offices (T&S’s) being available to test the system.
- IOs have continued to practice in the PEMS in the testing environment and we have received good feedback in terms of the usefulness of the system and so we look forward to it being fully functioning soon.
- The PEMS system will be fully functioning for all IOs in SA to use for Q1 reporting – this gives them enough time to enter all their data.

Environmental Compliance:

No environmental issues dealt with.

Changes to implementation schedule:

No changes predicted to the original SOW/project description.

PSA-SA – see separate document

LifeLine Rustenberg

PROGRAMS INVOLVED

- Prevention, Abstinence & Be Faithful
- Prevention condoms & behavioral changes.
- Counseling and testing
- CBO/FBO Capacity building

ACCOMPLISHMENT THIS PERIOD.

PROGRAM: ABSTAIN

- Trainings are on going.
- Reporting accurate.
- Certificate of attendance issued to all the participants
- Participation of schools very good.
- Target: 1080: Actual this quarter: Males: 89; Females:147; Total =236

PROGRAM: ABSTAIN AND BE FAITHFUL

- Age groups of between 15-25 identified in and out of schools.
- Five areas within the district served as planned.
- Gender equality observed.
- Annual target group is :4320
- Actual individuals reached this quarter: Males: + Females:
- Certificate of attendance issued to all who completed the module

PROGRAM: Prevention condoms & other behavioral changes.

- Age groups reached through the indicator is 18 years out of school youths and above, both males and females.
- Male and female Condoms received regularly from the Department of Health for distribution. Condom demonstration and distribution done at all the presentations done.
- Information pamphlets issued to clients.
- Accurate recording, reporting and filling of information done daily.
- Annual target is: 4320
- Actual clients reached this quarter: Males: 2371+ Females: 3482; Total =5853

PROGRAM: Counseling and testing

- New hotspots identified in all the five sub-districts and the total is 24.
- Community mobilization and events honored within the district.
- Participation of the communities encouraging.
- Mobile vehicles available and used for the service.
- The department of health supplies the project with test kits, gloves, pricking equipment and disposal containers.
- Annual target for clients counseled, tested and received results: 9000.
- Total number of individuals trained to give VCT service: 9 counselors. Four drivers and 4 professional nurses for testing. 3 volunteers
- Total number of mobile service points: 24
- Total counseled, tested and results received for this quarter:3627 (Males: 1377 Females:2250)
- Total Reactive: Males: 198 Females: 438; Total = 636
- All Positive clients are referred for further management to Health facilities as per provincial protocol.

- Site visits were done monthly by the Monitoring and evaluation officer.

PROGRAM: CBO/FBO Capacity building.

- Training of two CBO groups in Palliative Care.
- Transfer of funds to the 8 selected CBO's for three months amounting to R 277 464.00 in the first quarter 2009/10.
- Target: 3000. Actual; males 332; females 610; Total =942
- Financial report and documentation received from the CBO's

SUPPORT FROM DONORS

- Received FHI and UGM support visit program for this quarter 2009.
- FHI Audit by Ernest and Young completed for the period 2007 October to September 2009.

GENERAL

- Training of CBO staff on Palliative Care done as planned.
- Reports done and sent at due times using correct templates.
- Monthly meetings held minutes captured and attendance registers filled.
- Data base for all the statistics available and in use.

BUDGET RECEIVED:

Monies in the bank at the end of September 2009 was R1 499 548.25. None received from FHI from October to December 2009.

ISSUES

Still waiting the signing of the Service Level Agreement document by the Provincial Department of Health. Follow-up is being done on a monthly basis.

CHANGE TO IMPLEMENTATION SCHEDULE: None

MCDI

Overview of key quarterly activities:

Prevention of Mother to Child Transmission (PMTCT)

- Training of professional nurses and facility managers
- Support groups
- One-on-one facility mentoring
- Community events

Abstinence & Being Faithful

- Sub grantee closing-down activities
- Royal Falcon
- Whizzkids
- Community events

Orphans and Vulnerable Children (OVC)

- Collaboration with DSD and DoH
- Collaboration with UKZN Department of Social Work
- Association with TREE
- Employment of 2 new community facilitators
- Use of the CSI
- Soup kitchen
- Blankets for Christmas
- Community events

Adult Palliative Care and Support

- Training HBC on new data tools
- Local AIDS committee meeting
- Waterloo TB event
- Office supplies to CBOs
- One-on-one mentoring

Counseling & Testing

- PEPFAR VCT workshop

Community dialogue meeting Planning for facility assessments Ilembe District Community Outreach VCT campaign One-on-one Mentoring
Other Sexual Prevention Mobile education unit Door-to-door prevention outreach
General Activities MCDI team building (Nov 5/6)

**Prevention of Mother To Child Transmission (PMTCT)
Trainings**

On October 12-13 2009, MCDI hosted a successful training session for 30 professional nurses and facility managers at the Stanger Hospital Nurses Home. The training mainly focused on feeding techniques including exclusive breast feeding, cup feeding and heat treating breast milk in order to reduce transmission of HIV during feeding. Through discussions held during the training, exclusive breast feeding was identified as a major challenge in the community, and participants agreed that additional community education and awareness is needed. MCDI plans to implement more community-driven campaigns based on this feedback during the upcoming quarters.

PMTCT Support groups

PMTCT support group activity increased this quarter; 18 new groups were formed, bringing the total to 23 groups and approximately 460 mothers. New support groups were set up in Thafamasi and Wosiyane and new groups are anticipated to form in Macambini and Kwadukuza in the next quarter. During support group meetings, MCDI distributed feeding cups to all participating mothers.

The support groups are involved in numerous activities, including a garden that MCDI initiated with the help of World Vision. Most support group participants are enthusiastic about these activities and many gardens have been planted and are flourishing.

Furthermore, in collaboration with MCDI's iLembe District Child Survival Project (UNICEF), curricula and teaching aids have been designed and distributed to PMTCT support group facilitators (Family Companions). Topics including feeding options, and C/HH-IMCI key family practices.

Lessons learned: There is a need for English-speaking support groups as some of the target group, HIV-positive pregnant women, do not understand isiZulu. MCDI is exploring the option of holding exclusive English-speaking support groups to help these mothers. To date, there are five English-speaking mothers.

One-on-One Facility Mentoring

Ongoing support was provided for 30 iLembe health facilities in this quarter (October-December). Mentorship included site monitoring, assistance with PMTCT registers, and on-site refresher trainings for exclusive breast feeding and cup feeding. As a result of this one-on-one mentoring activity, indicator reporting has improved at most sites as well as the quality of feeding option education provided to mothers at the facilities.

Events

This quarter four PMTCT events were organized and implemented in the iLembe district, including two community events on PMTCT awareness, an AIDS day event and a certificate ceremony for traditional healers. These events are described in greater detail below:

Community Event at Tugela

On October 28, 2009, MCDI hosted a PMTCT/ CHH-IMCI event at Tugela. Approximately 300 people attended, most of whom were pregnant women and mothers. Speakers included health facility staff members and MCDI staff. During the event, community members were educated about the different feeding options, including demonstrations on the proper use of feeding cups. Following the demonstration, cups were distributed to new and expecting mothers.

Community Event at Wosiyane Clinic

On November 10, 2009 approximately 400 people attended an MCDI event to promote PMTCT awareness. Speakers included facility staff, prominent community members and MCDI staff. Similar to the event at Tugela, topics for discussion centered on feeding options and the proper use of feeding cups. Feeding cups were then distributed to new and expecting mothers.

Certificates for Traditional Healers

Over the past year, MCDI has worked closely with traditional healers, training them on elements of PMTCT, VCT and TB health education. As this initiative will no longer be funded under this project, MCDI finalized activities with this vibrant group. As a token of appreciation, a closing event was held on October 15, 2009. Training certificates were distributed to participants and MCDI staff thanked them for their contributions to community health education.

World AIDS Day

On December 1, 2009, MCDI was invited to participate in an AIDS day awareness event held at Shakaskraal community hall, attended by community members, and DoH and DSD representatives. MCDI assisted with planning and coordination of this event which included speeches from community leaders, as well as songs/activities promoting HIV prevention.

ABSTINENCE & BEING FAITHFUL

October and December 2009 was the final quarter of MCDI's Abstinence and Being faithful program. Sub-grantees Royal Falcon and Africaid engaged in closeout activities and conducted a final project evaluation. Events with these organizations, community participants and MCDI were held to finalize the project.

Royal Falcon

MCDI engaged Royal Falcon as a sub-grantee to promote messages and lessons on abstinence, being faithful (in

both primary and secondary schools) and condom use (only in secondary schools). The program was conducted in 6 schools in the iLembe district including 2 primary schools and 4 high schools. In total, approximately 1,400 students were reached by these education efforts, including 600 female and 800 male students.

During this quarter, Royal Falcon conducted final evaluations to measure the effectiveness of the program. School pupils, headmasters and life-orientation teachers participated as focus group participants. The final evaluation is found in Attachment 1. MCDI also held an impromptu focus group meeting with the master-peer-educators (MPEs), to determine and discuss the year's highlights and challenges. A major challenge identified was the acceptance of the program within the schools. This problem was largely resolved when the principals and life-orientation teachers were engaged and informed about the program, and afterwards promoted the course within the schools. Following approval of school leaders, it was well-received in most schools

In December 2009, farewells were made to all participating schools and MPEs. Most program participants expressed the need for MCDI to return in order to continue implementing the ABC messages to reinforce behavior. MCDI hosted several closeout celebrations to thank MPEs for their good work and to encourage them to continue reinforcing the messages included in the program.

Whizzkids

MCDI engaged Whizzkids as a sub-grantee, who focused on enriching the lives of the many youth in this region who do not attend school. MCDI, in collaboration with Whizzkids organized and implemented activities for this high-risk population. MCDI established out-of-school clubs through which it promoted ABC messages. Whizzkids later promoted ABC messages through sports activities.

During this quarter, Whizzkids, in collaboration with MCDI, conducted a final evaluation. A qualitative assessment was conducted through interviews with youth in order to determine how effectively the program communicated the take-home messages to participants. The final report is included in Attachment 2.

Maphumulo Sport Tournament

As a closing event, a sports day was held at Maphumulo in November in which nearly 100 largely at-risk youth competed in world-cup style soccer tournament. More information about this tournament can be found in the attached evaluation completed by Whizzkids and MCDI.

MCDI would like to thank Whizzkids for their partnership and for making these activities a success.

Events in this quarter:

Love-Life Event

On October 8, 2010 a Love-Life event was organized and implemented at the Ndwedwe CHC. This event combined well-established HIV prevention techniques (promoting, abstinence, delayed initiation of sexual activity, reduction of sexual partners among already sexually active teenagers and condom usage) with innovative marketing approaches to promote healthy AIDS-free living among South African youth. MCDI assisted in planning this event and helped recruit youth to attend.

Ndwedwe AIDS Day event

On December 1, 2009, MCDI was invited to participate in an event organized by the DoH at the Ndwedwe CHC. Topics covered included ABC messages and MCDI's youth work in the iLembe district. MCDI highlighted the work of the MPEs, use of sports and other activities to engage at-risk youth, as well as

frequently youth HIV prevention techniques. Other attendees included DSD and NOAH.

ORPHANS & VULNERABLE CHILDREN

Program Strengthening and Important Collaborations:

In order to strengthen the OVC program and create sustainability, MCDI embarked on several initiatives to collaborate with local organizations and government ministries including the DoH and the DSD.

Collaboration with DSD and DoH

During this quarter, several meetings were held with the government coordinators in the iLembe district. During these meetings, members from both departments expressed their approval of MCDI's initiatives and agreed to work closely with MCDI in the coming year. Also from these meetings, new, expanded OVC sites for the program were discussed and the ministers suggested names of CBOs with whom MCDI could collaborate. MCDI staff have investigated these suggested localities to determine suitability. An OVC program has already been started at one site, Okhule Nomusa, and MCDI continues to assess other future site possibilities.

The new home-based care tools were also discussed at these meetings. Both departments expressed the need for HBCs to be trained in data collection. Thus far, MCDI has trained 63 HBCs on home-based tools and how to identify and categorize OVC. These trainings will continue in the next quarter.

Collaboration with UKZN Department of Social Work

In November 2009, MCDI contacted the Department of Social Work at UKZN in order to determine if students could assist in the counseling of needy children. UKZN explained that they would gladly assist if MCDI provided guidelines, rules and regulations for the students. MCDI will also design evaluation methods to determine the impact of the students' work. This initiative is scheduled to begin in 2010.

Association with TREE

TREE is a sub-grantee appointed by MCDI to enhance the teaching skills of educators at Early Childhood Development (ECD) sites. In this quarter, supervisory visits were made to ensure proper teaching methods demonstrated in previous teacher trainings were being used. While some challenges have been identified, the supervisory visits determined that the majority of teachers were enthusiastic about the course and are utilizing the techniques taught in the trainings.

Employment of two new OVC Community Facilitators

In this quarter MCDI has employed two new community facilitators to assist with the OVC program. All three facilitators are local residents in the communities they serve. They promote the OVC program in each of the sub districts, conduct home visits and refer OVCs to MCDI for assistance.

Use of the CSI

Last quarter it was determined that a scoring method was needed to effectively assist and monitor OVCs and their well-being. PEPFAR's Child Status Index (CSI) has proven to be the most effective of these methods. Each child is scored according to his/her food and nutrition, shelter and care, protection, health, psychosocial, and education needs, and MCDI addresses the unique needs each child accordingly. This method has proven effective for providing a holistic approach to helping OVC.

In this quarter, the new community facilitators were trained on the scoring system, including supervisory home visits and spot checks. After the training sessions, all facilitators were competent in using the CSI. Regular monitoring of these facilitators will occur in the next quarter.

Interventions for OVC: Soup Kitchen

Last quarter, MCDI identified several children who were not eating for multiple days in a row. It was imperative that MCDI intervene immediately, and a soup kitchen was set up at Mavela. Initially 15 of the most impoverished school-going children were fed by the kitchen but given the need for food services, this number soon escalated to 30.

In order to continue this effort, and to encourage sustainability, MCDI has engaged other community members and businesses in the community to assist. To date, Woolworths has agreed to help and MCDI continues to follow-up on specific details with them. MCDI has secured funding outside of PEPFAR to continue this intervention on a limited basis.

Blankets for Christmas

During the evaluation of the child's status (CSI), it was found that numerous children sleep in very unhygienic and potentially life-threatening conditions. This not only exposes children to illnesses but also lowers their self-esteem, which could result in further behavior issues. MCDI identified 90 of the neediest children in the iLembe district and supplied them with large blankets in December. These new blankets will at least ensure their short-term safety at night.

Community Events

The OVC team was invited to several community events during this quarter. These events helped promote MCDI's work as well as the efforts of the OVC team. As part of these events, community members became aware of MCDI's initiatives as well as how to identify OVCs in their own communities. These events included:

- AIDS day event at Okhule Nomusa (new CBO working with OVC team)
- AIDS day event at Maphumulo
- Ndwedwe crèche association end of year event

Workshops

In November 2009, the OVC team attended the PEPFAR OVC meeting. The meeting covered a comprehensive agenda including an overview of the OVC program to date as well as new implementation ideas such as the need to integrate OVC programming with other education and food and nutrition programming. MCDI staff also received comprehensive feedback on its OVC programs.

COUNSELING & TESTING

PEPFAR VCT workshop

In October 2009, the VCT coordinator attended the PEPFAR counseling and testing meeting that was held in Pretoria. The meeting proved very comprehensive and insightful. Feedback was given to MCDI staff.

Community dialogue meeting

On November 13, 2009 the DoH held a community dialogue with key players in the Ndwedwe sub district in order to discuss the war against poverty campaign. Among those in attendance were all NGOs, FBOs and other community organizations that were active in the area.

Planning for Facility Assessments

In November 2009, meetings were held with the iLembe DoH HAST coordinator regarding facility assessments. VCT services will be evaluated at 30 facilities in the iLembe district beginning in the next quarter. The assessment will include evaluations of staff competencies, infrastructure, workload and data quality.

Ilembe District Community Outreach VCT campaign

In December 2009, the DoH met with MCDI to discuss the iLembe District's VCT campaign and ways in which to increase VCT services in the community. Through discussions the DoH and MCDI determined that a community campaign was needed as many people still did not have access to health facilities for VCT services.

MCDI suggested several ideas for the campaign such as engaging key community stakeholders, using the door-to-door campaign to promote testing and using MCDI's mobile testing unit, to be staffed with a professional nurse from the DoH. The campaign is set to occur during the next quarter.

One-on-One Mentoring

Ongoing support was provided for 30 iLembe health facilities in this quarter. Mentorship included assistance with VCT registers, on-site refresher training counseling, couple's counseling, and the integration of VCT and TB services.

ADULT PALLIATIVE CARE & SUPPORT

Training HBC on New Data Tools

A new data collection form has been created by the NDoH and NDSD. These forms are comprehensive and capture medical and social indicators from households.

The iLembe DoH and DSD met with MCDI in November 2009 to discuss these forms. Both departments expressed the need to train the home-based carers on data collection. This presented some challenges as some HBCs are semi-literate. Further, the forms are in English whereas most HBCs are Zulu-speaking. MCDI began training HBCs in late November 2009, on proper form use and to ensure that they understood the requirements and importance of the indicators. To date MCDI has trained 440 HBCs of which 151 are male and 289 are female.

Further, MCDI has made data collection tools easier to use. MCDI has created data collection documents that simplify the process using charts, and has also translated the tools into isiZulu. MCDI acknowledges that the NDoH is in the process of translating the tool as well; our intention was only to provide an interim Zulu chart for better understanding of the tool.

Local AIDS Committee Meeting

In October 2009 the Local AIDS committee held their first meeting. This meeting was hosted by the DoH and provided a forum for all partners in the Ndwedwe sub district to discuss critical issues. During the meeting the importance of coordination between NGOs in order to prevent conflicting messages and duplication. These coordination meetings will be held once every three months.

Waterloo TB Event

In November 2009, MCDI hosted a community TB event with over 300 attendees at the Waterloo community hall to promote awareness of TB in close collaboration with the nearby health facility staff. At this event, TB symptoms, the importance of seeking testing and adherence to treatment were highlighted.

CBO Office Supplies

During the numerous site visits, it was observed that most CBOs are unequipped with basic office supplies. Most CBOs did not have even filing cabinets, hindering their ability to properly store and collect data. MCDI purchased filing cabinets, files, file hangers and other office supplies to assist 12 CBOs, delivered during October and November.

One-on-One Mentoring

Ongoing support was provided 12 CBOs during this quarter. Mentorship included assistance to HBCs on providing home-based care and data collection in order to ensure proper record keeping for CBO managers.

OTHER SEXUAL PREVENTION

Mobile Education Unit

Community drives to promote HIV messages are ongoing and MCDI will be conducting additional VCT testing with community VCT counselors, in collaboration with the DoH. This will begin in the next quarter.

Door-to-door Prevention Outreach

MCDI collected and compiled the data results from the Ilembe District HBCs via the CHF's. Within just a few months of activity, over 20,000 people had been reached through one-on-one meetings with HIV Prevention messages by the HCBCs throughout Ilembe District. This initiative is expected to wrap up in the coming quarters.

GENERAL ACTIVITIES THIS QUARTER

Team Building Event

On November 5th and 6th MCDI held its annual planning event at the Palm Dunes Hotel in Blythedale Beach, with all MCDI staff members in attendance. During the event, MCDI's progress over the year was highlighted, staff members were grouped into teams to discuss plans for the year ahead, best practices for M&E practices was presented, and all MCDI staff engaged in team-building activities.

Environmental Compliance:

MCDI-SA provides no direct medical services and thus produces no medical waste. Community health workers and home-based care volunteers are trained according to National Department of Health guidelines to carry soft waste such as used latex gloves, bandages, gauze, etc., in a separate bag to be disposed of at the nearest health facility.

NOAH

Did not complete report as no activities with FHI from October 1, 2009 forward.