

# USAID/South Africa Umbrella Grants Management Project End of Project Partner Evaluation

## SENZAKWENZEKE COMMUNITY DEVELOPMENT

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# USAID/South Africa

## Umbrella Grants Management Project

### End of Project Partner Evaluation

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## ACRONYMS

CCF	Child Care Forum
CCW	Community Care Worker
COP 10	Country Operational Plan 2010
COP	Chief of Party
DoSD	Department of Social Development of South Africa
HBC	Home-based Care
KZN	KwaZulu-Natal Province
M & E	Monitoring and Evaluation
OVC	Orphans and Vulnerable Children
PBO	Public Benefit Organization
PEPFAR	President's Emergency Plan for AIDS Relief
SAPS	South African Police Service
SEF	Small Enterprise Foundation
TA	Technical Assistance
UGM	Umbrella Grants Management Project
USAID	U.S. Agency for International Development

# EXECUTIVE SUMMARY

## INTRODUCTION

UGM is a five year grants management program administered by FHI 360 with funding from the U.S. Agency for International Development (USAID). Through UGM, FHI 360 provides funding and technical assistance to USAID-selected NGO partners who provide HIV/AIDS services at local, provincial, and national levels in South Africa. FHI 360-UGM seeks to promote high quality service delivery in alignment with the priorities and goals of the South African government's HIV/AIDS framework.

FHI 360-UGM provides specialized capacity building and support services to build partners' skills and competencies in program management, governance, human resource development, budgeting and finance, and monitoring, evaluation, and reporting.

The FHI 360-UGM project objectives are to

1. Provide grants to USAID/PEPFAR partners that ensure an adequate resource flow to foster scale-up of activities
2. Implement effective monitoring, evaluation, and reporting systems to assess and document activities
3. Provide ongoing capacity building to support and enhance scale-up of activities, and sustainability of activities and partners

Since 2007, FHI 360-UGM has supported thirteen South African NGOs including Senzakwenzeke. The organization has received total funding through the UGM of R6,812,849.

The purpose of this evaluation is to determine the effectiveness of Senzakwenzeke Community Development's program in meeting the needs of orphans and vulnerable children (OVC) in Nkandla, located in the KwaZulu-Natal Province (KZN) between 2007 and 2011 while it received funding from USAID/President's Emergency Plan for AIDS Relief (PEPFAR).

The evaluation seeks to examine the following

- To what extent was Senzakwenzeke able to meet the needs of children in the community?
- What are the most significant changes brought about by the organization in improving the well-being of OVC in their target areas?
- What were the key enablers and barriers in meeting project objectives?

## SENZAKWENZEKE COMMUNITY DEVELOPMENT

In 2002, the Nkandla community came together and formed Senzakwenzeke, the first nonprofit organization established in Nkandla. Senzakwenzeke was founded in response to the growing number of children being admitted to the local hospital due to malnutrition and HIV/AIDS-related illnesses. Senzakwenzeke program officers, community care workers, and board members were all based in Nkandla.

Senzakwenzeke's overall goal is to improve the quality of life of vulnerable children in Nkandla by providing support and ensuring access to essential services for these children. The table below shows Senzakwenzeke's objectives and the corresponding program activities.

**Table I. Senzakwenzeke’s Program Objectives and Activities**

<b>Senzakwenzeke’s Program Objectives and Activities</b>	
<b>Senzakwenzeke objectives</b>	<b>Activities</b>
To provide basic care and support to children infected with and affected by HIV/AIDS	<ul style="list-style-type: none"> <li>• provision of home-based care (HBC)</li> <li>• provision of psychosocial support</li> <li>• assistance with food security</li> <li>• provision of educational support</li> </ul>
To provide basic social services to orphans and vulnerable children and their families to enhance child protection services	<ul style="list-style-type: none"> <li>• referring OVC in need of social services to Department of Social Development (DoSD), Department of Home Affairs, and the South African Police Service (SAPS)</li> </ul>
To mobilize families in five wards of the Nkandla Municipality to uphold the rights of children in accordance with the Children’s Act	<ul style="list-style-type: none"> <li>• establishment of Child Care Forums</li> <li>• holding of community workshops on child protection issues</li> </ul>
To network with other service providers to improve the delivery of services to OVC	<ul style="list-style-type: none"> <li>• participation in local forums</li> <li>• establishment and use of a referral network</li> </ul>
To provide ongoing capacity building through the provision of training to strengthen the quality of services delivered <sup>1</sup> .	<ul style="list-style-type: none"> <li>• arrangement of training for community care workers (CCWs) according to needs</li> </ul>

## **EVALUATION METHODOLOGY AND APPROACH**

Data for the evaluation was collected through interviews with Senzakwenzeke’s current and former staff as well as a sample of beneficiaries and community stakeholders.

Evaluators reached four of the five wards in which Senzakwenzeke operates. OVC interviewed were children 12 years and older, and 72 percent of them joined the program after 2009. The community stakeholders that evaluators interviewed varied from induna<sup>2</sup> to school teachers and social workers. The Senzakwenzeke stakeholders interviewed included, but were not limited to, CCWs and the project director.

Data collection involved face-to-face interviews with beneficiaries and guardians, key informant interviews with Senzakwenzeke stakeholders and community stakeholders, and focus group discussions. Evaluators conducted the interviews in the homes of the beneficiaries and at schools. CCWs escorted evaluators and introduced them to interviewees; however, the CCWs did not stay for the interviews, to allow for confidentiality.

## **FINDINGS**

Findings show that Senzakwenzeke has made a positive impact in the lives of OVC in Nkandla. CCWs and guardians agree that the most significant changes in OVC since joining Senzakwenzeke are improved academic performance and an improvement in the psychological condition of the children. Moreover, guardians and OVC are satisfied with the services provided by Senzakwenzeke. The OVC themselves identified the homework assistance provided by their CCWs as the most appreciated part of their CCW’s visit.

Guardians and stakeholders identified food security as a service that Senzakwenzeke should improve.

Five main enablers were identified: Senzakwenzeke is community born and based, CCWs work and live in the community, volunteers are well trained, Senzakwenzeke uses a model of needs-based support, and it operates in a homogenous community.

<sup>1</sup> COP

<sup>2</sup> *Induna* is the Zulu word for a chief

Three main barriers were identified that are prohibiting the program from its reaching full potential. These include immature systems and inadequate human resources, untapped partnerships with government, and unmet beneficiary needs.

## **CONCLUSIONS**

During PEPFAR funding, Senzakwenzeke's program met an important part of the needs prioritized by its target beneficiaries. These were the assistance with school work for OVC and psychological support to face the negative impact of HIV/AIDS on children in the community.

Food security was identified as the top need by all stakeholders. Senzakwenzeke's strategy for addressing this need, food gardening, failed to adequately address the need of its OVC and their families. The next section discusses possible alternatives to address this need.

There is an overall positive perception among beneficiaries and stakeholders of the care and support provided by Senzakwenzeke. This is closely linked to guardians' and children's perceptions of the individual community workers with whom they interact. Due to the lack of records held by the organization, this evaluation could not verify the quality and consistency of care provided by CCWs to OVC.

Senzakwenzeke's approach is centered on each individual within the family. The organization should consider developing a family-driven approach, which recognizes that the needs of the various members of the family are interconnected and cannot be addressed in isolation. More psychosocial work should be done with guardians and other family members.

The organization's systems require major development and consolidation for Senzakwenzeke to realize its full potential. Senzakwenzeke would also benefit from more and stronger partnerships with other service providers. It is apparent that Senzakwenzeke is known and represented in community forums; however, there is room for strengthening of partnerships and relationships, especially with government departments, in terms of access to funding.

## **RECOMMENDATIONS**

- Expand on a combination of sustainable short- and long-term survival strategies for families.
- Conduct regular training and performance assessments of CCWs to ensure quality of care provided to OVC is high and consistent.
- Expand psychosocial support to other family members.
- Expand offerings to program graduates through partnerships with other organizations and local businesses.
- Invest into organizational strengthening and urgent diversification of funding.
- Strengthen relationships with government departments such as DoSD and the Department of Agriculture.

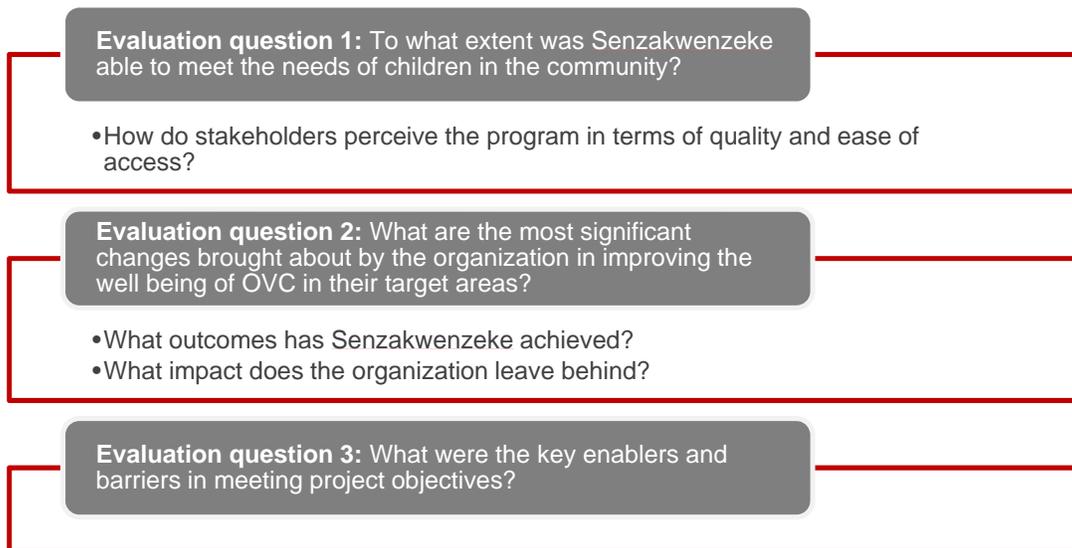
# I. INTRODUCTION

From 2007 through 2011, Senzakwenzeke received R6,812,849 through the UGM project. At the end of the funding period, FHI 360-UGM, at the request of USAID, conducted an evaluation of the funded partners. GreaterCapital was contracted to conduct an evaluation of Senzakwenzeke. The objectives of the evaluation were

- to determine whether the program objectives of each partner were achieved
- to evaluate the key program outcomes and impacts related to improved health and wellbeing of the targeted beneficiaries

In particular, the evaluation of Senzakwenzeke aimed to answer the following questions.

**Figure 1. Key evaluation questions**



This report explains the evaluation process, findings of the evaluation, and specific recommendations to the funder and the partner organization. It is intended to be a valuable resource for a variety of stakeholders, primarily Senzakwenzeke, as well as USAID and its implementing agencies. Evaluators have tried to identify elements of good practice in Senzakwenzeke’s model of working with OVC in a rural setting which can be reinforced and/or replicated where appropriate. The recommendations are directed specifically at Senzakwenzeke to indicate current strengths and shortcomings of their model and provide ideas on how to move forward.

The Background section describes the Senzakwenzeke program, outlining their objectives, model of care, scope, and reach. This section also explains the specific objectives of the UGM program and how they align with Senzakwenzeke’s objectives.

The Methodology section explains the evaluation process that GreaterCapital used. A combination of widely known social research methodologies and in-house-developed tools were used. All tools applied were customized to fit the specific requirements of this evaluation. Data collection methods included face-to-face interviews with relevant parties (such as beneficiaries, their guardians, Senzakwenzeke stakeholders, and community stakeholders) and focus groups.

The report continues with a discussion of Key Findings from this evaluation. Findings have been organized according to the key questions that the evaluation undertook to answer. The first set of findings illustrates both the beneficiaries’ and the stakeholders’ perceptions of the program. The second set of findings describes the most significant changes brought about by the program as

experienced by its beneficiaries. Lastly, the evaluation presents a discussion of the main enablers and barriers that have influenced the organization's capacity to deliver on its social mission.

The Conclusion section of this evaluation presents an interpretation of the findings.

Finally, evaluators have put together a set of Key Recommendations to donor and partner organizations for the improvement of their programs.

## II. BACKGROUND

UGM is a five year grants management program administered by FHI 360 with funding from the U.S. Agency for International Development (USAID). Through UGM, FHI 360 provides funding and technical assistance to USAID-selected NGO partners who provide HIV/AIDS services at local, provincial, and national levels in South Africa. FHI 360-UGM seeks to promote high quality service delivery in alignment with the priorities and goals of the South African government's HIV/AIDS framework.

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### SENZAKWENZEKE COMMUNITY DEVELOPMENT

Senzakwenzeke is an OVC program established in 2002 in Nkandla. Nkandla is a mountainous and mostly rural district in KwaZulu-Natal. It has a homogenous population (*isiZulu*-speaking South Africans) that is underserved in terms of access to basic services such as sanitation and electricity. A great majority (95 percent) of the population has no access to electricity, 66 percent of the population has no access to water, and 77 percent have no access to sanitation<sup>3</sup>.

Nkandla is isolated from national roads and the majority of the roads in the area are not tarred and continuously deteriorating. The only form of public transport available is taxis; however, Nkandla has more than a 100 schools and a total of 11 health facilities.

A portion of the population grows their own food, but the ground in Nkandla is dry and infertile, making it difficult to start a food garden. In addition, the people keep livestock, which graze freely and consume crops from the gardens if they are not properly fenced.

Some of the challenges faced by this region include HIV/AIDS (with a prevalence of 37.8 percent),<sup>4</sup> poverty, and unemployment. One of the dire effects of HIV/AIDS is a growing number of OVC. In 2009, 49 percent of households in Nkandla were elderly-headed households. In response to this phenomenon, the Nkandla community established Senzakwenzeke, a program to assist children infected and affected by HIV/AIDS as well as other vulnerable children in the community.

In Nkandla, it is not only orphans who have lost a parent/s to HIV/AIDS that are considered vulnerable—the high levels of poverty in this area make many children vulnerable. Senzakwenzeke has a broad definition of the term “vulnerable” and, as such, it targets children that are poor, those who live in elderly-headed households, and those who are abused or neglected.

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<sup>3</sup> Nkandla Integrated Development Plan 2010-2011

<sup>4</sup> KZN Department of Health Strategic Plan 2010-2014



**A man herding donkeys on the hills of Nkandla**

Senzakwenzeke's goal is to improve the quality of life of vulnerable children in Nkandla by providing support and ensuring access to essential services. The organization has five core objectives:

- to provide basic care and support to children infected and affected by HIV/AIDS
- to provide basic social services to orphaned and vulnerable children and their families to enhance child protection services
- to mobilize families in five wards of the Nkandla Municipality to uphold the rights of children in accordance with the Children's Act
- to network with other service providers to improve the delivery of services to OVC;
- to provide on-going capacity building through the provision of training to strengthen the quality of services delivered<sup>5</sup>.

Detailed information about Senzakwenzeke's financial history was not attainable, and the limited information available to the evaluators was neither detailed nor verified. This can be attributed partly to a lack of organizational history and poor financial administration. Discussions with current and previous program officers revealed that Senzakwenzeke was primarily funded by PEPFAR over the evaluation period. According to the program director, Senzakwenzeke received a small grant from the U.S. Embassy after the PEPFAR funding cycle came to an end.

Over the PEPFAR grant period, Senzakwenzeke reached more than 1,500<sup>6</sup> OVC in Nkandla. The table below shows the number of targeted and actual OVC Senzakwenzeke reached from 2007 to 2011.

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<sup>5</sup> COP document

<sup>6</sup> Senzakwenzeke's figures as reported to FHI 360

**Table 2. Numbers of OVC reached by Senzakwenzeke over the funding period**

Number of OVC Reached		
Year	Target	Actual
2007-2008	1,200	1,362
2008-2009	1,200	2,017
2009-2010	2,000	824
2010-2011	942	1,167

Senzakwenzeke reached and surpassed its targets over the funding period, with the exception of the period between 2009 and 2010. During that period, PEPFAR changed its indicators which meant that Senzakwenzeke did not meet the new standards for the delivery of services to OVC.

Prior to 2007, Senzakwenzeke was operating in three of the 14 wards that form Nkandla. By 2011, the organization had scaled up its services to reach OVC in five wards (Wards 1, 4, 5, 6, and 11). Evaluators were unable to get a breakdown of OVC reached per ward over the evaluation period.

### **Senzakwenzeke's intervention model**

Senzakwenzeke has a home-based model of support; services are delivered directly to the OVC at home. Its model also focuses on strengthening the household's capacity to provide for the OVC, especially in the area of food security. At the community level, Senzakwenzeke focuses on strengthening community structures to identify and report cases of abuse and vulnerability.

Senzakwenzeke provides assistance and care for OVC by deploying CCWs in each of the wards in which it operates. Each CCW is assigned a number of OVC and is mandated to visit them and provide ongoing care and assistance. CCWs provide a range of services, including educational and psychosocial support, at the beneficiary's home. The frequency and extent of care is provided according to the depth of need identified by the CCW. For example, children who are particularly distressed will be visited more frequently until their situation improves.

CCWs are trusted community members who are selected by traditional leaders and paid monthly stipends for their work. Their role is to work directly with OVC and their guardians to encourage attitude shifts surrounding some of the problematic practices identified in the community. These include child abuse, high HIV infection rates, and lack of protection due to not properly registering with the government.

CCW assist OVC and their guardians with accessing birth certificates and identity documents needed to access government grants. With access to grants the household's capacity to support the OVC is strengthened.

In terms of strengthening community structures, childcare forums for members of the community are established and facilitated by Senzakwenzeke to provide support to OVC. Senzakwenzeke also liaises with community stakeholders (including community leaders, school officials, and business leaders) in formal forums, such as Community Safety, to strengthen the protection structure of OVC in the community.

The following table illustrates the number of CCWs in each ward between 2007 and 2011.

**Table 3. Number of CCWs in each ward, 2007-2011**

Number of CCWs by Ward					
Ward	2007	2008	2009	2010	2011
Ward 1	12	10	14	12	7
Ward 4	7	8	10	10	5
Ward 5	23	23	24	24	20
Ward 6	8	5	10	10	6
Ward 11	19	18	23	23	18
TOTAL	69	64	81	79	59

Prior to conducting fieldwork, all CCWs receive training in various courses including childcare, basic HIV/AIDS, treatment adherence, and home-based care. Refresher courses are also facilitated according to needs (for instance, changes in treatment protocols for AIDS patients). CCWs travel by foot to beneficiaries' households, often kilometers away, to deliver services.

The work that CCWs do includes facilitating the following services to beneficiaries:

- Health promotion and access to health care  
CCWs accompany beneficiaries to local clinics and the hospital as well as deliver treatment and any medication that the OVC or their guardian has to take.
- Child protection (including referrals for shelter)  
Child Care Forums (CCF) are established with community representation to deal with cases of abuse and/or neglect. Children in need of protection are supposed to be referred to the CCF and they can also approach CCF members' directly whenever the need arises. The CCF would then refer the child to the relevant institution.
- Legal and social services  
CCWs identify beneficiaries without IDs or birth certificates, help them access these documents, and assist them in accessing grants.
- Psychosocial support  
In Nkandla, it is common for children not to be informed of their parent/s death. Senzakwenzeke addresses this issue by conducting memory box<sup>7</sup> workshops at camps held for the children over a course of five days. At the camps children are helped to come to terms with the death of their parent or parents. During home visits, CCW reinforce the messages conveyed at the workshops and help the children deal with upcoming fears and issues.
- Educational support  
CCW assist the children with homework. This is an important service as Nkandla as a high illiteracy rate and 50% of adults received no schooling<sup>8</sup>. They also liaise with teachers to support attendance and better performance.
- Assistance with food security  
Food gardens are established in the CCWs back yards and guardians are also encouraged to start food gardens. The produce from the food gardens is then shared with OVC.

<sup>7</sup> Senzakwenzeke's CCWs were trained by the Sinomlando Centre for Oral History and Memory Work in Africa. Memory box workshops are used to give psychosocial support to families and specifically to orphans affected by HIV/AIDS. The memories of families are kept in a box which contains the story of deceased relatives as well as personal objects and memorabilia. For more information, visit: <http://sinomlando.ukzn.ac.za/>

<sup>8</sup> Nkandla Integrated Development Plan 2010-2011

## SCOPE OF PEPFAR FUNDED ACTIVITIES

The table below illustrates Senzakwenzeke's objectives and activities. The ticks show which of Senzakwenzeke's objectives and activities were directly supported by PEPFAR. As demonstrated in the table, PEPFAR directly supported all of Senzakwenzeke's program activities outside of provision of material support for food and school uniforms.

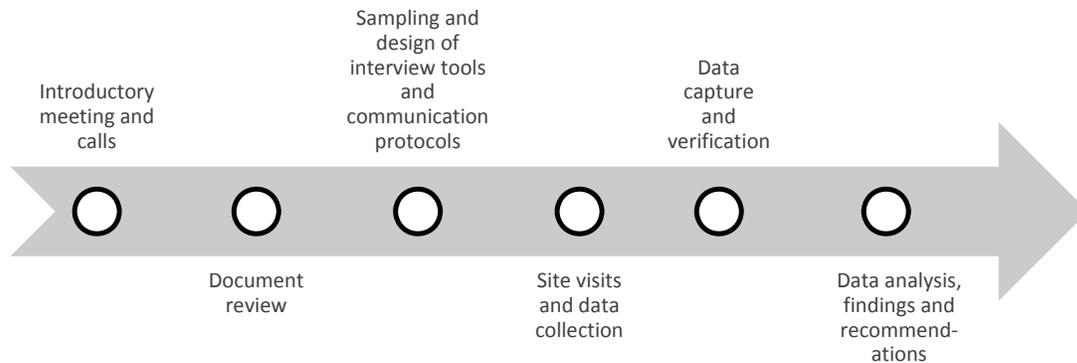
**Table 4. Senzakwenzeke's goal: Improve the quality of life of vulnerable children in Nkandla**

Senzakwenzeke's Objectives and Activities Supported by PEPFAR Funds	
To provide basic care and support to children infected and affected by HIV/AIDS <ul style="list-style-type: none"> <li>• HBC model of delivery               <ul style="list-style-type: none"> <li>○ Psychological support</li> <li>○ Educational support</li> </ul> </li> <li>• Assistance with food security               <ul style="list-style-type: none"> <li>○ Food gardens</li> <li>○ Food parcels</li> </ul> </li> <li>• Provision of uniforms</li> </ul>	      
To provide basic social services to orphaned and vulnerable children and their families to enhance child protection services <ul style="list-style-type: none"> <li>• Assistance in getting birth certificates, IDs and grants</li> </ul>	
To mobilize families in five wards of the Nkandla Municipality in upholding the rights of children in accordance with the Children's Act	
To provide on-going capacity building through the provision of training to strengthen the quality of services delivered	
To network with other service providers to improve the delivery of services to OVC	

### III. METHODS

The following figure depicts the process used to conduct this evaluation:

**Figure 2. Evaluation process**



The evaluation process began with introductory calls between UGM staff, the Senzakwenzeke director, and GreaterCapital evaluators. After reviewing relevant documents, the team then developed customized tools for evaluation. An introductory meeting between the evaluators and the chairperson of the Senzakwenzeke board was held prior to conducting fieldwork.

#### DATA COLLECTION METHODS

Data collection methods included

- Face-to-face interviews with beneficiaries and guardians
- Key informant interviews (with Senzakwenzeke stakeholders and community stakeholders)
- Focus group discussions

Senzakwenzeke CCWs assisted in escorting and introducing evaluators to OVC and guardians. This was important in establishing trust between evaluators and interviewees. After performing the introductions, CCW were kindly requested to leave the room, and evaluators conducted interviews in confidence.

Adults were requested to sign consent forms for interviews conducted with them as well as with OVC. Senzakwenzeke’s director assisted in securing key informant interviews with community stakeholders and Senzakwenzeke stakeholders.

#### SAMPLING FRAMEWORK

- Four out of the five wards that Senzakwenzeke operates in were reached.
- The OVC interviewed were predominately children aged 12 years and older; most (72 percent) joined the program in 2009 or later.
- Guardians interviewed were between the ages of 29 and 75.
- A range of community stakeholders was interviewed, including school teachers, Department of Social Development officials, and social workers from other community organizations.

**Table 5. Number and type of consultation conducted during the evaluation**

Consultations Conducted			
	# interviews	# focus groups	Total
CCWs	11	1 (3 participants)	14
OVC	36	-	36
Graduates	8	-	8
Guardians	49	-	49
Teachers	2	-	2
Elders	1	-	1
Chief	1	-	1
M&E officer	1	-	1
Director	1	-	1
Sizanani	1	-	1
Board	1	1 (4 participants)	5
Social worker / DoSD	2	-	2

## LIMITATIONS OF THIS STUDY

There were a number of limitations encountered while accomplishing this study; where possible, GreaterCapital used the following mitigation strategies to ensure the relevance and quality of the findings of the evaluation.

**Table 6. Limitations of the study and mitigation strategies**

Study Limitations	
Limitations	Mitigation strategy
<b>No base line:</b> An evaluation of this kind was a first for Senzakwenzeke.	Emphasis was placed on giving beneficiaries a voice, and the study focused on their perceived value of the program.
<b>Retrospective study:</b> Interviewees were more likely to speak about recent experiences as this was what they were more likely to remember. This made establishing the depth of impact in relation to time spent in the program very difficult.	Findings were analyzed in the broader context of OVC best practices.
<b>Organizational history is incomplete or non-existent:</b> Due to the change in Senzakwenzeke's management and the lack of proper information systems, evaluators were unable to obtain and/or verify information related to finances, registrations, and program information such as ratio of CCWs to OVC.	Efforts focused on understanding the beneficiaries' perceptions of the program. Information was gleaned from conversations with current and former program officers to establish enablers and barriers. When assumptions have been made, this has been clearly stated.
<b>Dependence on partner to facilitate interviews:</b> It was important that the evaluators were introduced to the beneficiary households in order to gain entrance into the households and to establish trust between evaluators and interviewees. This dependence prevented evaluators from reaching the fifth ward that Senzakwenzeke operates in and created the inability to reach suitable numbers in one of the other wards. The time that evaluators were on the field coincided with CCW training; thus only a limited number of CCW were available to escort evaluators. Additionally, one CCW experienced a personal crisis, further limiting the time spent in one	To make up for numbers in other wards, evaluators returned to the ward that had the largest number of beneficiaries served and CCWs available.

of the wards.	
<b>Stigma of HIV/AIDS and consultative nature of the study:</b> It was difficult to explore the subject of HIV/AIDS in the community and how it affects beneficiaries.	Evaluators consulted sector research to understand the general impact of the epidemic on children and their families.
<b>Inconsistent or contradictory data</b>	Evaluators used triangulation and asked the interviewees similar questions to check for consistency. Responses were then crosschecked, and where this was not possible, the data was not considered.

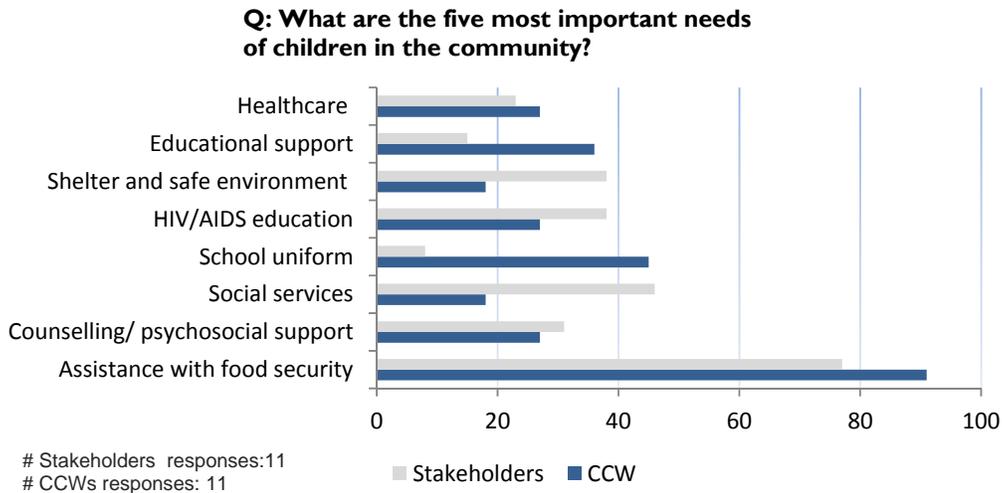
## IV. FINDINGS

### KEY EVALUATION QUESTION 1: TO WHAT EXTENT WAS SENZAKWENZEKE ABLE TO MEET THE NEEDS OF ORPHANS AND VULNERABLE CHILDREN IN THE COMMUNITY?

In order to answer this question, GreaterCapital first tried to establish the most pressing needs in Nkandla as perceived by Senzakwenzeke’s beneficiaries, CCWs, and community stakeholders.

According to stakeholders, support services in Nkandla are either insufficient or out of reach for a portion of community OVC. Guardians confirmed this finding: 92 percent of OVC do not receive assistance from any organizations in the community. Given the lack of access to services and support, Senzakwenzeke plays a crucial role in addressing the needs of vulnerable children in Nkandla.

**Figure 3. Most important needs of children in Nkandla according to CCWs and stakeholders**

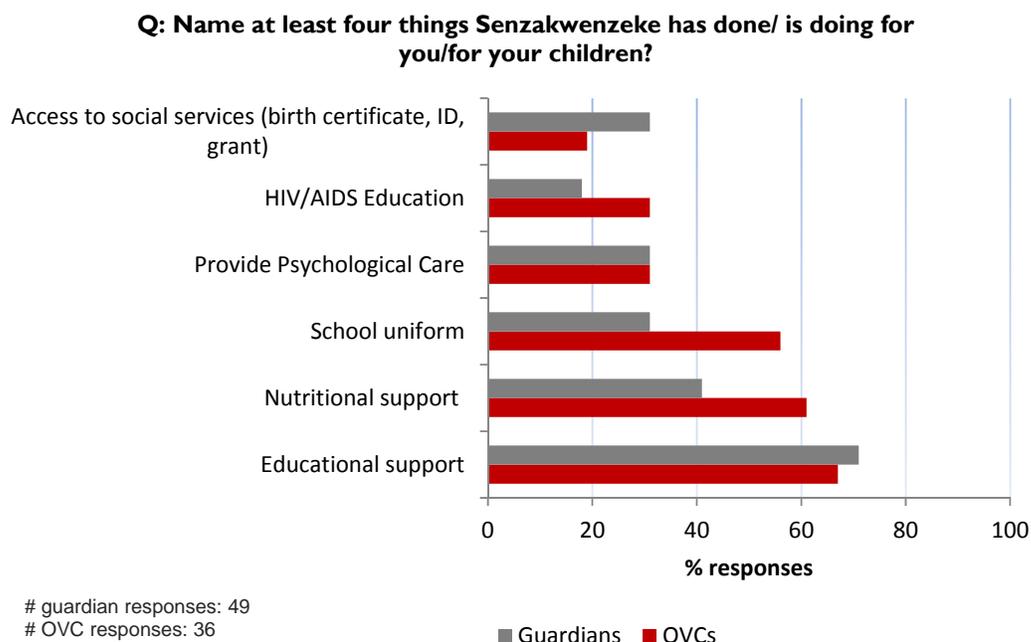


The graph above illustrates needs of vulnerable children in Nkandla according to CCWs and stakeholders. Of all the needs identified by CCW and stakeholders, there are three that receive similar percentage of responses by both groups: the need for food security, the need for psychosocial support, and the need for healthcare. CCWs consider the provision of uniforms to be the second most important need of children. In a casual conversation with one of the CCWs, she mentioned that when children do not have adequate school uniforms, they tend to be teased by others and consequently develop a negative attitude towards school.

Stakeholders identified access to social services as the second most important need. According to stakeholders and guardians, Nkandla’s general population needs to be more educated about their rights to social grants and the types of grants for which they qualify. An official from the DoSD highlighted that the prevalence of children without birth certificates was a common challenge in Nkandla.

The following figure represents the range of services that Senzakwenzeke provided according to the interviewed beneficiaries.

**Figure 4. Senzakwenzeke’s service offering according to guardians and OVC**



### Food security

This evaluation found that the delivery of food parcels and assistance with food gardening are among the top three services that stakeholders, CCWs, and guardians would improve about Senzakwenzeke’s services. Assistance with food gardens includes being provided with seeds and water as well as a fence around the garden.

Even though PEPFAR recognizes food and nutritional support to be a core part of OVC programs, “ideally programs should leverage this support from other international or host-country partners”<sup>9</sup>. With this in mind, and as indicated in Table 4, Senzakwenzeke did not distribute any food parcels through PEPFAR funding. Rather, Senzakwenzeke used food gardens to address this primary need of its beneficiaries. CCWs were taught gardening skills and given seeds and tools to establish food gardens. The produce from the gardens was given to beneficiaries living in the nearby community. In 2007 and 2008, the program received assistance from the Department of Agriculture in the form of water and fences for the food gardens. In 2008, Senzakwenzeke supported 50 food gardens in Nkandla; however, in later years, the gardens were neglected and failed. Guardians noted two main reasons for failure, namely that gardens were largely unfenced which allowed grazing animals to consume the produce, and that access to water was a challenge. A lack of seeds was also mentioned as a limitation. Senzakwenzeke is currently trying to revive community gardens and has recently put up fencing gardens in Ward 5 and Ward 11.

Senzakwenzeke also hosted workshops for guardians regarding how to start-up and maintain food gardens. Only 26 percent of guardians, however, said they had attended a food gardening workshop organized by Senzakwenzeke.

In the latter half of 2011, the distribution of food parcels was introduced with funding from the Global Fund. At the end of each month, 100 food parcels are given to the neediest beneficiaries. Once a beneficiary or guardian gains access to social grants, they forfeit their receipt of future food parcels, which are passed on to needier beneficiaries. Guardians are notified of the time and place

<sup>9</sup> PEPFAR: Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners, 2006, page 8 and 9.

where the food parcels are delivered (usually a central place like a school) and must sign to receive them.

This evaluation found that in some cases, the distribution of food parcels was an inflexion point in the perception of the program. Given some of the challenges in running effective food gardens and the situation of poverty in most beneficiary households, evaluators found that access to food parcels is often an expectation of the program participants. If left unfulfilled, a negative impact in the overall perception of the intervention with the child may result.



*“I was not happy with the CCW before, because all they did was just talk to the child and never brought us anything. I used to close my door when I saw them coming but the day that they brought food I was very happy.”*

- Guardian from Ward 5

**A guardian in her food garden. Without a fence, livestock commonly eat the produce.**

It is evident that Senzakwenzeke’s efforts to improve the food security situation of its beneficiaries did not reach out to enough people and did not manage to address the different elements that contribute to the problem, such as water scarcity and animal grazing.

**Psychosocial support**

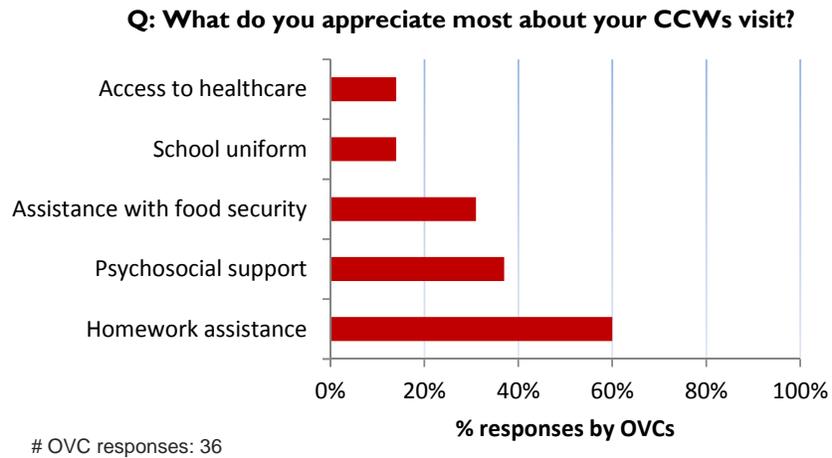
Healthy childhood development depends a great deal on the continuity of social relationships and the development of a sense of competence. Children affected by HIV/AIDS suffer from anxiety and fear during the years of parental illness and grief and trauma following the death of a parent. Provision of psychosocial support to children and their families is therefore a key component of any integrated OVC care program.<sup>10</sup>

CCWs received training for counseling children and psychosocial support is offered when conducting home visits. This support was the second service that OVC appreciated most about their CCW’s visit. OVC explained that since joining Senzakwenzeke and being visited by a CCW “they have had someone that they can talk to about anything”, especially if there is something worrying them.

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<sup>10</sup> PEPFAR: Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners, 2006, page 8

**Figure 5. Most valuable services according to OVC**



In addition, CCWs help OVC to deal with the death/s of their parent/s through memory box workshops. In Nkandla, it is common for guardians not to inform the OVC about the death of their parent/s, instead telling them that the deceased parent has gone off to seek employment. Death is rarely discussed with children in Zulu culture, and some children only find out about their parent’s death at the camps organized by Senzakwenzeke. At the camps, children are taught how to make a memory box, a process that promotes psychological healing through bereavement.

During the first years of PEPFAR’s funding cycle, workshops were held at a five-day camp, which was funded by the Department of Arts and Culture, during school holidays. This support was discontinued and workshops were not held in 2011.

Senzakwenzeke’s model primarily provides psychosocial support to the individual child. When asked “What support and/or services does Senzakwenzeke provide to you directly? Name four things they have assisted you with?”, only 2 percent of guardians said they had received psychosocial support directly. While Senzakwenzeke worked directly with the children to improve their emotional and psychological capacity, guardians did not receive direct support to deal with bereavement. There is little evidence that the intervention actually strengthened the overall household ability to address the psychosocial needs of all its members.

## CASE STUDY I

Thembisile\* is 42 years old and the mother of four children. Although she only has a part-time job, she is the breadwinner at home and has to feed six people in her household. The father of her children passed away while her children were young but the children grew up and started asking questions about their father. Thembisile found it difficult to tell her children about the death of their father, partially because she was still wounded by his death.

Of her children, her son Sipehelele\*, was the most affected by the “absence” of his father. When playing with other children, his peers would talk about their fathers and Sipehelele would return home crying and asking questions about his father’s whereabouts. Not knowing about his father’s death caused Sipehelele to be temperamental and have behavioral problems.

The psychosocial support provided by Senzakwenzeke played a pivotal role in improving the Sipehelele’s wellbeing. Thembisile said that she noticed significant change in her son after he returned from the memory box camp hosted by Senza. When Sipehelele returned from the camp he had a memory box, and he got into the habit of writing down his feelings.

Thembisile explained her son was happier when he returned from the camp and she could see that he had come to terms with his father’s death. Now when other children speak about their fathers Sipehelele responds “My father passed away but I have a mother that I love.”

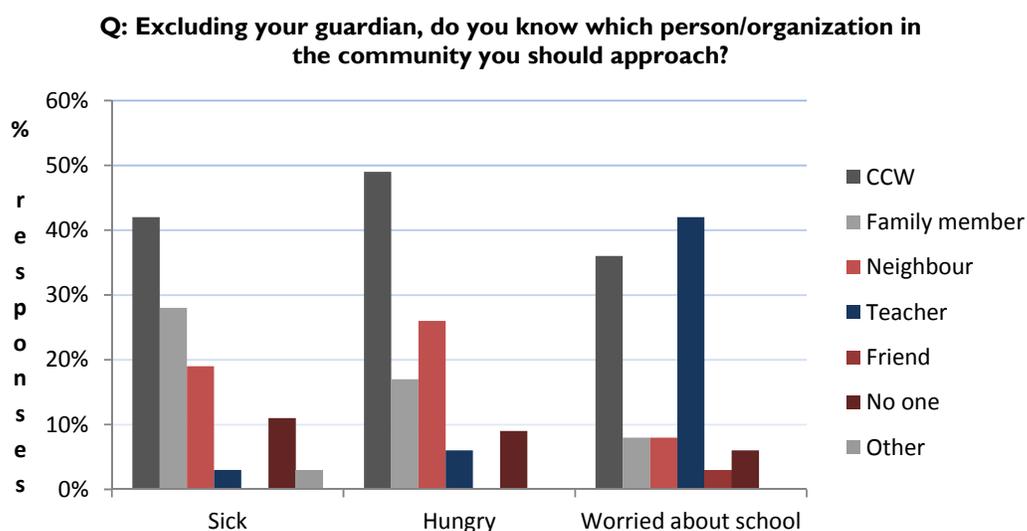
(\* Real names of beneficiaries have been omitted)

### **Sub-evaluation Question I: How do Stakeholders Perceive the Program in Terms of Quality and Ease of Access?**

CCWs have become an important part of the OVC safety net. When asked, “Excluding your guardian, do you know which person/organization in the community you should approach?” the majority of OVC would first contact their CCW over extended family, neighbors, and friends in the following scenarios:

- if you are sick (in two out of four wards)
- if you are worried about school (in two out of four wards)
- if you don’t have food (in three out of four wards)

**Figure 6. Representation of points of contact for OVC**



Half of the OVC interviewed had interacted with only one CCW since joining Senzakwenzeke and 28 percent had only dealt with two different CCWs. This low CCW turnover contributes to the quality of the relationship between CCW and OVC.

The evaluation found that a large majority of guardians (99 percent) are happy with their children’s CCW, and 90 percent would refer other vulnerable children to Senzakwenzeke.

From the key informant interviews with community stakeholders, the evaluation team found that community perception of Senzakwenzeke’s work in Nkandla is generally positive. It is recognized that Senzakwenzeke is filling a gap in the provision of services in the community. For traditional leaders and board members, it is an added advantage that CCWs live in the community where they work—this increases the access to support. It is recognized that CCWs are often called outside their working hours, and they are responsive because of their deep involvement and commitment to the community.

One stakeholder highlighted the fact that Senzakwenzeke “tries to make people more self-reliant,” emphasizing the value of the training provided to guardians on food gardening.

**Suggested areas of improvement**

While it was agreed that Senzakwenzeke provides much needed essential services to OVC and the community, stakeholders suggested a number of areas of expansion and improvement. The table below shows the three most common improvements that CCW, guardians, and stakeholders would make to Senzakwenzeke’s program according to the percentage of responses.

**Table 7. What would you improve about Senzakwenzeke?**

Improvements to Senzakwenzeke		
Stakeholder	Response	%
CCW	Provision of uniforms	82%
	Food parcels	73%
	Gardening and seeds	45%
Guardian	Food parcels	22%
	Gardening and seeds	20%
	Nothing, it is perfect the way it is	18%
Stakeholder	Increase number of CCWs	45%
	Food parcels	36%
	Gardening and seeds	18%

Stakeholders expressed their concern over the significant decrease in the number of CCWs receiving stipends in the last 12 months. Although some CCWs have continued as volunteers, the discontinuation by others has resulted in children being visited less often and reports not being submitted.

Stakeholders also indicated that they would like to see Senzakwenzeke expand to conduct activities in all 14 wards and reach all OVC in Nkandla due to the great need for care provision. With HIV/AIDS incidence having increased by 163 percent between 1996 and 2008 in the uThungulu district (where Nkandla is located), and with 49 percent of households in Nkandla being pensioner headed households, this is sentiment is not surprising.

The extent of support needed extends beyond OVC to program graduates. When a beneficiary reaches 18 years of age, they no longer qualify to participate in the Senzakwenzeke program. In cases where they are still very much in need, however, Senzakwenzeke refers them to other community organizations that can assist them. With high levels of unemployment in Nkandla, graduates struggle to secure employment and their needs continue beyond their years of eligibility in the program. Furthermore, according to graduates, the prospect of furthering studies at tertiary level is improbable due to their household economic situations.

Some graduates expressed that they would appreciate support in the form of scholarships, internship or learnership connections, or income-generation strategies. Guardians also shared this sentiment of providing tertiary bursaries for graduates and expressed interest in an income-generation strategy for guardians as well.

From the sentiments echoed above by guardians and graduates as well as the great need for food security echoed by CCWs and stakeholders, it is apparent that economic strengthening of the household (one of Senzakwenzeke's objectives) is a need that is yet to be fulfilled.

## **KEY EVALUATION QUESTION 2: WHAT ARE THE MOST SIGNIFICANT CHANGES ABOUT THE ORGANISATION IN IMPROVING THE WELLBEING OF OVC IN THEIR TARGET AREAS?**

Focusing on the most significant change as a way of evaluating the impact of a particular intervention can provide various benefits over alternative assessment methods:

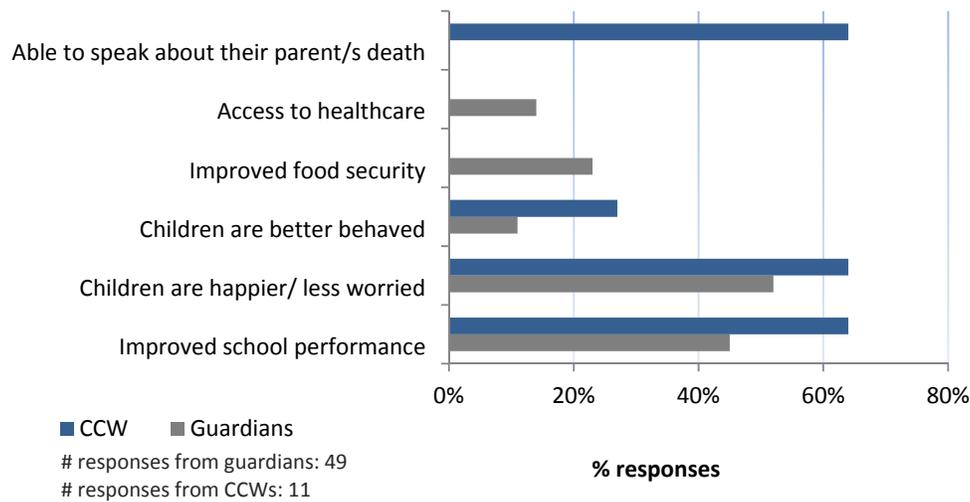
- in rural settings where beneficiaries often have a low level of literacy, the most significant change approach allows them to focus on what is most relevant to them, beyond complicated pre-determined indicators
- when assessing interventions over a number of years where baseline and ongoing monitoring data on outcomes and impact are not available

In this context, beneficiaries of the Senzakwenzeke program were interviewed about their experiences and the most significant change was extracted. Perceptions were sought from OVC, guardians, and CCWs, given the CCWs' double insight as both implementing agents and community stakeholders.

Overall, all stakeholder groups were in agreement about the most significant changes brought about by the program: improved school performance, better psychological condition of OVC, and improved food security in the household.

**Figure 7. Most significant change perceived according to CCWs and guardians**

**Q: What are the most significant changes that Senza's work has led to among OVCs?**



According to 64 percent of CCWs, improved school performance is the most significant change experienced by the children. It is assumed that other program benefits, such as “children are happier” (64 percent of responses) and “children are better behaved” (28 percent) positively contribute to the concentration and motivation of children. While homework support is included in the overall package of services provided by CCWs, it is not a core objective of the program and, therefore, stands out as an unintended positive benefit as perceived by its beneficiaries.

Forty-three percent of guardians perceived the improvement of their children’s school performance as a significant change brought about by Senzakwenzeke. Given the large rate of pensioner-headed households in Nkandla (49 percent<sup>11</sup>) and the large proportion of those who are illiterate (36.8 percent<sup>12</sup>), this is a very valuable service that a number of carers are unable to directly provide for their children.

It is important to note that Senzakwenzeke’s care workers are not required to have any specific skills or experience to provide school support. CCWs are recruited on the basis of their reputation and trust, which is vetted by traditional leaders in the community, as opposed to any predetermined skills or experience. According to the program director, a number of CCWs are illiterate themselves and/or cannot speak English. For this reason, literate CWWs are sent for formal training

<sup>11</sup> Stats from uThungulu IDP, 2012

<sup>12</sup> Trade and Investment KwaZulu-Natal,

[http://www.tikzn.co.za/Investment\\_Map/uThunguluDistrictMunicipality/SocioEconomicProfile.aspx](http://www.tikzn.co.za/Investment_Map/uThunguluDistrictMunicipality/SocioEconomicProfile.aspx)

and have the duty of conducting peer-training upon their return. This evaluation could not establish the number of literate CCWs active during the evaluation period. This raises questions regarding the extent and quality of the assistance provided to children with their school tasks and the actual effect that might have had on their schools results.

However, OVC collectively agree on the high value of the school support they receive. Sixty percent of interviewees agree that homework assistance is what they appreciate the most about their CCWs visits. The value of this support is further confirmed by another finding: in two out of four wards, the majority of children would speak to their CCW over extended family, neighbors, or friends about worries at school.

The second most valuable change is a perceived improvement in the psychological state of OVC. According to 64 percent of CCWs, “children are happier/less worried” and “are able to speak about their parents’ death,” which is one of the process steps of building resilience.<sup>13</sup> For 52 percent of guardians, this is, in fact, the most significant change. This finding is confirmed by OVC themselves. When asked, “What do you appreciate the most about your OVC visit?” 38 percent of them said, “I can talk to my CCW about anything”.

The third most significant change found is improved food security, noted by 31 percent of OVC and 22 percent of guardians.

## **CASE STUDY 2**

Nandi\* is 16 years old and currently in grade 11. Nandi’s mother passed away in 2009, leaving behind Nandi and her younger brother Siphon\*. Nandi and her brother live in an elderly-headed household and are cared for by their grandmother. The only source of income at Nandi’s home is her grandmother’s grant. Prior to joining Senzakwenzeke Nandi describes her situation at home as “bad...we did not have anything.”

Nandi and Siphon were recruited by their CCW to join Senzakwenzeke in 2009. Nandi expressed that Senzakwenzeke provided food security for her family and that her CCW provided clothes for both her and Siphon. Senzakwenzeke also helped Siphon get a birth certificate. Siphon was having difficulty learning how to write, but since receiving homework assistance from their CCW, he can read and write well.

Senzakwenzeke also provides support to Nandi’s grandmother who is experiencing health problems. Senzakwenzeke’s CCW regularly accompanies Nandi’s grandmother to the local health facility and also fetches her medication.

Nandi attended Senzakwenzeke’s camp where she learned about keeping a memory box. According to Nandi, this is where she came to accept that her mother had passed away. Nandi expressed that without the visits that she receives from her CCW, she would not be able to cope.

(\*) Real names of beneficiaries have been omitted

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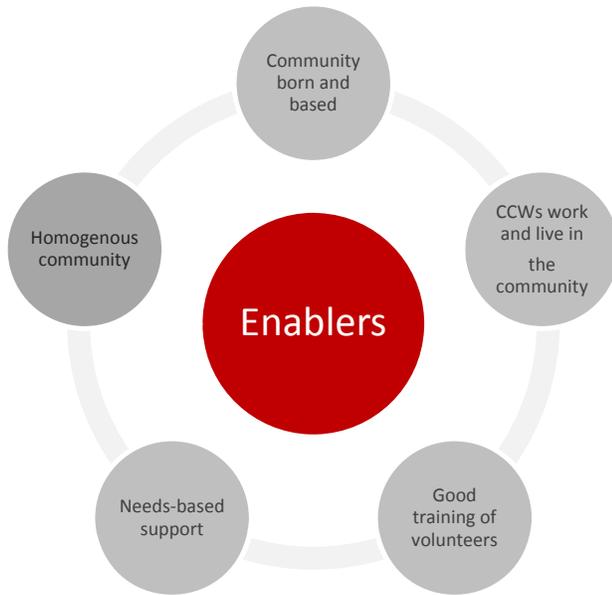
<sup>13</sup> <http://sinomlando.ukzn.ac.za/>

### KEY EVALUATION QUESTION 3: WHAT ARE THE KEY ENABLERS AND BARRIERS IN MEETING PROJECT OBJECTIVES?

#### Enablers

There are a number of elements that form the essence of Senzakwenzeke’s strategy model of care for OVC in Nkandla which are illustrated in the graphic below.

**Figure 8. Enablers of Senzakwenzeke’s program**

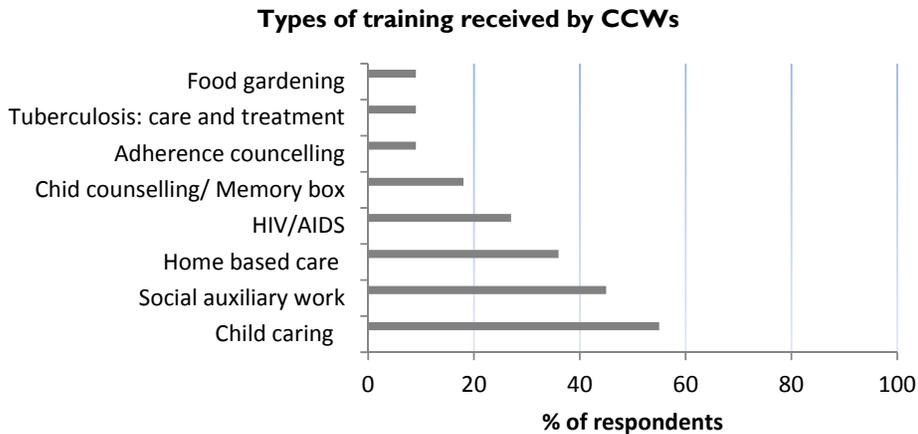


#### Programmatic Enablers

##### **Volunteers are Well Trained**

Another programmatic enabler of Senzakwenzeke’s model is the capacity building of its staff, program officers, and lay carers. Although this evaluation did not undertake a thorough assessment of the degree and quality of Senzakwenzeke’s training strategy, participants in our interviews confirmed that it is diverse and frequent, as represented in the following figure.

**Figure 9. Types of training received by CCWs by percentage of responses**



Sixty-three percent of CCW respondents indicated that they would welcome a refresher course, but during the conversation, it was established that this is not perceived to be a barrier in undertaking their work. At the time of data collection in Nkandla, a group of CCWs were going through training.

### **Needs-based Model of Support**

Lastly, an enabler of Senzakwenzeke's care model is the provision of needs-based support: the frequency of visits is not prescribed by the organization but rather by the needs of each child and household. When a particular issue is identified, such as the need for specific medical care or support with applications for social services, CCWs will follow up with beneficiaries until the matter has been resolved and report back to Senzakwenzeke's management.

*"Those with serious problems are visited more often and the CCW reports on their progress."*

- CCW from Ward 4

### **Contextual Enablers**

#### **Senzakwenzeke is a Community-born and -based Organization**

To date, community representation has been an important feature of the fabric of the organization, from oversight to the implementation level. Various community members sit on Senzakwenzeke's board and the local *indunas* have also play a role in the organization's operations. Local *indunas* must endorse care worker candidates to ensure they are trusted among community members. This ongoing consultation facilitates the buy-in from these traditional leaders, which is a prerequisite for successful community-based work.

This hands-on involvement of traditional leaders, which was a positive part of the energy required to initiate Senzakwenzeke, could present a challenge for the professionalization of the organization and the consistent delivery of quality care. According to the director, basic literacy, numeracy, and knowledge of English are not requirements for aspiring care workers, which disqualifies them from a number of training opportunities that are a key pillar of Senzakwenzeke's model of care.

#### **CCWs Work and Live in the Community**

The community-based profile of the organization has a larger positive impact at the level of implementation and care provision.

Senzakwenzeke's child care workers live in the communities where they work, which presents a number of benefits:

- CCWs can easily identify and access children and families in need. Ninety-six percent of guardians were recruited directly by a CCW.
- This model of care is based on a relationship that goes beyond customer service. CCWs are highly committed to the children and families they serve.

*"The CCW's are more than just CCWs. They are like our parents."*

- 13-year-old male OVC

This commitment was reflected by various elements of the evaluation. Despite numerous challenges that community-based work often presents in rural environments such as Nkandla, the number one challenge mentioned by most CCWs was "not having material goods to bring to the families" they work with (according to 55 percent of respondents). This challenge was prioritized over transport (a challenge for 27 percent of CCWs) and stipends (mentioned by 18 percent).

One of the common features of development work conducted by lay workers is a high volunteer turnover rate. In contrast, the evaluation found that Senzakwenzeke has a relatively low turnover of volunteers. This finding is based on responses by 50 percent of OVC who have only ever dealt with one CCW and 28 percent who have worked with two CCWs since joining the program. A well-functioning relationship between CCW and child that is maintained over time is an important component to develop trust and build the resilience of the child.

This enabler of Senzakwenzeke’s model is particularly significant in the current funding shortage that is being faced. From informal conversations with Senzakwenzeke’s director and CCWs, who are still receiving stipends, there are a number of former CCWs who continue providing some kind of care and support to their beneficiaries, despite the lack of compensation after the 2011 budget cuts. The extent and frequency of care could not be established by this evaluation, but it is assumed that by working within the community, Senzakwenzeke has used a pre-existing social network, which lives beyond its mandate.

**Homogenous Community**

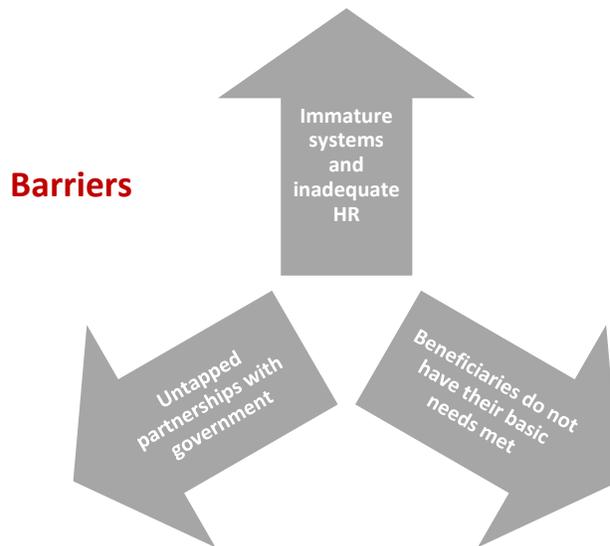
Nkandla is a homogenous community from a social and cultural perspective; this facilitates the implementation of Senzakwnzeke’s home-based care model of support in a number of ways:

- CCWs are culturally aware and know how to approach sensitive issues such as HIV/AIDS in the context of a Zulu household.
- Guardians and children can easily relate to the CCWs. For the children, the CCW becomes just like a parent, and guardians can trust that the CCW upholds the same values and principles as they do.

**Barriers**

The evaluation also identified a number of barriers, depicted in the following graphic, that are preventing Senzakwenzeke from realizing its full potential.

**Figure 10. Barriers identified for Senzakwenzeke to achieve its project objectives**



**Programmatic barriers**

**Immature Systems and Inadequate Human Resources**

The main obstacle to Senzakwenzeke’s success is its own organizational weakness. From a governance point of view, audited financial statements have only been prepared since 2010, according to the program director. This is often an essential requirement for funders to consider making a donation in the public and private sector alike. In South Africa specifically, contributions towards a Public Benefit Organization (PBO) are tax deductible. It has not been established whether Senzakwenzeke is registered as a PBO, but this would increase its attractiveness to potential funders.

From the financial sustainability point of view, key donor dependency has placed the organization in a situation of severe vulnerability. This evaluation could not access a detailed breakdown of funding obtained by the organization during the period under review; however, from discussions with the director, it was established that PEPFAR funding constituted 90 percent of the organization's total funding. This situation has two major consequences:

- Senzakwenzeke was not in position to pursue an internally developed strategy, independent from the objectives of its donor/s. An example of this is that food parcels were not distributed during the UGM project lifetime, since this activity was not covered by the grant.
- The survival of the organization is jeopardized when the funding comes to an end, as was the case in mid-2011. Not only can jobs be lost, but the capacity of the organization to deliver its mission is subsequently undermined.

At the end of the PEPFAR funding period, Senzakwenzeke managed to secure new funding for five years from The Global Fund, which remains its sole funder. The amount granted is less than half of the annual budget received from PEPFAR. Since then, the director is the only remaining program staff; the contracts of other staff (finance officer, office administrator, and M&E/Data capturer) expired and could not be renewed. The number of CCWs receiving stipends also significantly decreased from 59 to 10, and as a result, the role of supervisor was removed.

With regards to organizational resources, Senzakwenzeke lacks the necessary systems that allow for consistency and quality of service across various program activities. An example of this can be seen in that the records of referrals by CCWs of children to various social services are not kept or analyzed. This means that the organization lacks understanding of the extent of its impact; more concerning, it is very difficult to establish the effectiveness of the referral network. It is therefore unclear how the organization ensures that there is a minimum level of care provided to all program participants.

### **Untapped Partnerships with the Government**

Lastly, this evaluation found that relationships with the government represent an untapped opportunity for Senzakwenzeke. Even though Senzakwenzeke is represented on the stakeholder forum held periodically by the Department of Social Development, this evaluation found that the relationship is mostly at an individual level between one or two CCWs and a social worker, rather than at an institutional level. The evaluation team was referred to various people at the department for an interview but was turned down due to the lack of actual knowledge of Senzakwenzeke. Eventually, the evaluators managed to speak to a social worker supervisor and HIV/AIDS coordinator at the department, who could not provide much insight into Senzakwenzeke's strengths or extent of impact. There is a danger that relationships may shift or disappear if there are any staff changes. In addition, there is a risk that existing opportunities for collaboration are not being explored.

*“When they come to visit, they like to scabble and write things on some page. It would be great if they would comeback with something.*

- Induna

### **Contextual Barriers**

#### **Beneficiaries do not Have Their Basic Needs Met**

Senzakwenzeke operates in a particularly challenging context that of rural South Africa, where basic needs of people, such as food security, remain unmet. As mentioned in previous sections, this is number one challenge experienced by community members and orphans and vulnerable children in particular, as indicated by all stakeholders consulted. From a number of interviews, this evaluation established that the lack of direct food assistance might have led to some guardians not appreciating the work of CCWs and, possibly, not supporting their work within the household. From the perspective of CCWs, the situation of food insecurity in the community could negatively impact volunteers' morale.

The government has also emphasized that poverty is one of the major contributors to poor health through food insecurity, which in turn is linked to HIV and TB acquisition as well as poor treatment adherence.<sup>14</sup> In the case of children infected by HIV, the lack of appropriate food intake has even more severe consequences.

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<sup>14</sup> National Strategic Plan on STIs, HIV and TB 2012-2016.

## **V. CONCLUSIONS**

A number of themes emanate from the evidence presented in the previous sections:

### **BREADTH OF CARE AND SUPPORT PROVISION**

Beneficiaries, as well as stakeholders, appreciate the variety of services provided by Senzakwenzeke, with a special emphasis on schoolwork support, psychological support, and assistance with food security.

Given the low rates of literacy in the district, guardians appreciate the assistance that the children receive with homework, which they feel they cannot provide. From a psychosocial point of view, CCWs have become an important resource in the OVC safety net. Their support and influence in building the children's confidence and enhancing their capacity to deal with the parental death is highly valued by guardians and the children themselves.

From the beneficiaries' perceptions of Senzakwenzeke's strategy towards food security, it can be concluded that the organization must address this urgent need. The recent introduction of food parcel distribution is highly appreciated by a majority of OVC and guardians. This is interpreted to a certain extent as a memory bias towards more recent activities conducted by the organization; however, it also speaks to the fact that Senzakwenzeke's strategy of building the capacity of beneficiaries to provide for themselves (through food gardening) did not meet their primary needs. The next section discusses possible alternatives to address this need.

Senzakwenzeke's model is aimed at addressing the needs of children, their families, and the community as a whole. This evaluation has found, however, that the actual activities conducted during the evaluation period were focused primarily on the children and, to a lesser degree, on their guardians. During the evaluation, it was found that Senzakwenzeke's early efforts to encourage HIV prevention and child protection through CCFs and workshops had been discontinued. It is not clear what Senzakwenzeke's impact in this area might have been beyond their intervention at the household level.

### **QUALITY OF CARE AND SUPPORT PROVISION**

The positive perception of the care and support provided by Senzakwenzeke is closely linked to guardians' and children's perceptions of the individual community workers with whom they interact. CCWs are a fundamental pillar of Senzakwenzeke's model and this can be explained by a number of factors:

- CCWs are selected because they are trusted members of the community and have the endorsement of traditional leaders
- CCWs live in the community and therefore, directly understand and experience the needs of the community as neighbors and friends. This often means that they are also easily accessible.

Assessing the quality of care provided by Senzakwenzeke across wards and beneficiaries has not been possible through this evaluation. Detailed information, such as OVC to CCW ratio and type and number of referrals to other service providers, was not made available to the evaluation team. While some of the information has not been recorded, there has also been a loss in organizational memory during the transition process of the director.

## **SENZAKWENZEKE'S CAPACITY TO DELIVER ON ITS MISSION**

Community participation is a key pillar of Senzakwenzeke's model and an important contribution to their positive regard in the community. The fact that CCWs are trusted and appreciated by beneficiaries and stakeholders explains Senzakwenzeke's positive image in Nkandla.

The evaluation, however, found that the organization's systems require major development and consolidation for Senzakwenzeke to realize its full potential. Proper information management systems, support and oversight systems of CCWs, monitoring and evaluation protocols, as well as a strong fundraising strategy are absent. These gaps are hindering the organization from taking its service offering to the next level in quality, spread, and reach.

The recent restructuring of the organization and the retrenchment of program officers raises concerns about Senzakwenzeke's capacity to deliver its mission moving forward.

## **DEVELOPMENT AND USE OF NETWORKS**

An important part of Senzakwenzeke's strategy is related to the development and use of networks to provide a more holistic model of care to target beneficiaries. From the discussions with Senzakwenzeke's director and former program officers, as well as other community stakeholders such as DoSD and other OVC care providers, it is apparent that Senzakwenzeke is known and represented in community forums. Given the lack of referral records, it has not been possible to establish the effectiveness of this collaboration; however, it was found that there is room for strengthening of partnerships and relationships, especially with government departments in terms of access to funding.

## **VI. RECOMMENDATIONS**

On the basis of the findings of this evaluation, GreaterCapital would like to make the following recommendations to Senzakwenzeke's management, board, and the exiting funder.

### **ENSURE THAT QUALITY CARE IS PROVIDED CONSISTENTLY TO ALL BENEFICIARIES**

Conduct regular training and performance assessments of CCWs. It is highly recommended that supervisor roles are restored and serve as a point of assistance for CCWs in case of specific challenges, but also as a resource for monitoring of care provided and identification of needs for training.

### **ADDRESS THE URGENT NEED FOR FOOD SECURITY IN THE COMMUNITY**

Expand on a combination of short- and long-term sustainable survival strategies for families. Food parcels might be a necessary solution for those in urgent need, for example, with a compromised immune system and no available income; however, the program should strategize to find alternative models of making families self-sustaining. Training in food gardening and keeping livestock should be reinstated and provided to participants alongside a starter pack. Risks such as water scarcity and animal grazing should be considered.

Group models of saving (Stockvel) have been implemented successfully in other parts of the country. The models used by the Small Enterprise Foundation (SEF) or The Phakamani Foundation are good examples of this.

### **EXPAND THE PROGRAM IN REACH AND BREADTH**

Develop a family-focused model of care by expanding psychosocial support to other family members. The negative impact of HIV/AIDS is experienced at the level of the individual, the family, and the community as a whole. The well-being of the household will have an impact on the children; therefore, it is recommended that Senzakwenzeke expands into providing more targeted support to guardians and others who have been affected by the loss of a household member.

Expand offerings to program graduates through partnerships with other organizations and local businesses. Senzakwenzeke could look at keeping a database of possible learnership opportunities for OVC in the local business community, training providers in the area, as well as tertiary bursaries. This information could be conveyed during informative workshops for graduates and OVC in senior grades at high school.

### **STRENGTHEN THE CAPACITY OF THE ORGANIZATION TO DELIVER ON ITS MISSION**

Senzakwenzeke should urgently invest into organizational strengthening and diversification of funding. Potential funders can be classified into those that are aligned with the specific theme of supporting OVC and those that might have a geographical interest. The funding site<sup>15</sup> of online resources for nonprofits powered by GreaterGood SA is a good resource to find potential funders according to their target areas. To approach corporations in the region, it is important that Senzakwenzeke explores acquiring PBO status in order to issue Section 18A certificates for tax purposes.

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<sup>15</sup> The site can be accessed at: <http://www.greatergoodsa.co.za/funding/>

While funding is being secured, all efforts towards improving the information available on the extent of program impact will be worthwhile. Funders are increasingly interested in understanding the net benefit that projects bring to communities beyond the inputs that are invested into a particular intervention. Collecting basic indicators such as number of identification documents, grants, and birth certificates that are directly facilitated by CCWs will already be a valuable exercise.

### **EXPAND COLLABORATION WITH RELEVANT ORGANIZATIONS.**

The South African government runs a number of programs to support the work of civil society organizations. Some of these include funding to cover volunteer stipends from DoSD, materials and training to start and maintain food gardens, and volunteer training options. Senzakwenzeke should prioritize strengthening relationships with government departments to reap the full benefits of these programs.

## **APPENDIX I: COMPOSITION OF THE EVALUATION TEAM**

Mmamohau Tswaedi – Researcher and evaluator

Mandisa Banjwa – Researcher and evaluator

Princess Kanogoiwa – Assistant researcher

Elena Mancebo Masa – Head of research and evaluation

## **APPENDIX II: PERSONS CONTACTED**

### **NKANDLA DEPARTMENT OF SOCIAL DEVELOPMENT**

Zodwa Msomi, Social worker supervisor

Samkelisiwe Ngobese, HIV/AIDS co-ordinator

### **SENZAKWENZEKE STAKEHOLDERS**

Nonjabulo Mkhize, Director

Moses Makoba, Board advisor

Edna Ngcobo, Board treasurer

Philani Ntombela, Board secretary

Paul Dunge, Board member

Lindiwe Ntetha, Former M & E officer

Thulani Ntombela, Ward 11 CCW

Bongikosi Ncengwa, Ward 11 CCW (volunteer)

Gugu Ngubane, Ward 11 CCW (volunteer)

Sebenzile Sikhakhane, Ward 5 CCW

Bongi Zulu, Ward 5 CCW (volunteer)

Velile Zulu, Ward 5 CCW (volunteer)

Irene Mahaye, Ward 5 CCW (volunteer)

Phumzile Mahaye, Ward 5 CCW

Kuki Goqo, Ward 5 CCW (volunteer)

Thusile Majola, Ward 5 CCW (volunteer)

Nozipho Ntombela, Ward 4 CCW

Gcinile Nkosi, Ward 4 CCW (volunteer)

Phumelele Sikhakhane, Ward 4 CCW (volunteer)

Jane Majola, Ward 6 CCW

### **SIZANANI'S SOCIAL WORKER**

### **APPENDIX III: LIST OF SITES VISITED AND DATES OF VISITS**

<b>Date of Visit</b>	<b>Site visited</b>
April 18, 2012	Ward 5 peri- urban and rural
April 19, 2012	Ward 5 rural
April 20, 2012	Ward 6 and 5 peri- urban
April 23, 2012	Ward 11
April 24, 2012	Ward 4
April 25, 2012	Ward 5 rural

## APPENDIX IV: DATA COLLECTION TOOLS USED

### DATA COLLECTION TOOL I - CCW INTERVIEWS

#### Introduction

GreaterCapital has been appointed by FHI 360 to conduct an assessment of Senzakwenzeke's program. The purpose of this evaluation is to understand whether the project reached its objectives as well as to understand the impact of the organization's initiatives.

Your cooperation in this interview would assist greatly in understanding the extent and impact of the program.

Your answers to this survey will be treated as confidential. All results will be aggregated into a final report for USAID.

Should you have any queries, please contact Mmamohau at 021 685 9780 or mmamohau@ggsa.co.za

#### Section I: Bio- data profile

1. Interview number				
2. Gender	Male		Female	
3. Approximate age				
4. When did you start working for Senza?				
5. Name of ward				
6. Date				
7. Approximate time				

#### Section 2: Quality and Access

##### **I. What are the five most important needs of children in the community?**

- 1) HIV/AIDS education
- 2) Nutritional support
- 3) Educational support
- 4) Support structures (friends and family)
- 5) Shelter and safe environment

- 6) Access to healthcare
- 7) Uniform
- 8) Being taught respect
- 9) Cleanliness
- 10) Psychosocial well being (memory box)
- 11) Toys
- 12) Access to social services (grants, birth certificates/ ID)
- 13) Clothes
- 14) Washing powder

**2. What is Senza trying to achieve in the community?**

- 1) Provide educational support to OVC
- 2) Assist OVC in accessing Antiretroviral treatment
- 3) Educate OVC, guardians and community on HIV Prevention & Education
- 4) Assist OVC to get Psychological Care and deal with parent's death
- 5) Assist OVC in accessing healthcare
- 6) Discipline OVC
- 7) Teach OVC about the background
- 8) Assist OVC in access to social services
- 9) Teaching OVC about cleanliness
- 10) Improve OVC nutrition
- 11) Educate about children's rights
- 12) Uplift community

**3. What has your role been in achieving Senza's mission?**

- 1) Conducting home visits and spending time with OVC
- 2) Conducting school visits
- 3) Homework assistance
- 4) Assisting in access to healthcare for OVC
- 5) Teaching about food garden

**4. How many OVC are under your care**

- 1) 1-9
- 2) 10- 19
- 3) 20- 25
- 4) 26- 30
- 5) 31- 35
- 6) 36- 40
- 7) > 40

**5. How often do you visit them?**

- 1) Less than twice a month
- 2) Twice a month
- 3) More than twice a month
- 4) 1-2 times a week
- 5) 3 times a week
- 6) More than 3 times a week

**6. What training have you received to carry out your work?**

- 1) Childcare skills
- 2) Social Auxiliary work
- 3) Home based care
- 4) HIV/AIDS
- 5) Counselling/ Memory box
- 6) Adherence
- 7) TB
- 8) Gardening

**7. Is there additional training and/or support that would help you in meeting OVC's basic needs?**

- 1) No, I have received all the training I need to carry out my work
- 2) Refresher course on the training I have received
- 3) Home Based Care
- 4) HIV/AIDS
- 5) Adherence
- 6) TB

**8. What is the biggest challenge you have come across in doing your work? How have these challenges affect your ability to address needs of the children you are working with?**

- 1) Too many OVC to visit
- 2) Accessing services from referral organizations (e.g. DoSD, DoH etc)
- 3) Stipends
- 4) Transport
- 5) Community support
- 6) Not having material goods to bring to the family
- 7) Too many OVC to report on
- 8) Lack of reporting tools eg. recording sheets

**9. How did you solve it? If not solved yet, how do you believe you will solve it?**

**10. Do you know of any children in need in the community who are not receiving support?**

- 1) Yes
- 2) No

**11. If yes, do you know why they are not receiving support?**

- 1) They do not know about Senza
- 2) Senza does not have the capacity to support them
- 3) Guardians did not want them to join Senza
- 4) They receive other kind of support eg. from relatives (specify)
- 5) Not sure

**12. How do new children and their families come into the program?**

- 1) Referrals from elders
- 2) Referrals from CCWs
- 3) Referrals from other Senza staff
- 4) Referrals from current beneficiaries
- 5) Referrals from schools
- 6) Referrals from other community organizations
- 7) Referrals from community members

**Section 3: Perception of the program: strengths and weaknesses**

**1. What other organizations in the community provide similar services in the community?**

- 1) Sizanani
- 2) Child Healthcare Improvement Program
- 3) Sibindi
- 4) Other organizations, please specify
- 5) I don't know of any

**2. How is Senza similar to other organizations in the community?**

- 1) Mission and vision
- 2) Services provided
- 3) Target audience
- 4) Other (specify)

**3. What sets them apart?**

- 1) Number of people serviced in the community
- 2) Spread and variety of services
- 3) Frequency of contact with children and their families
- 4) Spread of relationships and networks in the community
- 5) Provide better material goods (quality of food parcels, uniforms etc)
- 6) Have more planned activities with the kids outside the home
- 7) Are better resourced (vehicles, better trained staff\_ social workers etc)
- 8) Offer less services than Senza

**4. Name three strengths of the Senza program**

- 1) It is community orientated and has the communities support
- 2) It has very dedicated staff
- 3) It is closely monitored and evaluated
- 4) It reaches a large number of OVC in the community
- 5) Counselling/ Psychosocial support
- 6) Helping OVC access grants/ birth certificates and Ids
- 7) Gardening and seeds
- 8) Giving out uniforms
- 9) Food parcels
- 10) Providing HIV/AIDS education to the OVC
- 11) Educational support
- 12) It provided some employment in the community
- 13) Discipline of OVC
- 14) Accessing health

**5. Name three areas where Senza should improve their offering**

- 1) Increase number of CCWs
- 2) Reach more OVC and actively finding OVC that are not receiving support
- 3) Get more community buy-in
- 4) Monitoring and evaluation
- 5) Provide more training for CCWs
- 6) Gardening and seeds
- 7) Giving out uniforms
- 8) Food parcels
- 9) Stipends
- 10) Assisting in access to social services

**6. Are there other services that you believe OVC, caregivers or the community could benefit from that Senza is not currently providing?**

- 1) No, Senza is providing all the services that their beneficiaries and stakeholders need
- 2) Bursaries for children going to tertiary
- 3) Build houses
- 4) Build a centre with recreational area where the OVC can meet
- 5) Provide transportation going to school for OVC
- 6) Provide washing powder
- 7) Establish a soup kitchen

**Section 4: Significant change**

- 1. Have you seen changes in the psychosocial and emotional well-being of OVC? If so, please name a few.**

- 1) Yes
- 2) No
- 3) Somewhat
- 4) Unsure

**2. What are the most significant changes that Senza's work has lead to among OVC?**

- 1) Provided school uniform
- 2) Improved nutrition
- 3) Got a birth certificate / ID
- 4) OVC happier, less worried and more confident
- 5) Better academic performance
- 6) Helping more around the house
- 7) Able to talk to others about parent's death or illness
- 8) Know more about HIV/AIDS
- 9) OVC more disciplined

**3. What would you change about the program?**

- 1) Increase number of CCWs
- 2) Reach more OVC and actively finding OVC that are not receiving support
- 3) Get more community buy-in
- 4) Monitoring and evaluation
- 5) Provide more training for CCWs
- 6) Gardening and seeds
- 7) Giving out uniforms
- 8) Food parcels
- 9) Increase stipends/ pay stipends out timely

**4. Have some of the children you take care of attended the memory box camp?**

- 1) Yes
- 2) No

**5. If yes, what are the common changes that you have seen in them?**

- 1) Able to talk to others about parent's death or illness
- 2) Happier
- 3) Socializing more with peers
- 4) Helping more around the house
- 5) Better academic performance
- 6) Accept guardians as parents
- 7) Better behaved
- 8) Other

**Section 5: Referral network**

**1. Are there other organizations in the community that Senza works with?**

- 1) Yes
- 2) No

**2. How many are there?**

- 1) 1-3
- 2) 3-6
- 3) 6-9
- 4) >10

**3. List four organizations that you often refer OVC to**

- 1) DoSD
- 2) Clinic
- 3) School
- 4) Police
- 5) Other

**4. How would you describe your relationship with them?**

- 1) We work well together
- 2) We sometimes collaborate
- 3) We do not have a working relationship
- 4) Other (specify)

**THANK YOU FOR YOUR COLLABORATION!**

## DATA COLLECTION TOOL 2 – OVC INTERVIEWS

### Introduction

GreaterCapital has been appointed by FHI 360 to conduct an assessment of Senzakwenzeke's program. The purpose of this evaluation is to understand whether the project reached its objectives as well as to understand the impact of the organization's initiatives.

Your cooperation in this interview would assist greatly in understanding the extent and impact of the program.

Your answers to this survey will be treated as confidential. All results will be aggregated into a final report for USAID.

Should you have any queries, please contact Mmamohau at 021 685 9780 or mmamohau@ggsa.co.za

### Section 1: Bio-data profile

1. Interview number			
2. Gender	Male		Female
3. Approximate age			
4. No. of people in household			
5. No. of siblings in household			
6. Type of housing	1. Traditional hut		
	2. Formal housing		
	3. Informal housing		
	4. Other		

### Section 2: Quality and Access

#### **1. Can you name at least four things does Senza has done/ is doing for you?**

- 1) HIV/AIDS Education
- 2) Nutritional support
- 3) Educational support
- 4) Access to healthcare
- 5) Provide Psychological Care

- 6) School uniform
- 7) Taught OVC to be more respectful/ how to carry ourselves
- 8) Taught OVC cleanliness
- 9) Access to social services (birth certificate, ID, grant)
- 10) Provided clothes
- 11) Checks on my home environment

**2. When did you join the Senza program?**

- 1) Before 2007
- 2) 2007
- 3) 2008
- 4) 2009
- 5) 2010
- 6) 2011
- 7) I don't know

**3. How did you enter the program?**

- 1) Referred by elders
- 2) Referred by CCWs
- 3) Referred by other Senza staff
- 4) Referred by current beneficiaries
- 5) Referred by schools
- 6) Referred by other community organizations
- 7) Referred by community members

**4. Have you had the same CCW since you joined the program? If not, how many CCWs have you had?**

- 1) 1
- 2) 2
- 3) 3
- 4) 4
- 5) >4

**5. How often does the CCW visit you in your household?**

- 1) Less than twice a month
- 2) Twice a month
- 3) More than twice a month
- 4) 1-2 times a week
- 5) 3 times a week
- 6) More than 3 times a week
- 7) I don't know

**6. Have you ever attended any workshop or activities organized by Senza out of your household?**

- 1) Yes
- 2) No
- 3) I don't know

**7. What was it about?**

- 1) Information on available support
- 2) HIV/AIDS education
- 3) Cleanliness
- 4) Motivation to study and participating in class
- 5) How to behave and carry ourselves
- 6) Nutrition/ gardening
- 7) I don't know

**8. What did you like about it?**

- 1) Learning new things/ informative
- 2) It taught me where I can go for help
- 3) It taught me to be clean
- 4) It was fun interacting with others
- 5) I don't know

**Section 3: Perception of program; Strengths & Weaknesses**

**1. What do you appreciate the most about your CCW's visits?**

- 1) School uniform
- 2) Food they bring
- 3) Assistance in accessing social services (ID, birth certificates etc)
- 4) Happier/ better home environment
- 5) Homework assistance
- 6) Cleanliness teachings/ I now help more around in the house
- 7) Assistance in accessing health care
- 8) Teachings about respect
- 9) I can talk to my CCW about anything
- 10) HIV/AIDS education
- 11) I understand about my parent's death
- 12) Clothes they bring me
- 13) Blanket they bought me
- 14) She makes me feel loved

**2. Have you attended the memory box camp? If Y, what did they teach you there?**

- 1) How to make a memory box/ Remembering about my parent
- 2) To write down my emotions/ keep a diary
- 3) To appreciate my guardian
- 4) Encouraged to focus on school and future

**3. Did you know about (above camp lesson) before the camp?**

**4. How did you feel when you came back from the camp?**

- 1) Happy
- 2) Sad
- 3) Confused
- 4) Other

**5. How do you feel now?**

- 1) Happy
- 2) Sad
- 3) Confused
- 4) Other

**6. What would you change/add to the program?**

- 1) Nothing, it is perfect the way it is
- 2) The number of times CCWs visits
- 3) Increase interactions with other children in the program
- 4) Giving out uniforms
- 5) Food parcels
- 6) Gardening and seeds
- 7) Provide clothes
- 8) Provide tertiary bursaries
- 9) Provide lunch money
- 10) Have male CCWs
- 11) Be taught more about other illnesses/ how to help sick person
- 12) Get homework assistance
- 13) Talk more about parent that has passed away
- 14) Provide school books, stationery etc
- 15) Check in on graduates from time to time

**Section 4: Significant change**

**1. Since you became part of the Senza program, has anything changed for you?**

- 1) Yes
- 2) No
- 3) Somewhat
- 4) Unsure

**2. What kind of change have you experienced**

- 1) Now has a school uniform
- 2) Improved nutrition
- 3) Got a birth certificate / ID/ grant
- 4) Happier/ better home environment

- 5) Better academic performance, home work assistance
- 6) Helping more around the house/ better behaved
- 7) Able to talk to others about parent's death or illness
- 8) Know more about HIV/AIDS
- 9) I now know there are other orphans out there
- 10) Socializing more with peers/increased confidence
- 11) Get clothes
- 12) I know where to go for help

### **Section 5: Referral networks**

#### **1. Excluding your guardian, do you know which person/organization in the community you should approach if (please specify for the following)**

##### **a) You are sick**

- 1) CCW
- 2) Family member
- 3) Neighbour
- 4) Teacher
- 5) Friend
- 6) No one
- 7) Other

##### **b) You are worried about school**

- 1) CCW
- 2) Family member
- 3) Neighbour
- 4) Teacher
- 5) Friend
- 6) No one
- 7) Other

##### **c) You don't have food**

- 1) CCW
- 2) Family member
- 3) Neighbour
- 4) Teacher
- 5) Friend
- 6) No one
- 7) Other

#### **2. Do you receive assistance from other organizations in the community?**

- 1) Yes
- 2) No

#### **3. If yes, what do they do for you?**

- 1) Provide educational support
- 2) Provide nutritional support
- 3) Assist with access to Antiretroviral treatment
- 4) Health talks on HIV Prevention and Education
- 5) Provide Psychological Care
- 6) Assist with access to health
- 7) Uniform

**4. How did you hear about them?**

- 1) From elders
- 2) From CCWs
- 3) From Senza staff
- 4) From schools
- 5) From other community organizations
- 6) From community members
- 7) Representative from the organization

**5. Do you receive assistance from people in your community? If yes, what do they do for you?**

- 1) Food
- 2) Clothes
- 3) Toys

**6. Are there other children in your school or community that you think could benefit from Senza's program who are not part of the program?**

- 1) Yes
- 2) No
- 3) I don't know

**7. If yes, do you know why they are not receiving support?**

- 1) They do not know about Senza
- 2) Senza does not have the capacity to support them (CCW stopped visiting)
- 3) They do not want to join Senza
- 4) They receive other kind of support eg. from relatives (specify)
- 5) They are over 18
- 6) I don't know
- 7) They do not live in Nkandla

**THANK YOU FOR YOUR COLLABORATION!**

## DATA COLLECTION TOOL 3: GUARDIAN INTERVIEWS

### Introduction

GreaterCapital has been appointed by FHI 360 to conduct an assessment of Senzakwenzeke's program. The purpose of this evaluation is to understand whether the project reached its objectives as well as to understand the impact of the organization's initiatives.

Your cooperation in this interview would assist greatly in understanding the extent and impact of the program.

Your answers to this survey will be treated as confidential. All results will be aggregated into a final report for USAID.

Should you have any queries, please contact Mmamohau at 021 685 9780 or mmamohau@ggsa.co.za

### Section I: Bio-data profile

1. Interview number				
2. Gender	Male		Female	
3. Age				
4. No. of people in household	Adults		Children	
5. No. of children in Senza's program				
6. Type of housing	1. Traditional hut 2. Formal housing 3. Informal housing 4. Other, please specify			

### Section 2; Quality and Access

#### **1. What do you believe the Senza program is trying to achieve in your community?**

- 1) Provide educational support to OVC
- 2) Assist OVC in accessing Antiretroviral treatment
- 3) Educate OVC, guardians and community on HIV Prevention & Education
- 4) Assist OVC to get Psychological Care and deal with parent's death
- 5) Assist OVC in OVC and guardian access to health
- 6) Teach kids respect
- 7) Provide nutritional support
- 8) Access to social services
- 9) Provide school uniforms
- 10) Make OVC feel less stigmatised

- 11) Help the poor/ help OVC
- 12) Provide blankets
- 13) Teach OVC about cleanliness

**2. When did your child enter the program?**

- 1) Before 2007
- 2) 2007
- 3) 2008
- 4) 2009
- 5) 2010
- 6) 2011
- 7) I don't know

**3. How did you hear about the program?**

- 1) Referred by a friend/relative in the program
- 2) Recruited by a CCW
- 3) Referred by a community member
- 4) Referred by school
- 5) I don't know

**4. What support and/or services does Senza provide to you directly? Name four things they have assisted you with?**

- 1) Training in Greenhouse management (food gardens)
- 2) Training in small business development for economic strengthening
- 3) Assist with access to healthcare
- 4) Explain to child about parent's death
- 5) Nutritional support (food parcels)
- 6) Access to grant for guardian
- 7) Nothing
- 8) Assists in providing for some of the needs of OVC that I cannot meet
- 9) Psychological support (I can talk to my child's OVC about anything)
- 10) Helped me by disciplining OVC
- 11) Help me clean my house

**5. How does the Senza program assist your children?**

- 1) Educational support
- 2) Access to social services (birth certificate, ID, grant)
- 3) Information on HIV/AIDS
- 4) Referral for health checks
- 5) Provide Psychological Care (memory box, dealing with the death of parent)
- 6) Nutritional support
- 7) Assist with access to healthcare

- 8) School uniform
- 9) Teaches them to be more respectful
- 10) Provided blanket
- 11) CCW provides pocket money
- 12) Senza has not assisted in any way

**6. Does a CCW visit your home?**

- 1) Yes
- 2) No
- 3) No visits this year
- 4) I don't know

**7. If yes, how often does a CCW visit your household?**

- 1) Less than twice a month
- 2) Twice a month
- 3) More than twice a month
- 4) 1-2 times a week
- 5) 3 times a week
- 6) More than 3 times a week

**8. Does a CCW inform you prior to visiting your home?**

- 1) Yes
- 2) No
- 3) Sometimes

**9. If yes, how are you informed?**

- 1) I receive a call from a Senza official
- 2) There is a predetermined visiting schedule
- 3) Other, please specify

**10. Can you contact a CCW outside of their scheduled visit should a need arises?**

- 1) Yes
- 2) No
- 3) Sometimes
- 4) The need has not arisen yet

**11. If yes, how?**

- 1) I have their cell phone number
- 2) The CCW lives close by, I go to their home
- 3) The CCW lives far away, but I go to their home
- 4) I go to Senza's offices

**12. How many CCW have you dealt with in the past year?**

- 1) 1
- 2) 2
- 3) 3
- 4) >4
- 5) I don't know

**13. Are you happy with your child's CCW/s?**

- 1) Yes
- 2) No

**14. Give a reason for your answer above**

- 1) They provide quality services and are easily accessible
- 2) They provide quality services but not always easily accessible
- 3) They provide satisfactory services and they are available most of the time
- 4) The service quality is poor and they are not easily accessible
- 5) CCW brings us food/ uniform
- 6) I can talk to the CCW about anything/ provide psychological support
- 7) Encourages children to go to school

**15. Have you ever attended any workshop or activities organized by Senza out of your household?**

- 1) Yes
- 2) No
- 3) I don't know

**16. If yes, what was it about?**

- 1) Children's Act
- 2) Gender Equality /Empowerment
- 3) Food garden
- 4) Cleanliness
- 5) HIV/AIDS education
- 6) How to look after our livestock (chickens)
- 7) Encouraging kids to stay in school
- 8) I don't know

**17. What did you like about the activities or workshops?**

- 1) It was informative
- 2) It was relevant
- 3) It was interactive and engaging

- 4) We got food at the end of the workshop

**18. What did you dislike about the activities or workshops you attended?**

- 1) It was not informative
- 2) It was not relevant
- 3) The content was difficult to understand
- 4) Nothing
- 5) Other

**Section 3: Perception of program: Strengths & weaknesses and Section 4: Significant Change**

**What do you believe is the most valuable service the Senza program has facilitated for your child? (in order of importance)**

- 1) Educational Support
- 2) Food parcels
- 3) Increase access to healthcare
- 4) Access to social services (ID, birth certificates, grants etc)
- 5) Psychological support (including helping OVC deal with parent's death)
- 6) School uniform
- 7) Teaching OVC to be more respectful
- 8) HIV/AIDS education
- 9) None
- 10) I don't know

**1. What are the most significant changes that Senza's work has led to among OVC? (In order of importance)**

- 1) Better academic performance
- 2) Improved nutrition
- 3) Increase access to healthcare/ improved health
- 4) Access to social services (ID, birth certificates, grants etc)
- 5) Children are happier, less worried and more confident
- 6) able to talk to others about parent's death or illness
- 7) Helping more around the house
- 8) Better behaved/ disciplined
- 9) OVC feels less stigmatised
- 10) No change
- 11) I don't know

**2. Has your child/ren attended the memory box camp?**

- 1) Yes
- 2) No

**3. If yes, what changes have you seen in them?**

- 1) Better academic performance
- 2) Children are happier, less worried and more confident
- 3) Able to talk to others about parent's death or illness
- 4) Helping more around the house
- 5) Came back with more knowledge

**4. What would you change/add/improve to the program?**

- 1) Nothing, it is perfect the way it is
- 2) The number of times CCWs visits
- 3) Increase interactions with other children in the program
- 4) Giving out uniforms
- 5) Food parcels
- 6) Gardening/ seeds/ fence around garden
- 7) Provide clothes
- 8) Provide tertiary bursaries
- 9) Provide lunch money
- 10) Create jobs for guardians
- 11) Build houses
- 12) Provide washing powder/soap
- 13) Access to social services
- 14) Assist OVC with transportation to school
- 15) Provide blankets
- 16) Provide school books and stationery etc

**Section 4: Referral networks**

**1. Do you receive assistance from other organizations in the community?**

- 1) Yes
- 2) No

**2. If yes, what do they do for you?**

- 1) Provide me with food/groceries
- 2) Educational Support
- 3) Access to Antiretroviral treatment
- 4) HIV Prevention & Education
- 5) Psychological Care
- 6) General Health
- 7) Uniform

**3. How did you hear about them?**

- 1) Community elders

- 2) CCWs
- 3) Senza program staff
- 4) Current beneficiary
- 5) School principal or teacher
- 6) Representative from the organization
- 7) Community member

**4. Do you receive assistance from people in your community?**

- 1) Yes
- 2) No

**5. If yes, what do they assist you with?**

- 1) They look after my children when I am at work
- 2) They give me food/groceries
- 3) They take me to the clinic

**6. Are there other child/ren in your child's school or in the community that you think could benefit from Senza's program who are not part of the program?**

- 1) Yes
- 2) No
- 3) I don't know

**7. Would you refer OVC to Senza's program**

- 1) Yes
- 2) No
- 3) I don't know

**8. Give a reason for your answer above**

- 1) Senza runs a quality program and they have helped my family
- 2) I have seen the changes in children who attend the program
- 3) Other (specify)

**THANK YOU FOR YOUR COLLABORATION!**

## DATA COLLECTION TOOL 4 – STAKEHOLDERS INTERVIEWS

### Introduction

GreaterCapital has been appointed by FHI 360 to conduct an assessment of Senzakwenzeke’s program. The purpose of this evaluation is to understand whether the project reached its objectives as well as to understand the impact of the organization’s initiatives.

Your cooperation in this interview would assist greatly in understanding the extent and impact of the program.

Your answers to this survey will be treated as confidential. All results will be aggregated into a final report for USAID.

Should you have any queries, please contact Mmamohau at 021 685 9780 or mmamohau@ggsa.co.za

### Section 1: Bio-data profile

1. Interview number			
2. Gender	Male		Female
3. Approximate age			
4. Organization			
5. Date			
6. Approximate time			

### Section 2: Quality and access

**1. What is your relationship with Senza? Can you describe what the organization does?**

- 1) I work closely with Senza and know most of the services they provide
- 2) I know of Senza and know most of the services they provide
- 3) I sometimes work with Senza and are aware of some of their services
- 4) I refer children to Senza and I am aware of their services
- 5) I know of Senza but I am only aware of a few of their services
- 6) I have never worked with Senza and I am not aware of their services
- 7) Other (specify)

**2. What are in your opinion, the five most important needs of orphans and vulnerable children in the community?**

- 1) HIV/AIDS education
- 2) Access to food
- 3) Support structures(friends and family)
- 4) Shelter and safe environment
- 5) Access to healthcare
- 6) Access to counselling/ psychosocial support
- 7) School supplies (books, stationery etc)
- 8) Access to social services
- 9) Educational support
- 10) Recreational activities/ toys
- 11) ARV treatment

**3. What essential services/ institutions/ programs are needed to address these needs?**

- 1) More healthcare facilities
- 2) Food and nutrition programs
- 3) Thusong Service Centres
- 4) Health awareness campaigns
- 5) Vocational skill programs
- 6) Campaigns promoting education
- 7) Promotion of children's rights
- 8) Social services campaigns

**4. Are these services available in the community?**

- 1) Yes, but I have to travel several kilometres to access them
- 2) No, these services are not available
- 3) Yes, but only less than half of these are available
- 4) I don't know

**5. What is the community's perception of HIV/AIDS?**

- 1) Only promiscuous people contract HIV/AIDS
- 2) One can get HIV/AIDS from sharing utensils or a toilet with a HIV+ person
- 3) HIV is a death sentence
- 4) HIV/AIDS can only be contracted by an exchange of bodily fluids
- 5) HIV is manageable and an HIV+ person can live a long life
- 6) Traditional healers can cure HIV/AIDS
- 7) Fear finding out their status
- 8) HIV/AIDS can be contracted by anyone/ no stigma attached
- 9) Contracted HIV/AIDS through community member's witchcraft

**6. What other organizations are there, which provide a similar service?**

- 1) DSD
- 2) Clinic
- 3) Sizanani
- 4) Sibindi

- 5) No other org. except Senza

**7. What role has Senza played in shaping this view?**

- 1) Educating the community about HIV/AIDS in their homes
- 2) Hosting educational workshops and activities in schools/ community meetings etc
- 3) Assistance in access to health for infected
- 4) Psychological support of those infected and affected
- 5) I do not know

**How is Senza similar to other organizations in the community?**

- 1) Mission and vision
- 2) Services provided
- 3) Target audience
- 4) I don't know
- 5) Other

**8. What sets them apart?**

- 1) Number of people serviced in the community
- 2) Spread and variety of services
- 3) Frequency of contact with children and their families
- 4) Spread of relationships and networks in the community
- 5) Their goals
- 6) I don't know

**Section 4: Significant change**

**I. Do you know any child and family who is part of Senza's program?**

- 1) Yes
- 2) No

**If yes, what changes have you seen in their well-being since they joined the program?**

- 1) increased confidence, happier
- 2) better academic performance,
- 3) able to talk to others about parent's death or illness,
- 4) socializing more with peers,
- 5) helping more around the house,
- 6) OVC feeling less stigmatised
- 7) I don't know
- 8) Improved nutrition
- 9) Increased access to health

- 10) Increased access to social services

### **Section 5: Perception of program: strengthens and weaknesses**

#### **1. Name three main benefits of Senza's work in the community**

- 1) Provides essential services to OVC and their guardians
- 2) Educates the community about HIV/AIDS preventions
- 3) Informs the community about gender equality
- 4) Provide psychological support to OVC
- 5) Other (specify)

#### **2. Name three areas where Senza should improve their offering?**

- 1) Increase number of CCWs
- 2) Reach more OVC and actively finding OVC that are not receiving support
- 3) Get more community buy-in
- 4) Monitoring and evaluation
- 5) Food parcels
- 6) Gardening/ seeds/ fence around garden
- 7) Access to social services
- 8) Have more planned activities with the kids outside the home
- 9) School supplies (books, stationery etc)
- 10) Establish a centre for children and CCWs
- 11) Educational support
- 12) Stipends
- 13) Uniform
- 14) Transportation

#### **3. Would you refer any OVC to the Senza program?**

- 1) Yes
- 2) No

**THANK YOU FOR YOUR COLLABORATION!**

## DATA COLLECTION TOOL 5 - SCHOOL OFFICIALS INTERVIEWS

### Introduction

GreaterCapital has been appointed by FHI 360 to conduct an assessment of Senzakwenzeke's program. The purpose of this evaluation is to understand whether the project reached its objectives as well as to understand the impact of the organization's initiatives.

Your cooperation in this interview would assist greatly in understanding the extent and impact of the program.

Your answers to this survey will be treated as confidential. All results will be aggregated into a final report for USAID.

Should you have any queries, please contact Mmamohau at 021 685 9780 or mmamohau@ggsa.co.za

### Section 1: Bio-data profile

Interview number			
Gender	Male		Female
Age			
Name of school			
Number of years at school			
Date			
Approximate time			

### Section 2: Quality and Access

**1. Do you know of any OVC in your class?**

- 1) Yes
- 2) No

**2. Were they your learners prior to being an OVC?**

- 1) Yes
- 2) No
- 3) Not sure

**3. How many do you of that are enrolled in the Senza program?**

- 1) 1-5
- 2) 6-10
- 3) 11-15
- 4) >15

**4. What do you think the Senza program is trying to achieve?**

- 1) Provide educational support to OVC
- 2) Assist OVC in accessing Antiretroviral treatment
- 3) Educate OVC, guardians and community on HIV Prevention & Education
- 4) Assist OVC to get Psychological Care
- 5) Assist OVC in getting referrals of regular health checks

6) Other (Specify)

**5. How often do you and Senza representatives meet?**

- 1) Never
- 2) Less than twice a month
- 3) Twice a month
- 4) More than twice
- 5) Other (specify)

**6. Do you know of any children in need in the community who are not receiving support?**

- 1) Yes
- 2) No

**7. Do you know why they are not receiving support?**

- 1) Do not know about Senza
- 2) Senza does not have the capacity to support them
- 3) They do not want to join Senza
- 4) Other (specify)

**Section 4: Perception of program: Strengthens & Weaknesses**

**1. What are the main issues confronting your community, especially children?**

- 1) Lack of access to social grants
- 2) Losing one or both parents to HIV/AIDS
- 3) Lack of access to ARV treatment
- 4) Domestic abuse
- 5) Other (specify)

**2. What services are available in the community to assist children with these needs?**

- 1) Local Thusong Service Centre
- 2) Orphanages/ children shelters
- 3) Healthcare facilities
- 4) Other (specify)

**3. Do think that Senza has had an overall positive impact on the OVC? How so?**

**What do you believe is the most valuable service the Senza program has facilitated for your OVC learner/s?**

- 1) Educational Support
- 2) Access to Antiretroviral treatment
- 3) HIV Prevention & Education
- 4) Psychological Care
- 5) General Health: Successful referral
- 6) Other (Specify)

**4. What would you change/add to the program?**

**5. Are there any areas where you believe Senza can change or improve to assist you in meeting the needs in your community?**

- 1) None, Senza is perfect the way it is
- 2) Senza could improve its relationship with schools
- 3) Senza could facilitate workshops to train teachers on OVC needs
- 4) Other (specify)

**Section 3: Significant change**

**1. Does the OVC have any behavioural issues?**

- 1) Yes
- 2) No

**2. Have they had any behavioural issues previously?**

- 1) Yes
- 2) No

**3. Has the behaviour/ psychosocial wellbeing of the OVC improved or degenerated since joining the program? How so?**

- 1) increased confidence/ less confidence
- 2) better academic performance/ degenerating academic performance
- 3) able to talk to others about parent's death or illness
- 4) socializing more with class mates and teachers/ socialising less
- 5) OVC feeling less stigmatised/ more stigmatised

**4. How are they performing academically?**

- 1) Well (aggregate of 70% and above)
- 2) Average (aggregate between 40-60%)
- 3) Dismally (aggregate between 1-39%)

**5. Have they always performed this way?**

- 1) Yes
- 2) No

**6. If no, has it increased or decreased?**

- 1) Increased
- 2) Decreased
- 3) Stayed the same

**7. Do academic changes coincide with OVC joining the Senza?**

- 1) Yes, in most cases
- 2) Yes, but in a few cases
- 3) No

**Section 5: Referral networks**

**1. Do you know of other OVC programs in the community besides Senza? Name them.**

**2. How many of your learners are enrolled in these other OVC programs?**

- 1) 1-5
- 2) 6-10
- 3) 11-15
- 4) >15

**3. As a teacher when an OVC displays signs of psychosocial or emotional problems, which organizations/ person do you refer them to?**

- 1) Parents
- 2) Senzakwenzeke
- 3) Sizanani

**THANK YOU FOR YOUR COLLABORATION!**

## DATA COLLECTION TOOL 6 – DIRECTOR INTERVIEW

### Introduction

GreaterCapital has been appointed by FHI 360 to conduct an assessment of Senzakwenzeke’s program. The purpose of this evaluation is to understand whether the project reached its objectives as well as to understand the impact of the organization’s initiatives.

Your cooperation in this interview would assist greatly in understanding the extent and impact of the program.

Your answers to this survey will be treated as confidential. All results will be aggregated into a final report for USAID.

Should you have any queries, please contact Mmamohau at 021 685 9780 or mmamohau@ggsa.co.za

### Section 1: Bio-data profile

Interview number			
Gender	Female		Male
Age			
When did you start working for Senza?			
Date			
Approximate time			

### Section 2: Quality and access

**What do you think are the five most important needs of orphans and vulnerable children in the community?**

- 1) HIV/AIDS education
- 2) Food and nutrition
- 3) Friends
- 4) Shelter and care
- 5) Protection
- 6) Health
- 7) Psychosocial wellbeing
- 8) Education
- 9) Income

#### **2. What is Senza trying to achieve in the community?**

- 1) Provide educational support to OVC
- 2) Assist OVC in accessing Antiretroviral treatment
- 3) Educate OVC, guardians and community on HIV Prevention & Education

- 4) Assist OVC to get Psychological Care
- 5) Assist OVC in getting referrals of regular health checks
- 6) Other, please specify

**3. What is the community's perception of HIV/AIDS?**

- 1) Only promiscuous people contract HIV/AIDS
- 2) One can get HIV/AIDS from sharing utensils or a toilet with a HIV+ person
- 3) HIV is a death sentence
- 4) HIV/AIDS can only be contracted by an exchange of bodily fluids
- 5) HIV is manageable and an HIV+ person can live a long life
- 6) Traditional healers can cure HIV/AIDS
- 7) Other (specify)

**4. What role has Senza played in shaping this view?**

- 1) Senza has held educational workshops on HIV/AIDS for the community
- 2) Senza has engaged with traditional healers on their role in the fight against HIV/AIDS
- 3) Senza maintains a good working relationship with the local AIDS council
- 4) Other (specify)

**5. As the director what is your role in fulfilling Senza's objectives?**

**6. Can you describe your relationship with the program's M & E officer**

- 1) The M & E officer reports directly to me
- 2) The M & E officer reports directly to the board
- 3) Other (specify)

**7. How regularly do you interact with her?**

- 1) Everyday
- 2) Once a week
- 3) Once a month
- 4) Bimonthly
- 5) Other (specify)

**8. Can you describe your relationship with the supervisors**

- 1) The supervisors report directly to me
- 2) The supervisors report to the M & E officer
- 3) Other (specify)

**9. How regularly do you interact with supervisors?**

- 1) Everyday
- 2) Once a week

- 3) Once a month
- 4) Bimonthly
- 5) Other (specify)

**10. Do you interact with CCWs? If yes, how regularly?**

- 1) Everyday
- 2) Once a week
- 3) Once a month
- 4) Bimonthly
- 5) Other (specify)

**11. As the director of Senza what is the biggest challenge you have come across?**

- 1) Lack of cohesion amongst staff or board members
- 2) Securing future funding for the program
- 3) Insufficient staff members
- 4) Other (specify)

**10. How have you dealt/dealing with this challenge?**

**Section 3; Significant change**

**What is the most significant change that Senza's work has brought to the community?**

- 1) Provided OVC with services and support they would otherwise not have received
- 2) Changed perceptions and stigma of having HIV/AIDS in the community
- 3) It has raised awareness on children's rights
- 4) Other (specify)

**Section 4; Perception of program: strengths and weaknesses**

**1. Do you know of other organizations which provide similar services in the community? If yes, name them**

- 1) Sizanani
- 2) Child Healthcare Improvement Program
- 3) Other (specify)

**2. How is Senza similar to other organizations in the community?**

- 1) Assists in the improvement of health of OVC
- 2) Assists in the educational needs of OVC
- 3) Assists in the psychosocial wellbeing of OVC

4) Other (specify)

**3. What sets Senza apart? Please, refer to:**

- 1) Number of people serviced in the community
- 2) Spread and variety of services
- 3) Frequency of contact with children and their families
- 4) Spread of relationships and networks in the community
- 5) Other (specify)

**4. Name three strengths of the Senza program**

- 1) It is community orientated and has the communities support
- 2) It has very dedicated staff
- 3) It is closely monitored and evaluated
- 4) It reaches a large number of OVC in the community
- 5) Other (specify)

**5. Name three areas where Senza should improve their offering**

- 1) Increase number of CCWs
- 2) Reach more OVC and actively finding OVC that are not receiving support
- 3) Get more community by-in
- 4) Monitoring and evaluation
- 5) Other (specify)

**6. Are there other services that you believe OVC, caregivers or the community could benefit from that Senza is not currently providing?**

**Section 5; Referral networks**

**1. Are there other organizations in the community that Senza works with?**

- 1) Yes
- 2) No

**2. How would you describe your relationship with them?**

- 1) We work well together
- 2) We sometimes collaborate
- 3) We do not have a working relationship
- 4) Other (specify)

**THANK YOU FOR YOUR COLLABORATION!**

## **APPENDIX V: REFERENCES**

COP 10 Partner Project Plan

FHI360- UGM Briefing presentation

KZN Department of Health Strategic Plan 2010 – 2014 available online at  
<http://www.kznhealth.gov.za/stratplan2010-14.pdf>

National Strategic Plan on STIs, HIV and TB 2012 – 2016 available online at  
<http://www.doh.gov.za/docs/stratdocs/2012/NSPfull.pdf>

Nkandla Integrated Development Plan 2010-2011 available online at  
[http://devplan.kzntl.gov.za/idp\\_reviewed\\_2010\\_11/IDPS/KZ286/Adopted/IDP%202010-2011%20-%20Final.pdf](http://devplan.kzntl.gov.za/idp_reviewed_2010_11/IDPS/KZ286/Adopted/IDP%202010-2011%20-%20Final.pdf)

uThungulu Integrated Development Plan 2007/2008–2011/2012 available online at  
<http://mfma.treasury.gov.za/Documents/01.%20Integrated%20Development%20Plans/2010-11/03.%20District%20Municipalities/DC28%20Uthungulu/DC28%20Uthungulu%20-%20IDP%20-%20201011.pdf>

## APPENDIX VI: SCOPE OF WORK

Now in the fifth and final year of the project, FHI 360-UGM, at the request of USAID, is commissioning an external evaluation of our grantees. Partner organizations are non-governmental organizations (NGOs) working at national, provincial and local levels in South Africa, primarily implementing services related to services for orphans and vulnerable children (OVC), HIV care and support, HIV counseling and testing, and HIV prevention. These partners have received funding for a period of three to five years under PEPFAR, as well as both organizational and technical capacity building support.

Greater Capital is being contracted to execute the evaluation for one UGM Partner: Senzawenzeke Community Development (Senza).

The focus of the each partner evaluation will be to:

- Determine whether the program objectives under each partner's program were achieved
- Evaluate the key program outcomes and impacts related to improved health and wellbeing of the targeted beneficiaries

Most specifically, Greater Capital will seek to answer the following key evaluation questions for Senza, utilizing tools, methods, and sub-questions approved reviewed and approved by FHI 360:

- What were the most significant changes brought about by Senza improving the well-being of OVC in targeted communities?
- To what extent was Senza able to address the needs of children within the community?
- How do stakeholders (children, care givers, DoSD, community representatives) perceive the program; in terms of quality and ease of access?

The focus of the evaluation is to assess effectiveness of the partner organization in addressing the needs of beneficiaries in targeted communities. The evaluators will be required to carefully consider the suitability and feasibility of design options that are likely to offer the best chance of establishing the value of the program in responding to the needs of targeted beneficiaries and communities.

Both qualitative and quantitative data collection techniques should be employed. Data will be collected from various sources using appropriate data collection methods and tools for any given evaluation question.

The final design to be employed will be determined after the contractor has had a chance to undertake a front-end analysis and is therefore able to select the best design option that specifies; which people or units will be studied; how they will be selected and the kinds of comparison that should be made. Data will be collected from various program sites for the partner.

The evaluation will be undertaken in two stages and with expected outcomes for each stage as expressed below:

### **Stage 1: Finalization of Evaluation Protocol**

Contractor will refine an evaluation protocol which demonstrates:

- Understanding the relationship between program stages and the proposed broad evaluation question
- Understanding the context for program delivery and key factors that influence program implementation
- Understanding the existing theoretical and empirical knowledge about the program and examining program theory
- A comprehensive stakeholder analysis and determination of roles of key stakeholders in the evaluation
- Balancing costs and benefits of the evaluation and advising on the most strategic questions to include in the evaluation
- Developing the Finalized Implementation Strategy and Methodology Report

### **Stage 2: Implementation of the Evaluation**

Contractor will implement the partner evaluation following submission and approval of the Implementation Strategy and Methodology Report:

- Pre-test instruments
- Train data collectors
- Undertake the evaluation data gathering process
- Prepare data for analysis
- Clean data
- Enter data into electronic data analysis systems
- Undertake comprehensive data analysis
- Formulate the findings

During the period of performance of April 9, 2012 –July 20, 2012, payment to Greater Capital will be fixed price based on the payment schedule determined by the deliverables below:

<b>MILESTONES</b>	<b>DELIVERABLES</b>	<b>DUE DATE</b>
Data collection (April 9 – May 11)	1. Finalized Implementation Strategy and Methodology Report submitted to FHI 360	April 13
	2. Evaluation Work Plan, including key activities and timeframes submitted to FHI 360	April 13
	3. Data Analysis Plan, including dummy table/graphs for presenting data submitted to FHI 360	May 4
Data analysis and development of PowerPoint Presentation, including summary of evaluation process and results (May 14 – June 1)	4. Oral and PowerPoint Presentation (half-day) of preliminary findings to USAID, FHI 360, and partner (May 28-June 1, 2012)	Presentations completed by June 1
Development of final written report, including an executive summary with highlights of the evaluation and key findings (June 1 –July 20)	5. Draft written report submitted to FHI 360	June 15
	6. Final report submitted to FHI 360	July 20
Development of brief paper (two-pager) for the partner, targeting community audiences on key findings from the evaluation (June 1 – July 20)	7. Two-page paper submitted to FHI 360	July 20