

# Capacity Development and Support Program (CDS)

Quarterly Progress Report  
April 1, 2016 to June 30, 2016

Submission Date: July 29, 2016

Agreement Number: AID-674-A-14-00009  
Cooperative Agreement Period: June 10, 2014 to June 9, 2019  
AOR Name: Anita Sampson

Submitted by

Ruth Mufute, Chief of Party, FHI 360

333 Grosvenor Road, Hatfield Gardens, Block B, 1<sup>st</sup> Floor,  
Hatfield, Pretoria 0083  
Tel: +27 (0)12 762-4000  
Email: [rmufute@fhi360.org](mailto:rmufute@fhi360.org)

This document was produced for review and approval by the United States  
Agency for International Development



# CONTENTS

CONTENTS.....	2
ACRONYMS AND ABBREVIATIONS .....	4
EXECUTIVE SUMMARY .....	6
PURPOSE AND STRUCTURE OF THE REPORT .....	8
SECTION 1: INTRODUCTION AND BACKGROUND .....	9
Program Overview .....	9
Geographic Scope .....	9
Program Objectives and Components .....	10
Capacity Building Approach and Methodology .....	10
Program Monitoring .....	11
SECTION 2: PROGRESS ON PROJECT PROGRAMMING .....	12
Staff Recruitment.....	12
CDS Steering Committee Meetings .....	15
Meeting with CDS Agreement Officer’s Representative .....	16
Component One: Grant Award and Management .....	18
Contracts, grants and consultant agreements .....	18
Component Two: Institutional Capacity Development of Indigenous Organizations.....	21
<i>Component Two A: Technical</i> .....	21
Gender .....	21
Early Childhood Household Stimulation .....	25
HIV Prevention .....	35
DREAMS Initiative .....	45
<i>Component Two B: Program Management and Organizational Development</i> .....	48
Component Three: Capacity Building Assistance to SAG .....	55
Recruitment and Placement of SAG Technical Advisors .....	55
Manage and Support TAs Seconded to SAG .....	56
Development and Implementation of the Performance Management Framework.....	60
Component Three B: Nutrition Assessment, Counselling and Support (NACS) .....	61
Policy/Advocacy for National Multisectoral Approach to Reducing Malnutrition.....	61

Knowledge and Skills Building in NACS Implementation.....	63
Component Four: Monitoring, Evaluation, Reporting and Learning.....	73
M&E System Capacity Development .....	73
Research and Evaluation.....	80
Knowledge Management and Communication .....	83
Success Story: Not easily broken: Nomsa’s story of hope.....	84
Activities Planned for the Next Quarter .....	87

## ACRONYMS AND ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
AOR	Agreements Officer's Representative
APS	Annual Program Statement
ART	Anti-retroviral therapy
BMI	Body Mass Index
CBIMS	Community Based Interventions Monitoring System
CBO	Community-based organization
CCE	Core Essential Element (SIMS)
CCW	Child Care Worker
CDI	Center for Development Innovation
CDS	Capacity Development and Support Program
CEGAA	Centre for Economic Growth and AIDS in Africa
COP	Chief of Party
CYCW	Child and Youth Care Workers
DATIM	Data for Accountability, Transparency and Impact
DCAT	Digital Capacity Assessment Tool
DOH	Department of Health
DQA	Data Quality Assessment
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DSD	Department of Social Development
ECD	Early Childhood Development
ECHS	Early Childhood Household Stimulation
FPD	Foundation for Professional Development
FY	Fiscal Year
GBV	Gender-Based Violence
HETTAS	Health & Education Training & Technical Services
HIV	Human Immunodeficiency Virus
HPPSA	HUMANA People to People South Africa
HRM	Human Resource Management
HSRC	Human Sciences Research Council
HTA	High Transmission Area
HTS	HIV testing services
ICT	Information Communication Technology
IEC	Information, education and communication
KKC	Karen Krakowitzer Consulting
KP	Key populations
KZN	Kwazulu-Natal (province)
M&E	Monitoring and Evaluation
m2m	mothers2mothers
MEC	Member of the Executive Council

MER	Monitoring, Evaluation and Reporting
MERL	Monitoring, Evaluation, Reporting and Learning
MUAC	Mid-Upper Arm Circumference
NACCW	National Association of Child Care Workers
NACOSA	Networking HIV/AIDS Community of South Africa
NACS	Nutrition Assessment, Counselling and Support
NGO	Non-Governmental Organization
NICDAM	National Institute Community Development and Management
OVC	Orphans and Vulnerable Children
OVCY	Orphans and Vulnerable Children and Youth
PEP	Pre-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMF	Performance Management Framework
PrEP	Pre-exposure prophylaxis
QI	Quality Improvement
QM	Quality Management
R	South African Rand
ReACH	Reaching Adolescents and Children in Households
RFP	Request for Proposals
SAG	South African Government
SAHPRA	South African Health Products Regulatory Authority
SAM	Severe Acute Malnutrition
SFR	Sub-awardee Financial Report
SIMS	Site Improvement through Monitoring System
SOP	Standard Operating Procedures
SRH	Sexual and reproductive health
SRI	Supportive Referral Initiative
STI	Sexually-transmitted infections
SWOT	Strengths, Weaknesses, Opportunities and Threats
SWOT	Strengths, Weaknesses, Opportunities and Threats
TA	Technical Advisor
TB	Tuberculosis
TLAC	Tshwaranang Legal Advocacy Centre
TVT	The Valley Trust
USAID	United States Agency for International Development
USG	United States Government
VAN	Visibility and Analytics Network
VMMC	Voluntary medical male circumcision

## EXECUTIVE SUMMARY

South Africa's HIV response is multisectoral, supported by both government and civil society. However, these roleplayers frequently experience capacity restraints which limit them from fully achieving their potential. In response, the United States Agency for International Development (USAID) created the Capacity Development and Support program (CDS), implemented by FHI 360, to develop the organizational management, technical capacity, and sustainability of local non-governmental organizations (NGOs) and South African Government (SAG) departments in order to sustain an improved, expanded, and country-led response to HIV and AIDS.

### **Project achievements in quarter three**

CDS continued implementation of Phase Two of the “**Community Response Addressing Violence against Women**” implemented by Tshwaranang Legal Advocacy Centre (TLAC) in the Northern Cape, and held two roundtable discussions to disseminate the findings of the situational analysis on the magnitude of alcohol abuse and violence against women. These events were attended by representatives from government, academic institutions and civil society organizations, and provided a platform for these stakeholders to jointly explore the interlinkages between gender-based violence (GBV) and alcohol abuse, and identify ways to collaborate and strengthen programming.

In quarter three, CDS provided technical and organizational capacity support to its five **Early Childhood Household Stimulation (ECHS)** partners, who delivered comprehensive services to 9,068 orphans and vulnerable children and their caregivers. CDS provided extensive support to its partners to prepare for Site Improvement through Monitoring System (SIMS), including conducting mock SIMS assessments and supporting development of customized plans to address areas for improvement. This resulted in dark green scores in 80% of core essential elements among the three partners assessed, indicating strong performance. CDS also provided a five-day training to its ECHS partners on gender mainstreaming to support the integration of gender into their organizations and programs.

CDS began to implement the **Supportive Referral Initiative (SRI)**, which provides training and mentoring to orphans and vulnerable children and youth (OVCY) partners to deliver context-specific HIV testing services, increasing the acceptance of and access to quality HIV services in priority districts. Through service providers Foundation for Professional Development (FPD) and National Institute Community Development and Management (NICDAM), CDS trained more than 1,000 community care workers from 11 OVCY partners, and began the mentoring process. Provision of HIV testing services by HUMANA People to People South Africa began in June 2016 and will scale up in quarter four.

CDS piloted its Leadership and Governance **organizational development training** with ECHS partner The Valley Trust in preparation for roll-out to other President's Emergency Plan for

AIDS Relief (PEPFAR) partners. CDS also worked with PEPFAR to finalize the Annual Training Plan through which CDS will provide technical and organizational development support to dozens of PEPFAR partners.

**South African Government Technical Advisors (TAs)** contributed to a range of achievements including: finalizing a condom distribution plans for 48 districts in eight provinces; developing a Pre-Exposure Prophylaxis (PrEP) Policy and guidelines for DREAMS implementation; facilitating three capacity building workshops for 289 government and civil society representatives on the national Early Childhood Development (ECD) Policy; and strengthening management and reporting systems to accurately capture service delivery under the Isibindi Project.

Two technical advisors began support to the Department of Health in quarter three: a TA on DREAMS Coordination and a TA on High Transmission Areas and Key Populations.

CDS provided mentoring and coaching support to 48 health facilities implementing **Nutrition Assessment, Counselling and Support (NACS)**, and conducted site readiness assessments in 24 health facilities, demonstrating notable progress in provision of nutrition services. CDS-supported health facilities conducted nutrition assessments with more than 2,200 people living with HIV, and provided nutritional supplements to 80% of those found to be undernourished.

CDS is overseeing several research projects related to **DREAMS implementation** in South Africa. In quarter three, the national DREAMS Male Characterization study task team approved the concept note to conduct research on the characteristics of the male sexual partners of adolescent girls and young women to inform DREAMS programming. CDS has engaged Africa Center to conduct the desktop review and the Human Sciences Research Council to conduct the qualitative study.

CDS has also initiated the implementation of the DREAMS PrEP Demonstration Study, implemented as CAPRISA, a two-year demonstration project involving the daily use of Truvada, to enhance adherence and reduce new HIV infections in young women at high risk of acquiring HIV in KZN province. The study will be conducted in rural, urban and per-urban sites.

CDS finalized the contracting process for three organizations selected to implement the DREAMS Annual Program Statement, "**Community GBV and HIV Prevention Initiative for Adolescent Girls and Young Women.**" This project seeks to reduce gender-based violence and the risk of HIV transmission among adolescent girls and young women in eThekweni, UMkhanyakude and the City of Johannesburg districts.

CDS continued to decentralize to better meet programming needs as the project scales up. This quarter, new staff were recruited for the satellite office in KwaZulu-Natal, including a Senior Finance Officer, Program Manager and four Program Officers.

## PURPOSE AND STRUCTURE OF THE REPORT

This quarterly progress report is a reporting requirement established in the cooperative agreement between the United States Agency for International Development (USAID) and FHI 360. The report provides an overview of project activities and accomplishments that FHI 360's Capacity Development and Support project (CDS) has achieved from April 1 through June 30, 2016. The report is divided into the following sections:

**Section 1: Introduction and Background** gives an overview of the CDS goal, objectives and strategies

**Section 2: Progress on Project Programming** provides details related to the administration of the CDS project, focusing on staffing, stakeholder management and meetings. This section also includes updates on the following four project components:

- **Component 1:**
  - Provides an update on **grants management and partner contracts**, as well as the programming that took place in the reporting period
- **Component 2:**
  - Focuses on the project's achievements in the **institutional capacity development** of indigenous organizations
- **Component 3:**
  - Reviews CDS capacity development **assistance to the South African Government (SAG)**, with a focus on recruitment and placement of Technical Advisors (TAs) as well as the CDS **Nutrition, Assessment, Counselling and Support (NACS)** program
- **Component 4:**
  - Summarizes the project's **monitoring, evaluation, research and learning (MERL)** activities, with updates on evaluations and assessments

**Section 3: Financial Management** provides a summary of project finance management data for the period of performance, including expenditures



# SECTION I: INTRODUCTION AND BACKGROUND

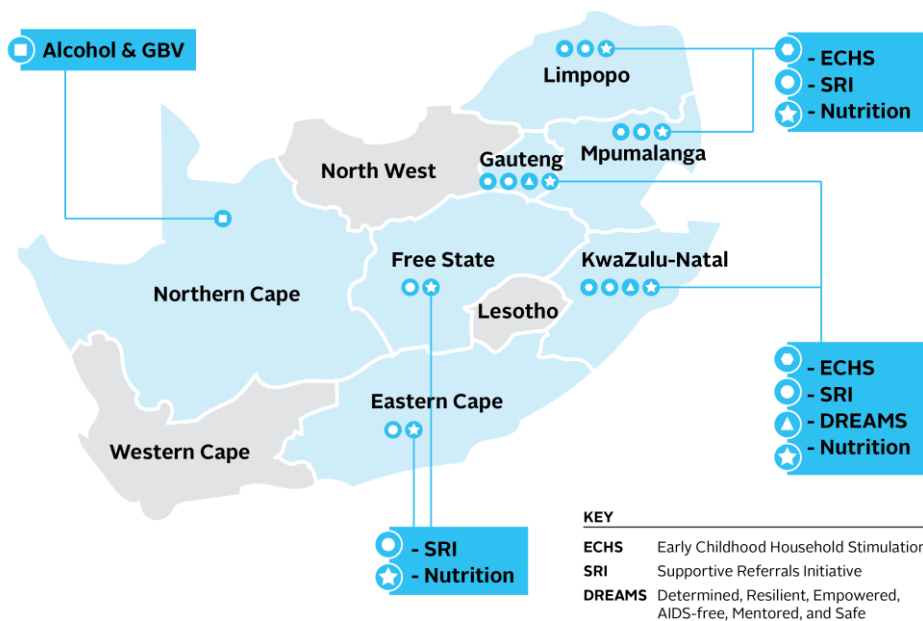
## Program Overview

The CDS project was awarded to FHI 360 by USAID on June 10, 2014, under Cooperative Agreement No: AID-674-A-14-00009. The five-year award focuses on developing the organizational management, technical capacity, and sustainability of local non-governmental organizations (NGOs) and South African Government (SAG) departments in order to sustain an improved, expanded, and country-led response to HIV and AIDS. CDS is managed and led by FHI 360 and implemented with support from consortium partners, Deloitte South Africa and Foundation for Professional Development (FPD). CDS is designed to support the achievement of the goals in the President’s Emergency Plan for AIDS Relief (PEPFAR) Partnership Framework Implementation Plan.

## Geographic Scope

The CDS project is implemented in PEPFAR 3.0 high HIV prevalence priority districts within six provinces: KwaZulu-Natal, Gauteng, Limpopo, Mpumalanga, Free State and Eastern Cape. In addition, one research activity is being conducted in the Northern Cape. The map below shows the CDS program activities in each province.

### Geography of CDS project implementation



## Program Objectives and Components

The CDS project has the following strategic objectives:

1. Support the provision of sustainable high-quality services in HIV and AIDS in South Africa through strategic approaches that address specific needs with practical and pragmatic business plans for implementation
2. Develop sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and high quality services
3. Enhance local sub-partners' capacity in treatment, care (including support of orphans and vulnerable children) and prevention
4. Strengthen the overall health and social services system

Project activities are organized by the following program components:

1. Grant award and management
2. Institutional capacity development of indigenous organizations
3. Capacity development assistance to SAG
4. MERL

## Capacity Building Approach and Methodology

The CDS project utilizes a broad and flexible capacity strengthening methodology that incorporates a wide range of tools and approaches that are selected according to their suitability to meet the needs of specific requests received from USAID and SAG. CDS has ensured accountability for results by developing meaningful indicators and benchmarks for measuring project outcomes and results. The CDS capacity development methods include the following:

- Standardized trainings fill universal capacity gaps among CDS sub-recipients and other NGO partners, incorporating competency-based training principles and follow-up support to ensure application of new knowledge.
- Tailored trainings are customized to focus on a department or organization's specific needs and challenges, and develop skills and competencies to address them effectively.
- Mentoring and coaching provides technical and functional specialists, whether through secondment or regular mentoring visits, to teach and support individuals and units within an organization to respond to current needs and challenges, and develop skills to analyze and respond to future needs and challenges independently.
- Communities of practice include physical and virtual spaces for relevant stakeholders to discuss issues and challenges, share tools and resources, exchange information and

lessons learned, and ultimately develop greater capacity for collective learning and problem solving.

## **Program Monitoring**

The CDS program monitoring focuses on the following approaches:

- Measurement of program progress through the collection, management, analysis, and use of data, while also tracking progress on performance indicators for established targets
- Provision of feedback for accountability, learning and quality through a range of activities and processes that encourage data use for timely, evidence-based decision-making
- Data quality assurance through the use of a rapid validity check using the Data Verification Tool

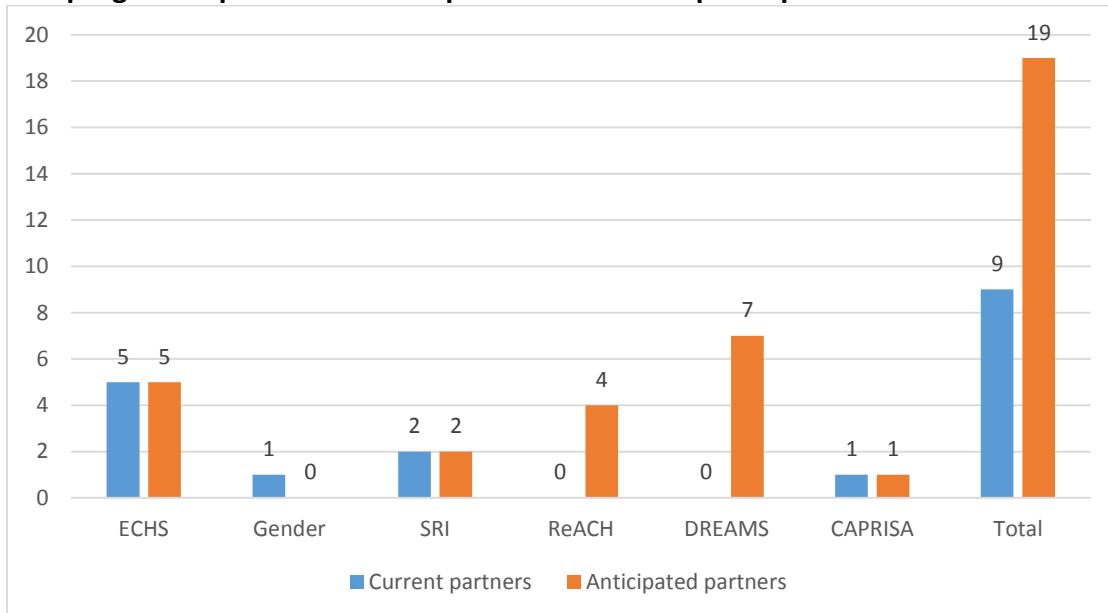
## SECTION 2: PROGRESS ON PROJECT PROGRAMMING

This section focuses on operational activities of the CDS project, such as staffing, grants management and partner contracts, consortium steering committee meetings, and stakeholder management meetings. This section also highlights progress and activities implemented under each of the four program components during the reporting period.

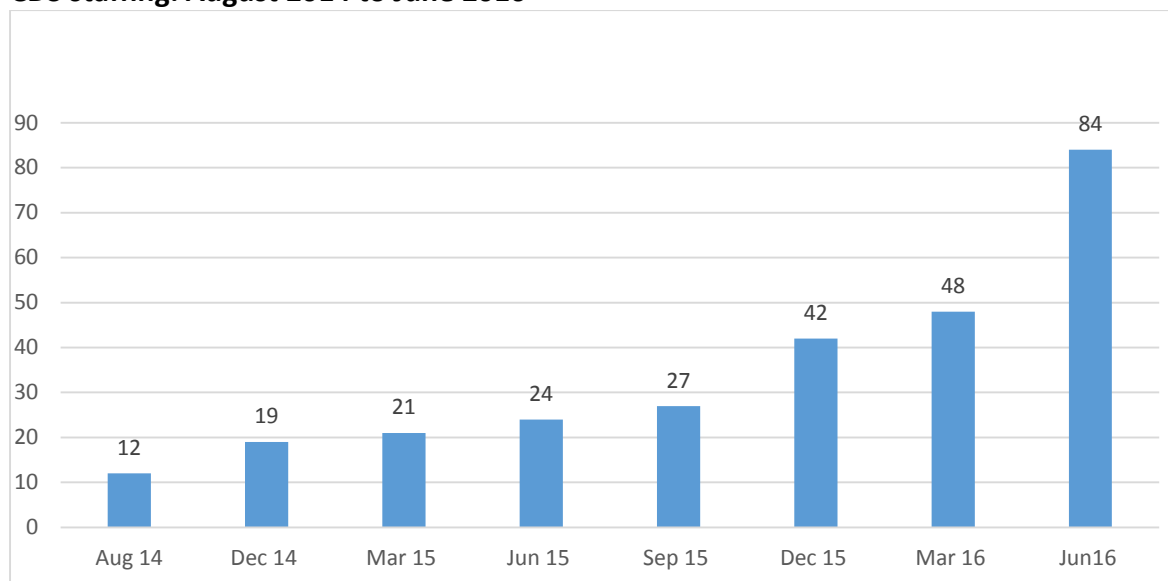
### Staff Recruitment

The number of CDS staff increased from 48 in quarter two to 84 in quarter three. This 75% increase is necessary to meet the rapid expansion of CDS programs and anticipated growth from nine current partners to nearly 20 partners by the end of quarter four, as depicted in the chart below. This chart is followed by staffing growth since project inception.

**CDS program expansion: current partners and anticipated partners**



## CDS staffing: August 2014 to June 2016



The table below provides information on the positions filled in quarter three and those which have been advertised. A number of positions were recruited to work from the satellite office in Durban, KwaZulu Natal (KZN), which was opened in quarter two to support a growing number of sub-recipients and project activities in the province.

### CDS staff recruitment status<sup>1</sup>

Position	Roles and Responsibilities	Status
<b>Component One</b>		
<b>Senior Finance Officer (KZN)</b>	The Senior Finance Officer will provide financial management, including sub-recipient financial reporting, in KZN.	Expected start date is July 1, 2016
<b>Logistics Associate Officer</b>	The Logistics Associate Officer will ensure timely preparation of logistical arrangements for implementation of CDS activities.	Expected start date is September 1, 2016
<b>Finance Officer (KZN)</b>	The Finance Officer will support the Senior Finance Officer in monitoring of and support to sub-recipients in KZN.	Expected start date is August 1, 2016
<b>Component Two</b>		
<b>Program Manager (KZN)</b>	The Program Manager will support and facilitate implementation of Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) interventions under the direction of the Senior Program Manager.	To re-advertise after unsuccessful interviews

<sup>1</sup> Details on recruitment of TAs for the SAG are reported in Component Three

Position	Roles and Responsibilities	Status
<b>Program Manager (KZN)</b>	The Program Manager oversees CDS program implementation in KZN province, and is responsible for supervising program staff to track and support implementing partners.	Started on May 1, 2016
<b>Training Coordinator</b>	The Training Coordinator facilitates the delivery of integrated training, mentorship and workshops.	Started on June 1, 2016
<b>Program Officers (4) (KZN)</b>	The Program Officers will support and facilitate the implementation of project activities in KZN.	Expected start dates are July and August 2016
<b>Sustainability Specialist</b>	The Sustainability Specialist will assess, evaluate and provide strategic sustainability planning for implementing partners.	Expected start date is August 1, 2016
<b>Technical Director</b>	The Technical Director will take the lead in providing technical support to all the CDS program activity areas including OVC and HIV prevention activities, and serve as the project's technical lead working under the supervision of the Chief of Party.	Expected start date is August 1, 2016
<b>HIV Care and Treatment Specialist</b>	The HIV Care and Treatment Specialist will ensure delivery of effective HIV prevention, care and treatment programs by implementing partners.	To re-advertise after unsuccessful interviews
<b>Training Coordinator</b>	The Training Coordinator will coordinate the delivery of integrated training, mentorship and workshops.	Advertised
<b>Component Three A</b>		
<b>Manager SAG Support</b>	The Manager for SAG Support provides technical guidance and support to Technical Advisors seconded to DOH.	Started April 1, 2016
<b>Component Three B</b>		
<b>NACS Fieldworkers (20)</b>	The fieldworkers will provide technical support on nutrition to selected NACS sites.	Expected start date is July 6, 2016
<b>Training Officers (3)</b>	The Training Officers will develop the knowledge and skills of staff at NACS selected sites.	Started June 1 and June 27, 2016
<b>Senior Training Officer</b>	The Senior Training Officer will assist the Technical Director and develop the knowledge and skills of staff at NACS selected sites.	CDS is waiting for feedback from its HR department
<b>Monitoring, Evaluation, Reporting and Learning</b>		
<b>Research Officer</b>	The Research Officer will support the CDS project in responding to internal and external requests to undertake research and evaluation studies. He/she will be responsible for the design, planning, implementation,	Started January 4, 2016, but resigned in March 2016; recruitment is underway

Position	Roles and Responsibilities	Status
	and reporting of high quality research as well as program evaluation studies.	
<b>Quality Improvement (QI) Specialist</b>	The QI Specialist will develop and implement quality improvement and assurance tools, plans and processes.	Expected start date is September 1, 2016
<b>Monitoring and Reporting Assistant (8) (KZN)</b>	The Monitoring and Reporting Assistants will coordinate NACS data collection, acquisition, collation and submission at selected sites in KZN.	Expected start date is July 6, 2016
<b>Project management</b>		
<b>Professional Driver (2) (KZN)</b>	The Professional Drivers will provide transportation services in KZN.	Expected start date is September 1, 2016

## CDS Steering Committee Meetings

CDS held two steering committee meetings with its consortium partners in quarter three.

### Steering Committee meeting: April 19, 2016

The meeting, attended by CDS and FPD, addressed key issues to promote collaboration and continuous improvement. These included:

- Feedback and discussion of FPD’s provision of training under the Supportive Referrals Initiative (SRI) and PEPFAR training plan. Meeting participants discussed support to be provided post-training, as well as tracking tools to gauge participant application of training material and achievement of long-term training outcomes.
- Development of materials including a mentorship toolkit and referral standard operating procedures.
- Development of a strategy to improve the measurement and reporting of service provision and program outcomes.
- Development or adaptation and dissemination of information, education and communication materials. This will include a basic package for Home Visitors to use in their service delivery, including information on HIV and tuberculosis (TB), as well as job aids such as a simplified referral algorithm.

### Steering Committee meeting: June 22-24, 2016

The meeting, held in Durban and attended by CDS, FPD, and Deloitte, began with a site visit to Early Childhood Household Stimulation (ECHS) partner The Valley Trust to observe program implementation and identify areas of strength and areas requiring further support.

Participants visited households, early childhood development (ECD) centers and a support group for young parents. Observations included:

- Home Visitors demonstrated solid knowledge of child stimulation and the importance of monitoring client *Road to Health Booklets* at household level, which track child growth and development
- Home Visitors speak knowledgeably and confidently about HIV and sexually-transmitted infections (STIs) at the support group meeting
- There was a lack of toys and books for children at both households and the support group

To address this finding, CDS will implement strategies to fast-track the provision of these materials, including procurement of locally-made toys in bulk for distribution among partners, as well as supporting partners to roll out toy and book-making workshops with caregivers.

CDS reviewed progress made since its strategic planning in January 2016, and conducted a future-focused Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis to explore CDS' readiness to meet the demands of its expanding portfolio. Staff from each project component presented strategies for growth, including a revised organogram, with identification of new and/or restructured positions, and resources required. This facilitated the identification of areas to improve coordination within CDS and with its consortium partners, such as using technology to better capture project outputs and outcomes, and monitor program implementation.

CDS also began its 2017 work planning process, including review of the project's strategic objectives and identification of key activities to achieve them.

## Meeting with CDS Agreement Officer's Representative

The CDS Agreement Officer's Representative (AOR) meeting was held on May 25, 2016. CDS provided a comprehensive update on the project's achievements to date. Discussion and action points included the following:

- **CDS expenditure:** CDS is far behind on its required burn rate and needs to ensure this increases substantially. CDS anticipates that this challenge will be addressed by the project's rapidly expanding portfolio and enhanced staffing. USAID and CDS will closely monitor the project's expenditure on a month-by-month basis.
- **Nutrition services:** CDS will provide support to orphans and vulnerable children and youth (OVY) partners to integrate nutrition into their programming from October 2016. This includes the provision of training and distribution of equipment such as mid-upper arm circumference (MUAC) tapes and nutrition resources and job aids. CDS will develop a concept paper to specify its approach and plans.



- **TA targets:** CDS is expected to contribute to USAID’s technical assistance targets. The project will explore contributing to these targets through the SAG TAs’ work, particularly the TAs for DREAMS and the Isibindi Project.
- **Documentation of results:** CDS will conduct regular focus groups and evaluation studies of its program to generate evidence for USAID’s strategic decision-making, including justification for funding for orphans and vulnerable children (OVC) and ECD programming in COP 17.
- **Strengthening gender programming:** CDS will develop an innovative gender program for both boys and girls for presentation to USAID at the next AOR meeting. This should incorporate findings from the PEPFAR Gender Analysis, as well as inclusion of men in parenting practices through initiatives such as fathers’ support groups.

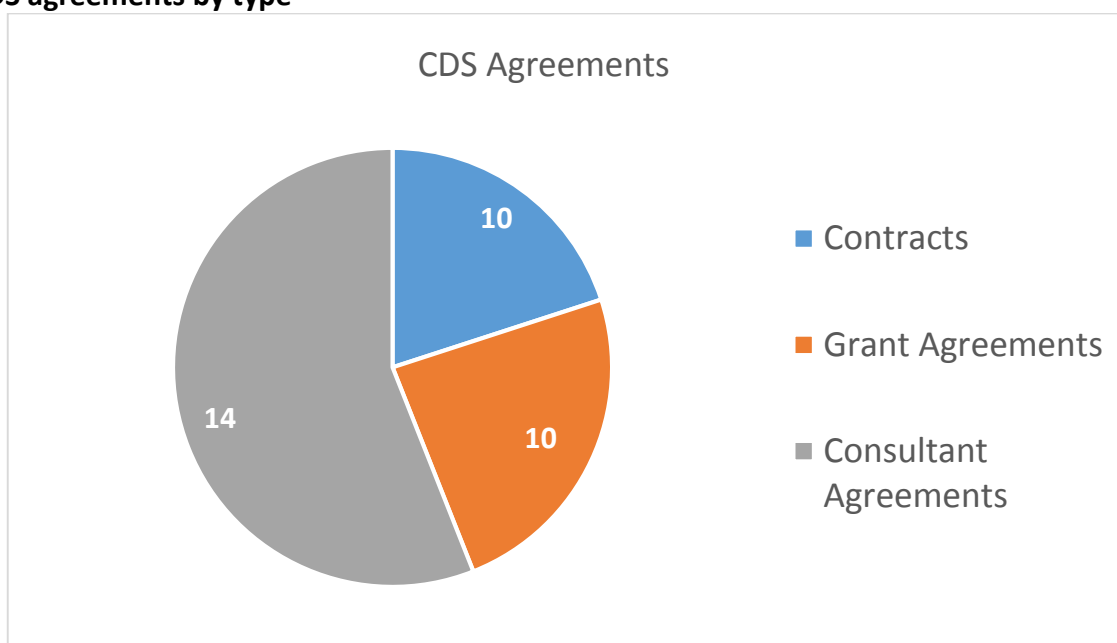
## Component One: Grant Award and Management

The activities of Component One are responsive to CDS strategic objectives one and four, and aim to ensure efficient and accountable administration of grant funding to support service delivery and scale-up.

### Contracts, grants and consultant agreements

Since inception, CDS has issued a total of 34 agreements as depicted in the chart below. During this reporting period, CDS issued three contracts and four grants.

#### CDS agreements by type



#### Annual Program Statements (APs) in process

In quarter three, CDS processed three APs:

- Community Gender-Based Violence and HIV Prevention Initiative for Adolescent Girls and Young Women APS
- Reaching Adolescents and Children in Households (ReACH)
- School-based HIV and Violence Prevention for Adolescent Girls and Young Women

The first APS on Community Gender-Based Violence and HIV Prevention Initiative for Adolescent Girls and Young Women is part of DREAMS and seeks to reduce gender-based violence and the risk of HIV transmission among adolescent girls and young women in eThekweni, UMkhanyakude and the City of Johannesburg districts. CDS concluded its review of the technical approach and budget negotiations with three organizations selected to implement this activity (see table below) and is finalizing the contracting process.

**CDS implementing partners: Community Gender-based Violence and HIV Prevention Initiative**

Organization	Geographic coverage	Funding level
<b>Health Opportunity Partnership and Empowerment in Africa (HOPE Africa)</b>	UMkhanyakude	R 6,142,426
<b>National Institute Community Development and Management (NICDAM)</b>	City of Johannesburg Regions A, D,E & G	R 13,701,165
<b>Project Empower</b>	eThekwini	R 12,934,119

CDS progress related to the Service Delivery and Support for Families Caring for OVC (ReACH) and School-based HIV and Violence Prevention for AGYW APSs are reflected in the table below.

**APSs in process**

APS/RFP	Date advertised	Applications received	Non-compliant applications	Pre-award assessment date	Selected organizations	Next steps
<b>ReACH</b>	May 13, 2016	28	10	July 20-24, 2016	At negotiation stage with three organizations	Finalize agreement by August 15, 2016
<b>DREAMS Department of Basic Education (DBE): (School-based HIV and Violence Prevention for AGYW)</b>	June 3, 2016	n/a	n/a	To be scheduled	Not yet identified	Finalize agreement by August 31, 2016

**Agreement modifications**

In May 2016, CDS processed modifications for the ECHS partners to provide incremental funding to achieve increased targets. The modifications also removed the grant agreement special conditions and amended cost share to align with the increased funding amounts. The revised targets and funding levels are reflected in the table below.

### ECCHS partner funding modifications

Grantee	Targets			Funding Level		
	Y1	Y2	% Change	Original	Revised	% Change
<b>HOPE worldwide</b>	1,600	4,000	250%	R 6,072,694	R 7,981,371	131%
<b>mothers2mothers</b>	2,400	5,000	208%	R 6,232,013	R 7,889,214	127%
<b>Kheth'Impilo</b>	2,200	7,000	318%	R 6,176,843	R 11,102,510	180%
<b>The Valley Trust</b>	1,800	4,000	222%	R 5,956,322	R 8,584,250	144%
<b>Woz'obona</b>	1,800	4,000	222%	R 6,129,285	R 6,540,896	107%

## **Component Two: Institutional Capacity Development of Indigenous Organizations**

The activities reported under this component are responsive to CDS strategic objective two and aim to increase the technical and organizational capacity of South African NGOs. In quarter three, CDS decided to divide the component into two parts, technical capacity building (Two A) and program management and organizational development (Two B), to facilitate better management and oversight as the project grows.

### *Component Two A: Technical*

#### **Gender**

##### **TLAC: Community Response Addressing Violence against Women**

CDS, through a sub-award to Tshwaranang Legal Advocacy Centre (TLAC), is delivering a “Community Response Addressing Violence against Women” in the Ga-Segonyana local municipality in South Africa’s Northern Cape Province. The project has two phases: Phase One is a situational analysis aimed at understanding the magnitude of alcohol abuse and violence against women (completed in quarter one), and Phase Two is developing and piloting a community-based approach to address alcohol-related gender-based violence (GBV).

Phase Two, which began in February 2016, included continued dissemination of the findings of the situational analysis to key stakeholders, including government, academic institutions and civil society organizations, and engagement with these stakeholders through two roundtable discussions held in quarter three. TLAC, in partnership with the Joint Gender Fund, hosted the roundtable discussions in Kimberly in the Northern Cape Province on April 17, 2016, and in Johannesburg in Gauteng Province on June 8, 2016. The roundtable discussions provided a platform for practitioners, researchers, government and other stakeholders involved in the alcohol and GBV sectors to jointly explore the interlinkages between GBV and alcohol abuse and identify ways to collaborate and strengthen programming. The Kimberly roundtable discussion was a forerunner to the higher-level discussion held in Johannesburg, focusing on strengthening programming responses on alcohol-related violence against women and children.

The roundtable discussions were attended by a wide range of stakeholders, including national and provincial government representatives, USAID, Joint Gender Fund, non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations, regulatory authorities such as the Northern Cape Liquor Board, and FHI 360. The national government was represented by senior officials (chief directors) from the Department of Social Development (DSD) and Department of Health (DOH), and the provincial government was represented by the Member of the Executive Council (MEC) for Safety and Security as well as senior officials from the MEC for the DSD.



*Participants at the roundtable discussion in Kimberly in April 2016*

Key issues discussed at the roundtable discussions included:

- While there are many unlicensed taverns as well as shebeens (illegal entities in South Africa that serve alcohol), the Northern Cape Liquor Board does not have the mandate to intervene or control such entities, making regulation of alcohol use a challenge.
- The scarcity of resources for rehabilitation and the limited capacity of the Department of Education to address the problem of alcohol and drug dependency among school-going children (underage drinking) are also significant challenges.
- There is a need for collaboration among all key stakeholders and role players in order to apply an integrated approach in addressing GBV and related problems. A recommendation was made to develop an integrated planning tool that facilitates various stakeholders in working together.

The two roundtable discussions demonstrated a need for a multi-sectoral approach and robust advocacy at a legislative and policy level, with civil society taking the lead. Participants strongly encouraged government officials in attendance to provide the necessary support to civil society organizations and communities, including resources required to effectively counter GBV and alcohol and drug dependency.

These roundtable discussions conclude Phase Two of the project, which ends in July 2016.

## Gender Mainstreaming curricula

All five ECHS partners participated in a five-day Gender Mainstreaming workshop. The three-module workshop, held April 4-9, 2016, was attended by 20 participants, including trainers and program managers/coordinators. The training guided ECHS partners to integrate gender into their organizations and programs, and promote effective and meaningful implementation. The curricula covers the following topics: introduction to gender and HIV and AIDS; the nature of HIV and importance of knowing your epidemic; unpacking gender concepts; exploring values, attitudes, perspectives regarding HIV and AIDS and gender; human rights, gender and the rights of people living with HIV; HIV and AIDS analysis of rural communities; the link between HIV and AIDS and gender; gender-based violence, including domestic violence and child abuse; gender mainstreaming; and planning for gender mainstreaming.

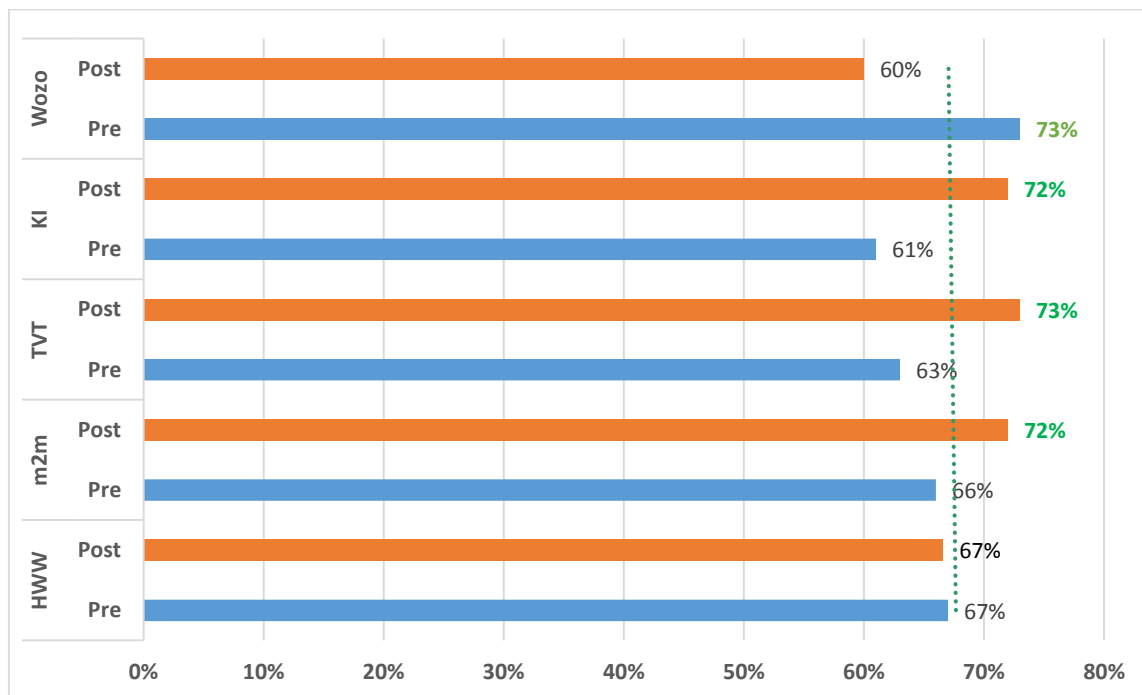


*ECHS partners and CDS staff at the Gender Mainstreaming workshop in April 2016*

CDS administered a pre- and post-test assessment to determine the workshop's influence on participants' knowledge of gender concepts, including the linkages between gender and HIV and AIDS and the relevance of the subject matter to the ECHS.

Participants demonstrated an overall 4% increase in knowledge, with an average pre-test score among the 20 participants of 65% and average post-test score of 69%. This relatively small change in knowledge may be due to the fact that gender mainstreaming is still a new concept for most participants, who lack prior exposure to training on integrating a gender perspective into policies and programs. CDS will continue to work closely with partners to reinforce knowledge and support gender mainstreaming within their organizations and programs.

## Pre- and post-test assessment results by organization



Participants from Kheth’Impilo, The Valley Trust and mothers2mothers demonstrated a relatively larger improvement in knowledge and understanding of the gender mainstreaming, with post-test score increases of 8-11 percentage points. While HOPE worldwide’s performance remained constant at 67%, Woz’obona participants scored 13 percentage points lower at post-test. This may be attributed to the fact that HOPE worldwide and Woz’obona participants were not able to attend all sessions due to a SRI for OVCY partners held during the same time period.

### Participant feedback

Feedback from participants indicated that this was their first opportunity to discuss gender mainstreaming and its impact on organizational development and programming. Feedback on the training was generally positive and included:

- The training was provocative and challenged their own norms and values from a gender perspective
- There is a need to move away from gender-related assumptions and become more sensitive to other people, including avoiding blaming men
- The child abuse module was valuable, useful and informative
- There is a need for more community involvement, including community and organizational efforts to curb abuse in households
- Linking and mainstreaming a gender perspective into programming, and rethinking how to design effective HIV and ECHS programs and projects, is important



- The training provided a clear understanding of next steps needed in reviewing their programs with a broader gender perspective and helped to identify suitable policy options for their needs

### Lessons learned, challenges and measures to address them

- Although participants were actively engaged and showed interest in discussions during the training and groups exercise sessions, failure to attend all sessions negatively affected participant knowledge as demonstrated through the post-test results. In future, CDS will ensure that participants are not involved in multiple activities in the same period through better coordination.
- Although the curricula and training materials are comprehensive and informative, some participants felt it was information overload delivered within a short space of time. CDS will consider conducting each module as a separate workshop to address this issue.

**Participant feedback:**

“I liked everything about the workshop and it has made me do self-introspection in terms of gender mainstreaming.”  
 “Informative.”  
 “Well-structured.”  
 “[I appreciated the] environment, facilitator’s in-depth knowledge and supplementary information.”

While the post-test results show an overall marginal increase in knowledge, CDS will use the findings to provide customized technical assistance to its partners.

## Early Childhood Household Stimulation

The ECHS program is implemented by five partner organizations deploying Home Visitors to deliver a range of services across the seven ECHS domains, including health, nutrition, social services, early childhood stimulation, parenting and caregiving, household economic strengthening, and community support.

### ECHS program service delivery

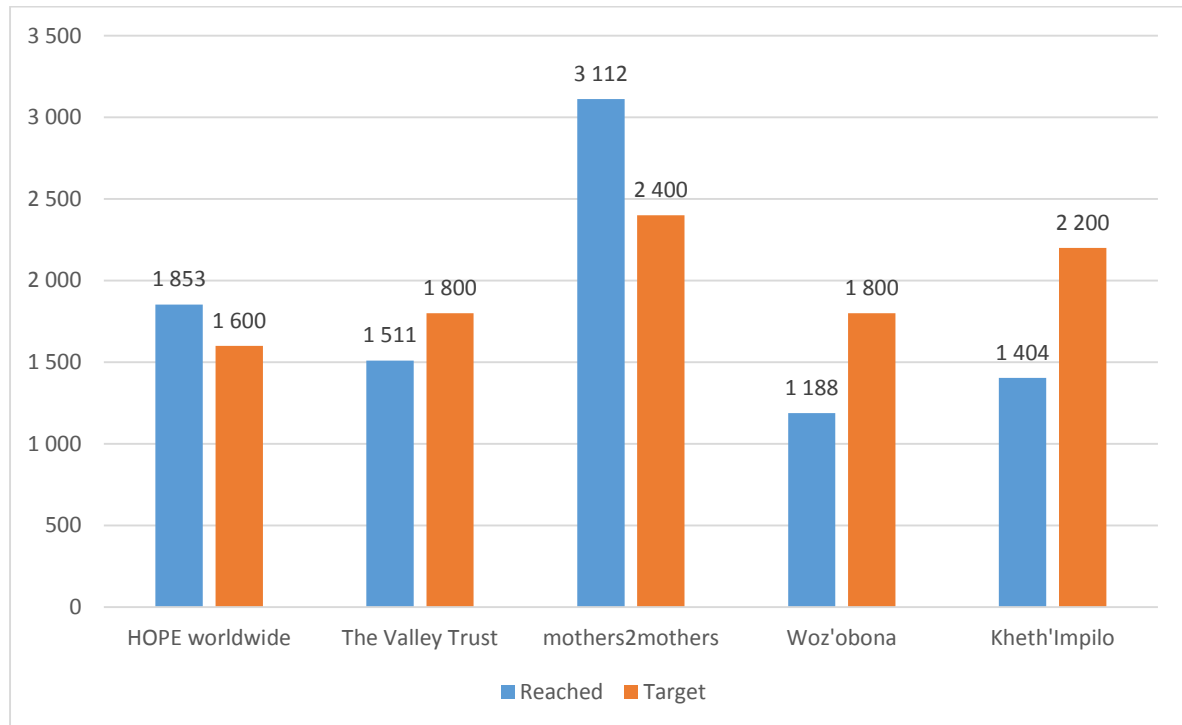
OVC programs contribute to the UNAIDS 90-90-90 targets by addressing enabling factors to prevention, care and treatment. PEPFAR’s OVC\_SERV indicator tracks basic program coverage, while the OVC\_ACC indicator provides critical information on how the OVC programs support beneficiaries to access HIV clinical services. The diagram below illustrates ECHS partners’



*A child beneficiary is supported to make a book about his life during a structured playgroup at mothers2mothers*

performance data on these two PEPFAR indicators compared to their targets for the period April-June 2016.<sup>2</sup>

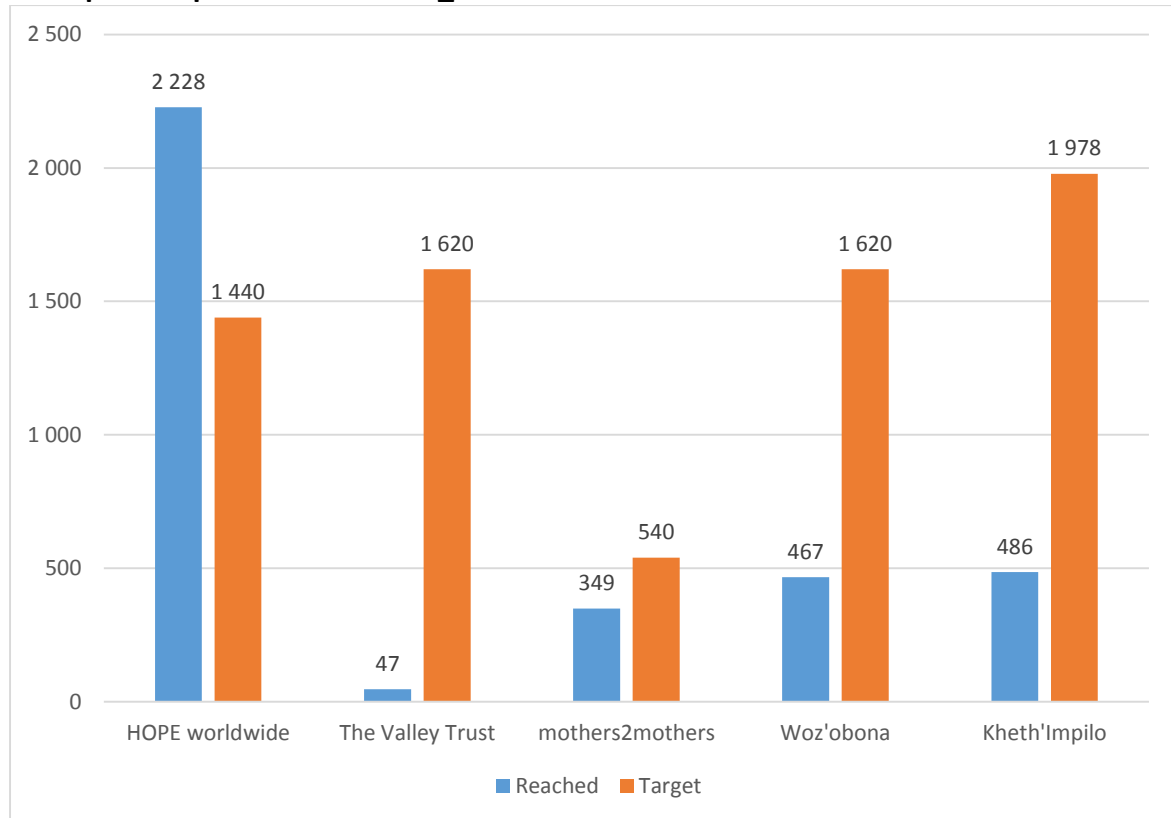
**ECHS partner performance: OVC\_SERV**



CDS has noted discrepancies between data reported in quarter two and data reported in quarter three. This is largely due to the use of manual data collection methods rather than the use of CBIMS to generate data by mothers2mothers, Woz’obona and Kheth’Impilo. In addition, each of these partners had been previously under-resourced in monitoring, evaluating and reporting (MER) capacity for the ECHS program, and employed experienced MER staff in quarter three. CDS conducted a data quality visit to Kheth’Impilo in May 2016 to address these issues, and will intensify its data quality monitoring of these partners in quarter four.

<sup>2</sup> Data for mothers2mothers, Woz’obona and HOPE worldwide will be verified in quarter four

### ECCHS partner performance: OVC\_ACC



Several partners, including The Valley Trust, Woz'obona and Kheth'Impilo, are currently under-achieving on their targets for OVC\_ACC. CDS anticipates that the SRI, with its provision of HIV testing in households, will significantly improve their progress. All five ECCHS partners received HIV prevention and pre- and post-test HIV counselling training from NICDAM in order to improve their provision of HIV services, including strengthened linkages and referrals, which will contribute to achieving the 90-90-90 targets.

In addition, FPD conducted HIV prevention training with HOPE worldwide and The Valley Trust to strengthen Home Visitors' confidence in discussing HIV and related issues, and providing referrals for HIV testing and other services.

ECCHS partner targets for OVC\_SERV will increase from September 2016, and partners are in the process of recruiting new households. In quarter three, all partners recruited and hired new staff to meet the higher targets. CDS will continue to support partners to prepare for this program expansion.

## ECHS partner implementation progress

Partner	Quarter three progress	Plans for quarter four
<b>HOPE worldwide</b>	<ul style="list-style-type: none"> <li>• Reached a cumulative total of 1,853 beneficiaries with OVCY services, and referred 2,228 individuals for HIV services after a successful HIV testing campaign</li> <li>• 331 OVC and 319 caregivers were tested for HIV. Of these, 3 OVC tested HIV-positive and 17% of caregivers tested HIV-positive</li> <li>• Conducted STI screening for 250 beneficiaries</li> <li>• Provided nutritional support to 114 households</li> <li>• Home Visitors received CDS case management and gender training, as well as HIV prevention training</li> <li>• Analyzed Ages and Stages data collected and found significant increases in children’s development.</li> <li>• Recruited male Home Visitors and after implementing “One Man Can” training, 36 men are participating in support groups for fathers</li> <li>• Partnered with Care for Education and trained Home Visitors, Supervisors and Site Coordinators in using Duplo Play Boxes, and received a donation of LEGO toys valued at R60,000</li> <li>• Launched a toy and book library for children in Zandspruit</li> </ul>	<ul style="list-style-type: none"> <li>• Identify a service provider to write a script for electronic monitoring and evaluation (M&amp;E) documents for tablets, and train six ECHS staff in the use of the electronic M&amp;E tools</li> <li>• Conduct a service delivery imbizo (community event) to increase access to services</li> <li>• Present ECHS research findings at the PLAY Conference in July 2016</li> <li>• Roll out toy-making training to caregivers</li> <li>• Conduct literacy activity training for Home Visitors, followed by caregivers</li> <li>• Incorporate the LEGO play skills acquired and the use of the LEGO toys into the monthly play groups</li> <li>• Re-administer Ages and Stages assessments for children and caregivers</li> </ul>

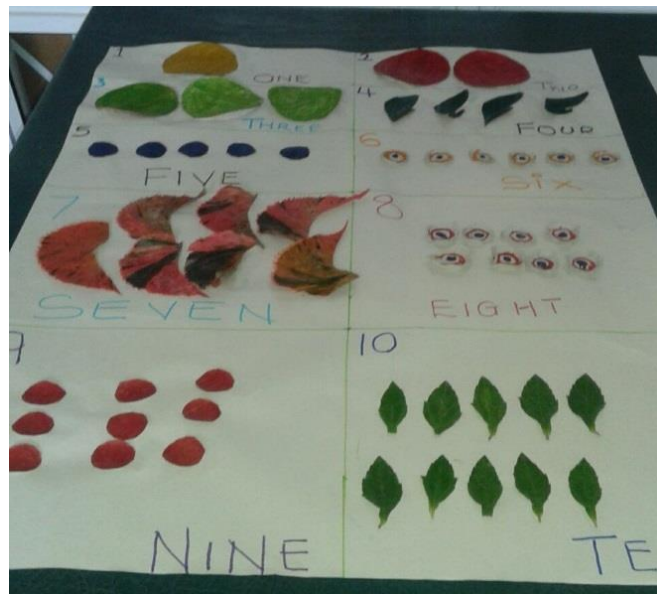
Partner	Quarter three progress	Plans for quarter four
<b>Kheth'Impilo</b>	<ul style="list-style-type: none"> <li>• Reached a cumulative total of 1,404 beneficiaries with OVCY services, and referred 486 individuals for HIV services</li> <li>• 6 OVC and 48 caregivers were tested for HIV. Of these, one OVC tested HIV-positive and 38% of caregivers tested HIV-positive</li> <li>• After training conducted by NICDAM, Home Visitors are better able to educate the caregivers about HIV and TB: most caregivers are willing to test for HIV if testing is conducted in their households</li> <li>• Developed and implemented a Service Provision Form to better document services</li> </ul>	<ul style="list-style-type: none"> <li>• Present ECHS research findings at the PLAY Conference in July 2016</li> <li>• Introduce homemade toys and books into all households</li> <li>• Induct and train new staff to meet increased targets</li> <li>• Finalize the recruitment and induction of Home Visitors and Coordinators</li> </ul>
<b>mothers2 mothers</b>	<ul style="list-style-type: none"> <li>• Reached a cumulative total of 3,112 beneficiaries with OVCY services, and referred 349 individuals for HIV services</li> <li>• 118 OVC and 154 caregivers were tested for HIV. Of these, 35% of both OVC and caregivers tested HIV-positive</li> <li>• Family Mentors attended Independent Counselling and Advisory Services debriefing sessions to reduce their levels of stress, work trauma and personal challenges</li> <li>• Conducted toy-making training with Home Visitors, who are now rolling this training down to caregivers</li> <li>• Presented the ECHS program at the BRIDGE National ECD Community of Practice meeting</li> <li>• Employed 24 new Family Mentors</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit a Social Worker to improve referrals and linkages</li> <li>• Host USAID visit for administration of SIMS</li> <li>• Continue to conduct toy-making training with Home Visitors and caregivers to achieve the goal of toys in all households</li> <li>• Provide books for households</li> <li>• Conduct in-service training for the new Family Mentors and Community Coordinators</li> </ul>

Partner	Quarter three progress	Plans for quarter four
<b>The Valley Trust</b>	<ul style="list-style-type: none"> <li>• Reached a cumulative total of 1,511 beneficiaries with OVCY services, and referred 47 individuals for HIV services</li> <li>• 11 OVC and 10 caregivers were tested for HIV. Of these, no children tested HIV-positive and one caregiver tested HIV-positive</li> <li>• Home Visitors received case management and HIV prevention training</li> <li>• Now providing psychosocial support for Home Visitors and caregivers</li> <li>• Recruited and trained 10 new Home Visitors</li> <li>• Training in food gardening has resulted in the establishment of 13 new gardens</li> <li>• Successful expansion of ECHS services into Molweni</li> <li>• Four staff members attended a storytelling and book-reading workshop conducted by Gcina Mhlophe, an internationally acclaimed professional storyteller</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct book-making, toy-making and toy library training</li> <li>• Ensure the provision of activities for children during caregiver support group meetings</li> <li>• Consider the use of Ages and Stages Questionnaires in programming</li> <li>• Consider how best to encourage more social play between children</li> <li>• Collaborate with a local NGO called Interface to identify and help children with special needs</li> <li>• Train 26 new community facilitators</li> </ul>

Partner	Quarter three progress	Plans for quarter four
<b>Woz’obona</b>	<ul style="list-style-type: none"> <li>• Reached a cumulative total of 1,188 beneficiaries with OVCY services, and referred 467 individuals for HIV services</li> <li>• 39 caregivers were tested for HIV. Woz’obona does not have access to the HIV test results.</li> <li>• Conducted a campaign with the local clinic to encourage immunization, resulting in 300 children being immunized, 157 of whom are ECHS beneficiaries</li> <li>• The Home Visitors’ use of bicycles has increased efficiency and raised the profile of the project, as bicycles are not common in these areas and draw attention to the Home Visitors wearing the ECHS-branded clothing</li> <li>• Caregivers who have received toy-making training now have homemade toys in their households</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in a second Gender training session and plan how to use gender training and counselling in the program</li> <li>• Consider how to promote more opportunities for children to socialize, such as through playgroups</li> <li>• Consider methods to assess children’s needs and progress, including the use of Ages and Stages Questionnaires or more consistent application of Woz’obona’s child development materials</li> <li>• Provide orientation to 30 newly-hired Home Visitors and two Coordinators</li> <li>• Finalize transition plans from Tubatse to Mopani District</li> <li>• Training of 30 Home Visitors on parenting skills, gender and nutrition</li> </ul>

### Kheth'Impilo toy and activity-making

Following toy-making training, Kheth'Impilo created a homemade activity, incorporating multiple learning components, that children and adults can do together (science and nature learning). It starts with finding objects in nature, then the leaves, flowers and other materials are pasted onto paper (a construction activity), and the adult adds the element of counting and one-to-one correspondence so that the activity incorporates mathematical literacy as well, making it more playful by turning it into a game (e.g., "who can show me where the 10 leaves are?").



### ECHS Minimum Package Pilot

CDS created an ECHS Minimum Package to provide guidance on what is included in a comprehensive package of services (according to the ECHS model with seven key components), and to evaluate to what extent the package is being offered and taken up by program beneficiaries. In quarter three, CDS piloted the ECHS Minimum Package with HOPE worldwide. Prior to the pilot, CDS consulted with HOPE worldwide staff to decide on the recommended duration of the home visits, language to be used, sensitivities around potentially controversial or confidential questions, and other issues. The pilot was conducted by two CDS technical specialists (for gender and ECHS), one MER staff member, and the ECD TA who works within the DSD. Participants from HOPE worldwide included the Director, Program Manager, MER Officer, two Supervisors and two Home Visitors. The ECHS Minimum Package was piloted with caregivers in two households.

The pilot was valuable in guiding revision of the Minimum Package. The tool is currently too long and, while it is useful to serve as an extensive assessment, CDS plans to develop a shorter checklist in order to facilitate a rapid assessment of ECHS service delivery.

### SIMS visits

During quarter three, CDS provided technical assistance to all five ECHS partners in preparation for SIMS, including orientation on the community site monitoring tool. An initial mock SIMS assessment was conducted by CDS in quarter two, which demonstrated weaknesses in the following core essential elements: case management, nutrition, HIV prevention, gender norms, standard operating procedures (SOPs) such as a child safeguarding policy, stigma and discrimination, and referral protocol. To address these weaknesses, in quarter three CDS provided technical assistance through training and provision of sample



SOPs, as well as guidance in documentation, record keeping and filing. CDS conducted customized HIV prevention, case management, gender mainstreaming and nutrition training for HOPE worldwide and The Valley Trust. All partners received samples of documents to support development of policies and SOPs for their respective programs. In April 2016, CDS conducted another round of mock SIMS assessments, and most of them showed improvement in case management, development of SOPs, and filing and documentation. Areas that needed further improvement included institutionalization of gender mainstreaming at a programmatic level and training of Home Visitors on SOPs.



*Male Home Visitors conduct a male caregiver group using “One Man Can’ at HOPE worldwide*

USAID conducted SIMS at three of the five ECHS partners in April and May 2016: HOPE worldwide (April 21, 2016), The Valley Trust (May 11, 2016) and Kheth’Impilo (May 12, 2016). All three partners demonstrated significant improvement in their SIMS scores from the mock assessments conducted by CDS, with 80% of the core essential elements scoring dark green. This improvement is displayed in the table below.

**SIMS results for three ECHS partners before and after CDS technical assistance**

Partner	SIMS mock score - before CDS technical assistance	Final SIMS score - after CDS technical assistance
<b>HOPE worldwide</b>	41%	92%
<b>The Valley Trust</b>	21%	78%
<b>Kheth’Impilo</b>	60%	78%

Areas that still require attention after the USAID SIMS include gender norms, as well as operationalization of the child safeguarding and stigma and discrimination policies. CDS will provide technical assistance to address the remaining gaps.

Two CDS partners did not receive a USAID SIMS visit this quarter, but based on the two rounds of mock assessments, m2m moved from an initial score of 65% (light green) to a score of 87% (dark green), and Woz’obona moved from an initial score of 21% (red) to a re-assessment score of 67% (light green). CDS will conduct another support visit to each of these partners to ensure readiness for the SIMS visits which are expected in quarter four.

## Technical support to ECHS partners

In quarter three, CDS assisted partners to strengthen their case management through training and follow-up support. CDS provided a one-day case management training to HOPE worldwide and The Valley Trust, which concluded with a debriefing session in which the organizations were encouraged to conceptualize new interventions to further strengthen both case management and data flow. Following these trainings, CDS conducted a follow-up visit at HOPE worldwide's request to assist with strengthening its case management documentation. This



*A Kheth'Impilo Circle of Support group combines a support group for caregivers with active socializing and play for the children, and allows the ECD Home Visitor to observe the quality of the interactions between caregivers and children*

support resulted in the development of a Case Management Form and Referral Register which meets the organization's particular needs and improves their documentation of services.

CDS also supported Kheth'Impilo to develop a Service Provision Form to better document all services. This technical assistance is further documented in Component 4.

CDS has observed that its support has contributed to growth within each partner as reflected in the table on ECHS partner implementation progress. Highlights include:

- Partners are able to analyze the results of their ECHS programs
- Home Visitors applying a case management approach for improved service delivery
- Partners are using CDS guidance and support to grow in technical and organizational capacity

Based on lessons learned from implementation of its capacity development to ECHS partners, CDS plans to apply a new approach involving identification of Capacity Development Champion within each organization who will be trained and mentored to promote improved ownership and sustainability of the development process.

## PLAY the Conference

An abstract by CDS and ECHS partners HOPE worldwide and Kheth'Impilo was accepted as an oral plenary presentation at the PLAY conference in July 2016.<sup>3</sup> CDS and its partners will

---

<sup>3</sup> This conference is co-sponsored by UNICEF and the South African Department of Basic Education.

present evidence demonstrating the positive impact of the program on child development. Data analysis by HOPE worldwide and Kheth’Impilo shows significant improvements in various aspects of development among children receiving household services. CDS expects that this conference will enhance awareness of the ECHS program, as well as promote HOPE worldwide and Kheth’Impilo.

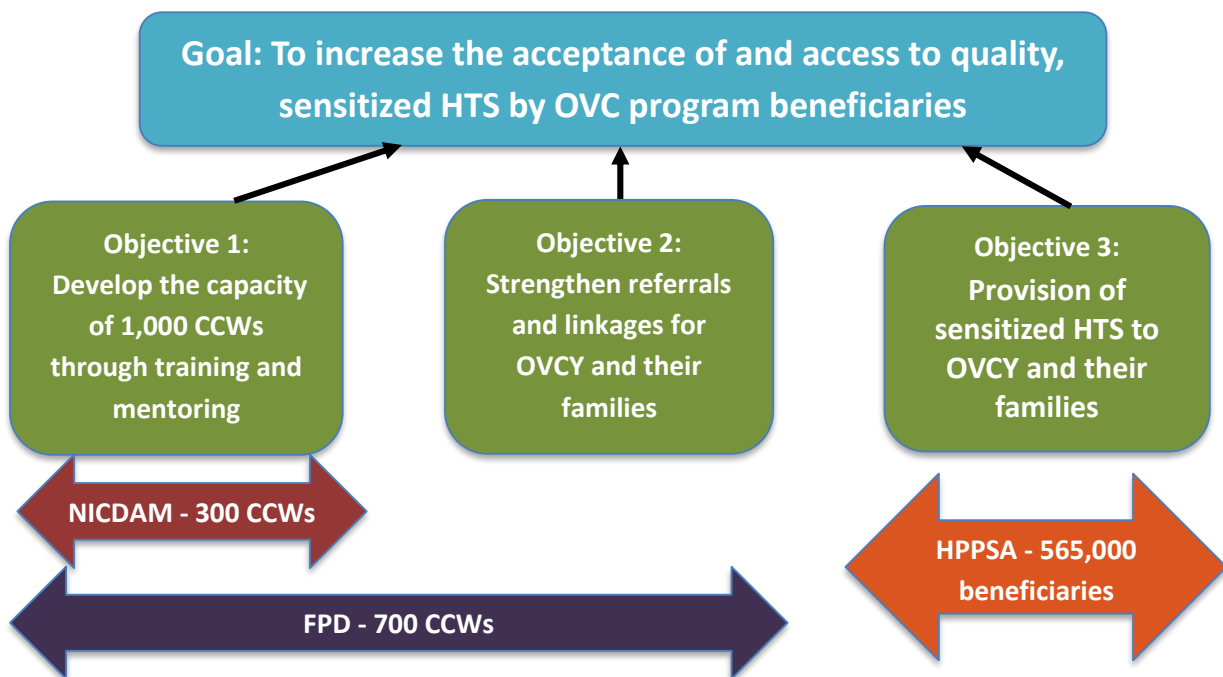
## HIV Prevention

### Supportive Referrals Initiative (SRI)

South Africa has a strong cadre of capable organizations which oversee community care workers (CCWs) providing OVCY with essential social and health services. However, there is limited provision of community-based HIV testing services (HTS), with inadequate linkages and referrals between service providers. In addition, CCWs have limited capacity to address sensitive and complex issues such as HIV and gender-based violence, and require more intensive counselling skills.

In response to these challenges, CDS began implementation of the SRI in quarter three to increase the acceptance of and access to quality, sensitized HTS by OVCY program beneficiaries (vulnerable children, families and communities) in selected PEPFAR scale-up districts.

#### SRI overview



The SRI for OVCY programs will create an environment with increased opportunities where OVCY, their families and communities have access to sensitized HTS and improved referrals and linkages to HIV services.

Through a competitive bidding process, CDS selected three sub-grantees to implement the following interventions:

- FPD
  - Training and mentoring of 700 CCWs in sensitized HTS
  - Strengthening referrals and linkages through the provision of geographical area maps of all health and social services or organizations active in a region, including type of services, current capacity, physical location and contact details that will ensure stakeholders have access to referral information for beneficiaries
- NICDAM
  - Training and mentoring of 300 CCWs in sensitized HTS
- HUMANA People to People South Africa (HPPSA)
  - Providing community-based HTS for OVCY partner beneficiaries, caregivers and families

The table below contains the 11 OVCY partners receiving capacity building through this initiative. Two of the 13 OVCY partners selected by USAID (HIVSA and CINDI) conduct their own training and mentoring, and therefore declined the capacity building component of the SRI.

**SRI OVCY partners**

NICDAM	FPD
<ul style="list-style-type: none"> <li>• NACOSA</li> <li>• Woz’obona</li> <li>• mothers2mothers</li> <li>• The Valley Trust</li> <li>• Kheth’Impilo</li> <li>• Childline Mpumalanga and Free State</li> <li>• Child Welfare Bloemfontein</li> <li>• Future Families</li> <li>• HOPE worldwide</li> </ul>	<ul style="list-style-type: none"> <li>• Pact</li> <li>• National Association of Child Care Workers (NACCW)</li> </ul>

In April 2016, CDS assisted NICDAM, FPD and HPPSA with the development of tools such as a training needs assessment, SRI Mentor Support Register, Training Registers, SRI Mentee Performance Form and SRI Monthly Data Reporting Form.

In May 2016, CDS began implementation of the SRI. Achievements include conducting training needs assessments of the 11 OVCY partners and developing standardized curriculum based on the findings, as well as providing HIV prevention training to more than 1,000 CCWs from these partners. Mentoring of the CCWs and provision of HTS began in June 2016, and will rapidly scale up in quarter four.

## Training Needs Assessment

FPD and NICDAM conducted training needs assessments with 11 OVCY partners in May 2016 to ensure the SRI capacity development is standardized and addresses CCW needs. FPD conducted a desktop review of HIV and other relevant training materials, documents and tools from OVCY partners Pact and the NACCW. NICDAM's assessment tool collected information on current knowledge, skills and practices of CCWs, including background information about each OVCY partner. The findings informed the development of the training curriculum.

### Key findings from the training needs assessment

Service provider	Training needs identified	Skills gaps identified
<b>NICDAM</b>	Limited or no knowledge of: <ul style="list-style-type: none"><li>- Voluntary medical male circumcision (VMMC)</li><li>- Treatment for children</li><li>- Discordant couples</li><li>- Disclosure</li><li>- HIV and AIDS</li><li>- Linking gender and HIV</li><li>- Pregnancy and TB screening</li><li>- Anti-retroviral therapy (ART) as prevention</li></ul>	Limited or inadequate: <ul style="list-style-type: none"><li>- Counselling skills</li><li>- Motivational skills</li><li>- Practical application of knowledge</li></ul>
<b>FPD</b>	Limited knowledge of: <ul style="list-style-type: none"><li>- Post-exposure prophylaxis (PEP)</li><li>- Sexual and reproductive health (SRH)</li></ul>	Limited knowledge of addressing barriers in accessing HTS

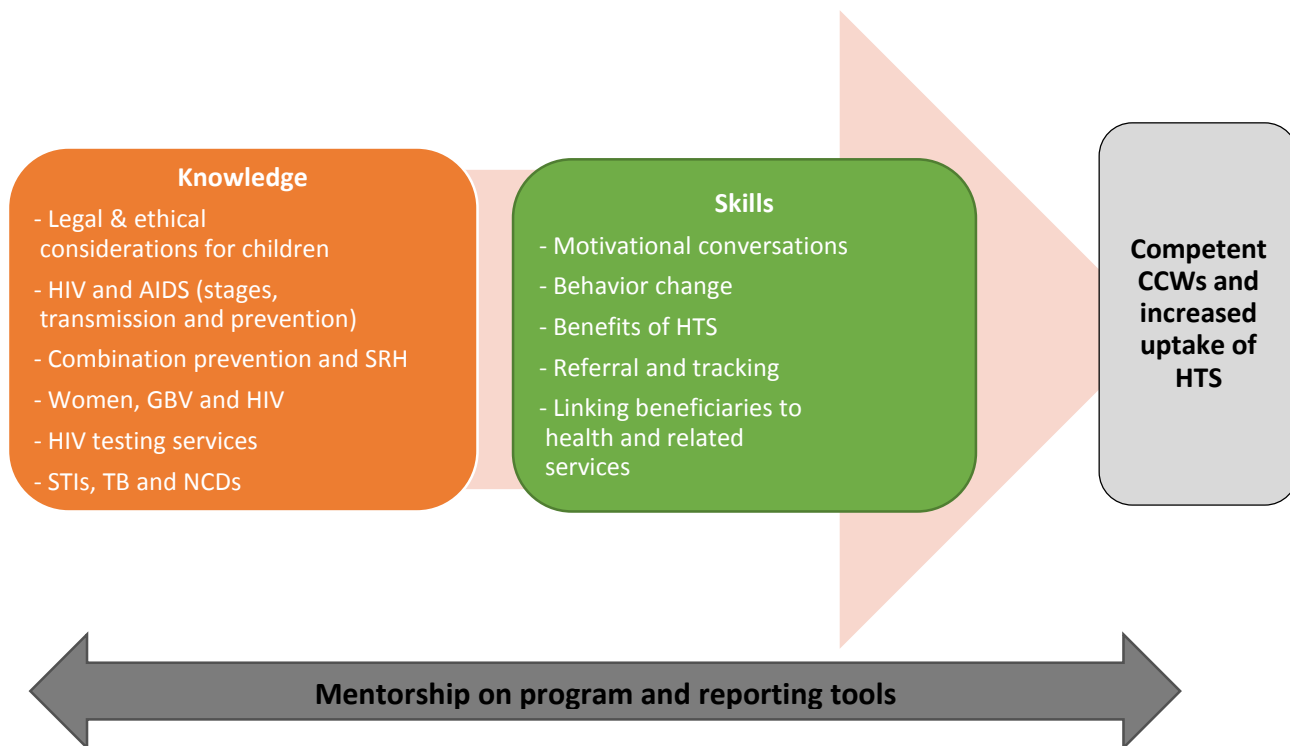
Additional needs identified by both FPD and NICDAM include:

- There is limited knowledge of TB, PMTCT and the testing process
- There is a lack of/inadequate referrals, including standard referral processes
- There is a lack of mentoring for CCWs

### HTS training for CCWs

CDS facilitated three meetings with FPD and NICDAM to develop a standardized HTS training curriculum for CCWs to ensure quality sensitized HTS is provided to OVCY, their caregivers and families. FPD and NICDAM conducted a total of 38 HTS training workshops, reaching 1,008 participants (CCWs, mentors and supervisors) from 11 OVCY partners from May 23-June 24, 2016. The four- to five-day HTS trainings followed a family-centred approach that consists of ten outcome-based modules focused on increasing HIV prevention knowledge and skills using practical exercises such as roleplays and case studies.

## CCW training and mentoring process



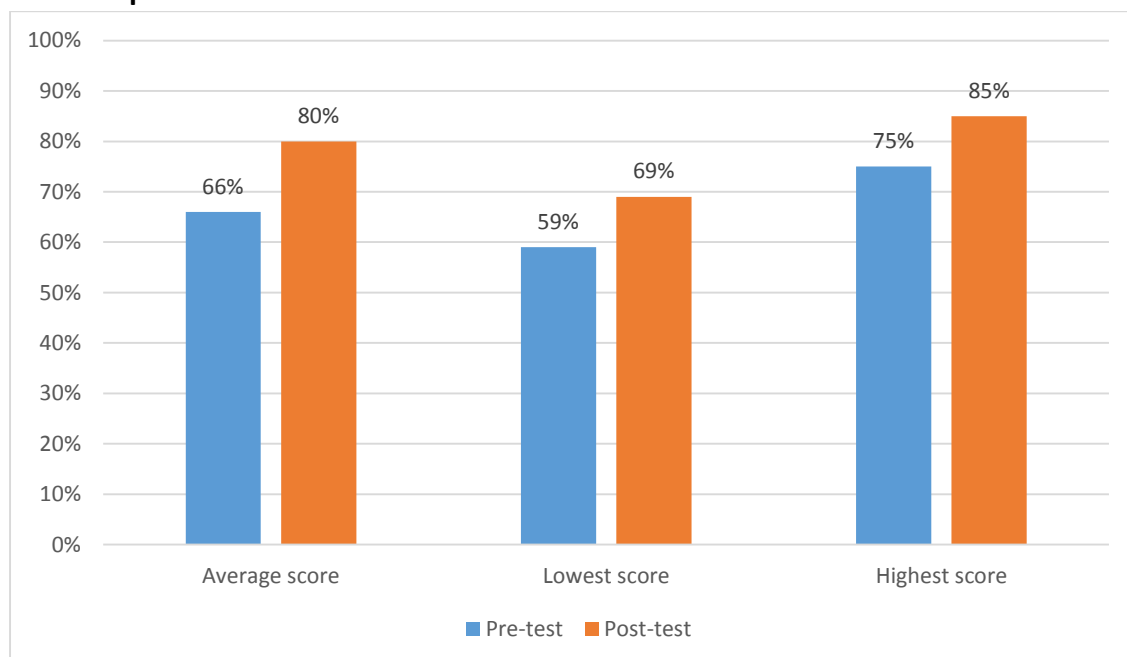
NICDAM exceeded its training target of 300 by 3%, reaching 308 CCWs from nine OVCY partners. In addition to the CCWs, NICDAM also trained 21 mentors and five supervisors. FPD trained 96% of its training target of 700 CCWs, reaching 554 CCWs from Pact (4 CCWs from each of the 140 organizations under Pact) and 120 CCWs from NACCCW.

## HTS training results



The increase between pre- and post-test assessment results varied, from 8.3 percentage points to 31.5 percentage points. CCWs based in rural areas scored lower on the pre-test questionnaire than those based in urban areas, possibly due to limited prior exposure to HIV training and information. The average increase in knowledge was 14 percentage points.

## Pre- and post-test assessment results



The most significant findings from the pre- and post-test assessments included the following strengths and weaknesses in participant knowledge:

### **Strengths**

A total of 65% of participants had adequate knowledge of:

- Basic HIV knowledge, such as the difference between HIV and AIDS, and HIV transmission and prevention
- The importance of voluntary medical male circumcision (VMMC) and condom use even if the male partner has been circumcised
- Legal and ethical considerations regarding children, especially the child's rights
- Consent for HIV testing among children and the types of tests for different age groups

### **Weaknesses**

There was inadequate knowledge of:

- Combination prevention
- The high risk of contracting HIV when practising anal sex without a condom
- The different stages of HIV infection
- The causes of non-communicable diseases such as diabetes and hypertension (most participants thought these diseases are strictly hereditary and not related to lifestyle choices)
- TB and its prevention

### **Lessons learned, challenges and measures to address them**

- **Course duration:** Participants indicated the volume of work was too much for the course duration, and translation into other languages during some of the workshops took additional time. In the future, CDS will consider a longer course duration and using facilitators that are familiar with the local language.
- **Logistics:** There were delays in starting courses on time due to participants who needed to travel to and from venues daily. CDS recommends that participants stay at the workshop venue for future trainings.



*Pact training workshop held in Johannesburg*



- **HIV disclosure:** Voluntary disclosure of HIV status to CCWs is an ongoing challenge, and alternative ways to encourage beneficiaries to disclose need to be explored. CDS encourages HTS providers to ensure privacy when testing in households. In addition, community stigma and discrimination can be addressed by offering HTS in conjunction with general health campaigns which offer screening for chronic conditions such as diabetes and hypertension.
- **Regular support:** CCWs expressed a need for additional support from supervisors and managers. As one CCW noted, “We see our supervisor once a month and that is to collect data only.” CDS anticipates that the mentoring provided through the SRI will promote a culture of accountability and improved support among the organizations.
- **Building networks:** Supervisors and managers are not adequately building relationships with service providers, including health facilities, to foster effective linkages and referrals. CDS advised partners to strengthen relationships with service providers through participating in collaborative meetings such as local/district AIDS councils and ward meetings.

### *Participant voices*

“[After the training] I approached my cousin about disclosure. I have an appointment with family members to assist my cousin to talk about her HIV status.”

*Home visitor from HOPE worldwide*

“The three best lessons I’ll take home with me are to be calm and motivating, not to give up when I’m helping someone with behavior change, and to give the other person a chance to talk to me.”

*CCW from Childline*

“[The most beneficial aspect of training was] what to say to beneficiaries according to their age and using questions as part of counselling [motivational interviewing]. We must treat PLHIV with respect, as we are one and the same.”

*CCW from Pact*

### Mentorship of CCWs

As part of sustainability and continued support for CCWs, FPD and NICDAM began mentoring and coaching of CCWs soon after the training. Mentoring with the OVCY partners takes place on a bi-weekly or monthly basis and will continue for an initial period of six months. Mentors were selected from within each organization using established criteria, such as already being in an oversight role and portraying leadership qualities and good interpersonal skills.

NICDAM trained 23 mentors from nine OVCY partners in May 2016. The five-day workshop covered topics such as mentoring methodology, how to create enthusiasm and a positive attitude toward the program, applying mentoring and the importance of reporting. The training oriented mentors in their role and enhanced their interpersonal, planning, evaluation and analytical skills related to this role.

Lessons learned for future workshops include:

- Participants should be fully briefed by their organizations on the workshop to promote understanding, readiness and positive participation
- Not all organizations sent all their identified mentors for training; therefore, NICDAM and FPD plan to conduct training with the remaining mentors
- More time will be allocated for sessions dealing with the M&E tools to ensure full understanding of data collection



*Mentors complete a questionnaire during the NICDAM workshop*

NICDAM’s mentoring program started with bi-weekly visits in June 2016, reaching 19 mentors. FPD is finalizing recruitment of 10 mentors to support the trained CCWs, and will begin mentoring in quarter four.

#### ***Mentor feedback***

“I believed before that my job is only to check and see if CCWs are dodging their work, but now I realize that I am supposed to support them.”

“CCWs have needs and we need to take their needs seriously.”



*Mentors participate in an activity at the NICDAM workshop*

## Provision of HTS

CDS awarded a grant to HPPSA in April 2016 to provide HTS to the identified OVCY partner beneficiaries and their families.

Since May 2016, HPPSA has been engaging with numerous stakeholders to obtain government, community and partner buy-in for providing HTS in the provinces of Gauteng, North West, Mpumalanga, Limpopo and KwaZulu-Natal, where OVCY partner CCWs have been trained by NICDAM and FPD. The stakeholder engagement and partner planning process took longer than anticipated, and is depicted in the table below.

### HPPSA partner engagement meetings

Stakeholder	Number of meetings	Outcomes of the meetings	Next steps
<b>HIVSA (City of Johannesburg, Sedibeng)</b>	6	HIVSA prepared 9,000 beneficiaries to be tested in July 2016	Testing to commence in July 2016
<b>Childline Mpumalanga</b>	4	45 beneficiaries were tested during a campaign on June 17, 2016	Testing to commence in July 2016
<b>Woz'obona</b>	4	Woz'obona prepared 3,000 beneficiaries to be tested in July 2016	Testing to commence in July 2016
<b>Future Families</b>	2	Family Futures indicated 12,000 beneficiaries to be tested	Meeting with DOH to discuss HTS commodities planned for 12 July, 2016
<b>HOPE worldwide</b>	2	HOPE worldwide indicated 2,361 OVC to be tested	Meeting with local health facility to secure test kits to be held by July 12, 2016
<b>NACOSA (KwaZulu-Natal)</b>	2	715 OVC to be tested in UMkhanyakude	Stakeholder engagement meetings planned for July 4-8, 2016 Testing to start end of July, 2016
<b>Kheth'Impilo</b>	1	Kheth'Impilo indicated 5,773 OVC to be tested	HTS planning meeting: July 4-8, 2016 Testing to start on 22 July, 2016
<b>Pact</b>	2	Geographical areas for HTS were determined	HTS planning meeting: July 13, 2016
<b>NACCW</b>	0	Planning meeting to take place on July 7, 2016	

Stakeholder	Number of meetings	Outcomes of the meetings	Next steps
<b>mothers2mothers</b>	1	m2m indicated 5,000 OVC to be tested	Planned meetings with DOH for July 11-15, 2016, to ensure consumables such as testing kits; testing to commence in third week of July 2016
<b>The Valley Trust</b>	0	Not applicable	First planning meeting to be held on July 12, 2016

CDS has discussed the inadequate demand creation for HTS with USAID, and CDS will provide further follow up through one-on-one meetings with all OVCY partners in July 2016 to fast-track testing of OVCY and their families. The following table displays the number of beneficiaries mobilized for HTS as of June 2016.

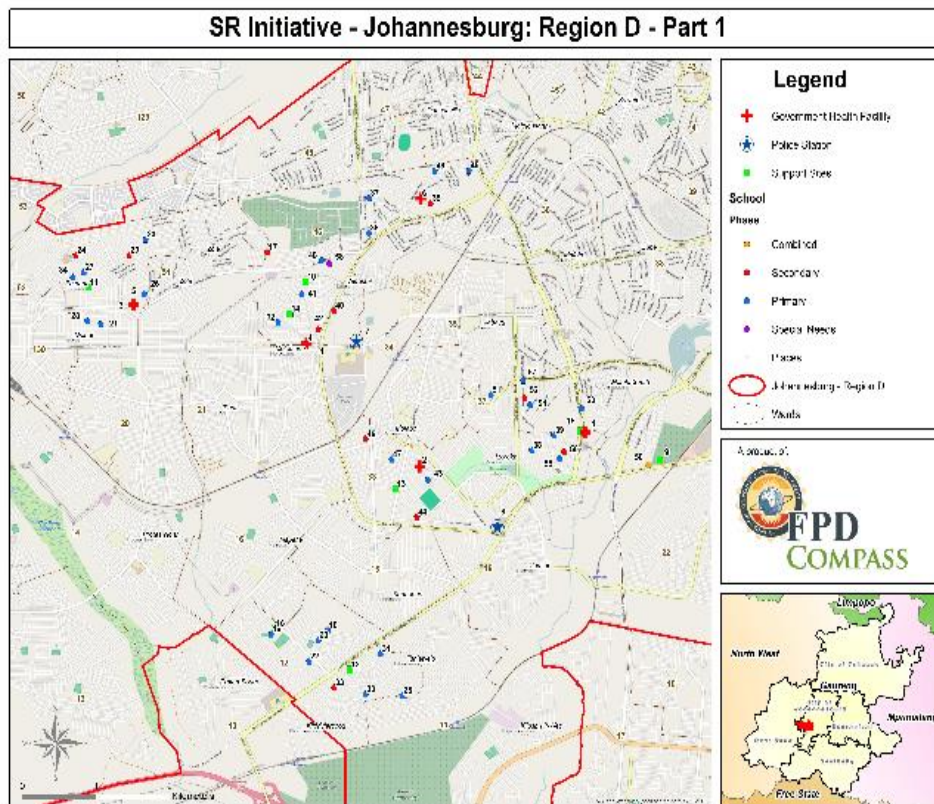
#### Number of beneficiaries mobilized by OVCY partners

Partner	Estimated number of beneficiaries to be tested
<b>HIVSA</b>	9,000
<b>Woz'obona</b>	3,000
<b>HOPE worldwide</b>	2,361
<b>NACOSA-KZN</b>	715
<b>Future Families</b>	12,000
<b>mothers2mothers</b>	5,000
<b>Kheth'Impilo</b>	5,773
<b>Total</b>	<b>37,849</b>

#### Mapping and Linkages

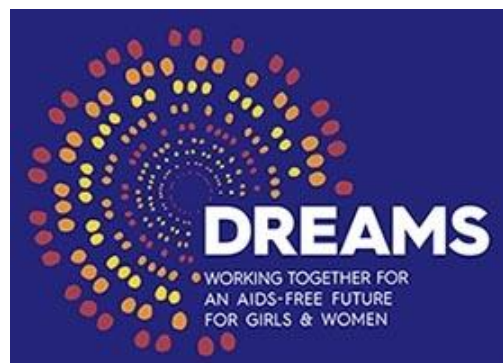
FPD has developed community-based circle of services maps for identified OVCY partners in districts within Gauteng, Mpumalanga, Limpopo, North West and KwaZulu-Natal provinces to promote referrals and linkages. In addition, FPD developed a draft referral SOP to ensure OVCY, caregivers, and families in SRI priority communities access a continuum of prevention, care and support services. FPD is currently finalizing these deliverables, and maps for the five ECHS partners will be produced and disseminated by July 17, 2016. CDS anticipates the production of approximately 84 maps for the OVCY partners involved in the SRI.

## Example of a draft map for Region D in the City of Johannesburg



### DREAMS Initiative

As an implementing partner for DREAMS in South Africa, CDS participated in provincial and district-level stakeholder consultations in both Gauteng and KZN as part of DREAMS start-up activities. CDS participated in approximately 20 district planning meetings in both Gauteng and KZN to identify priority wards and schools. In addition, CDS presented the school-based activities to the Department of Basic Education to seek guidance on key areas for technical assistance. As a result of these consultations:



- FHI 360 (represented by CDS) was nominated as the coordinating partner for Ethekwini South, responsible for the development of the ward-level implementation plan. CDS presented the plan at the nerve centre meeting held on June 23, 2016
- Each district provided a list of wards where implementation will take place, and district contacts were shared

- HPPSA, the DREAMS implementing partner responsible for HTS and condom promotion and distribution, received a letter of introduction to the ward councillors and facilities on June 22, 2016. HPPSA will accelerate HTS activities in July 2016.

### DREAMS youth events

CDS participated in the launch of the National Campaign on Girls and Young Women on June 24, 2016, in Pietermaritzburg in KZN. The event was organized by the Office of the Premier in collaboration with DREAMS stakeholders and implementing partners to advocate for reduced risk of HIV among AGYW. The event also provided an opportunity for participants to access services such as HTS, condoms, VMMC, and sexual and reproductive health, including family planning. HPPSA tested 29 individuals at this event.

CDS participated in a youth event in the community of Alexandra in the City of Johannesburg on June 25, 2016. The youth event was organized by Jozi Ihlomile as a community outreach to commemorate South Africa's youth month. The event provided an opportunity to introduce the DREAMS program to the community, share information among DREAMS partners and other stakeholders and service providers, distribute awareness materials, facilitate community engagement and provide access to services. CDS and NICDAM served as exhibitors, disseminating materials on HIV and GBV and sensitizing the youth on DREAMS activities in the area.



*CDS and NICDAM exhibit at the youth event in Alexandra*

The youth events facilitated the following outcomes:

- **Networking and collaboration:** The event provided an opportunity to network and establish relationships with DREAMS partners and other stakeholders and service providers. NICDAM engaged with a wide range of partners and discussed collaboration efforts to ensure layering of services, including the Gauteng DOH, HIVSA, Brothers for Life, Anova Health Institute, Grassroots Soccer and Chaps Health for Men.

- **Information sharing:** Approximately 35 people visited the exhibition booth. NICDAM and CDS provided information, education and communication (IEC) materials and shared information regarding the community mobilization and post-violence care services that will be offered in region E under DREAMS.
- **Condom promotion and provision:** Although condom distribution is not the primary focus for CDS and NICDAM in region E, they distributed two boxes of male condoms.
- **Referrals and linkages:** NICDAM and CDS facilitated referrals and linkage of participants to other services, including:
  - VMMC for a community member, who was escorted to the Center for HIV and AIDS Prevention Studies (CHAPS) exhibition to ensure he was assisted
  - 10 youth were referred to FPD for HTS
  - Participants who enquired about NICDAM’s training programs and expressed interest in caregiver training

### Lessons learned, challenges and measures to address them

- **Attendance:** It is important to mobilize the targeted audience at least a week before an event to ensure optimal attendance.
- **Incentives:** It may be beneficial to identify incentives that can attract the youth to actively participate in events, such as the provision of refreshments
- **Timing:** The event in Alexandra should have begun later in the morning or in the early afternoon to allow the youth to participate and access services. Most youth only began arriving at the event mid-day.

### Vhutshilo

In quarter three, Health & Education Training & Technical Services (HETTAS) finalized the revision of the Vhutshilo 2 manual for youth aged 14-18 years. The revision included:

- New conceptual sessions and content on safe dating and consent for sex
- Additional information for facilitators in the introductory session, including grief, facilitation and gender
- Final editing of the training-of-trainers manual

The manual was approved by USAID and is currently being printed for distribution to OVCY partners in quarter four.

HETTAS also commenced revision of Vhutshilo 1 for youth aged 10-13 years. The revision is based on feedback from interviews with stakeholders and organizations using the material. The revision will be completed in August 2016.

Vhutshilo 2 cover



## *Component Two B: Program Management and Organizational Development*

### *Woz'obona progress review meeting*

CDS prepared Woz'obona for the USAID progress review meeting on June 30, 2016, conducting a dry run and providing input on its presentation. Woz'obona presented its progress on ECHS program implementation, reach against targets and financial updates. USAID commented on a number of key issues that were not adequately presented in the progress review, including previously strong programmatic interventions such as ECHS and support for vulnerable groups such as teenage girls. USAID commended Woz'obona for its recent improvements in its data management system, including verification of services at household level and the introduction of tablets for data collection. Participants also discussed Woz'obona's transition from Tubatse, a non-priority district, to Mopani as a priority district, from October 2016. Woz'obona will provide a detailed motivation to continue its operations in Tubatse until December 2016, and CDS will work closely with Woz'obona to ensure a smooth transition.

### *Curricula development and piloting*

In quarter three, CDS conducted two training curricula pilots with The Valley Trust in Leadership and Governance. The Leadership curricula pilot was held from June 7-8, 2016, and Governance was held from June 29-30, 2016.

The pilots served to test and review the training content, program layout, assessments (both pre- and post-test) and address areas requiring development as identified during the baseline organizational capacity assessment.



## Leadership pilot

The Leadership pilot was attended by nine The Valley Trust (TVT) staff with supervisory responsibilities, including the Executive Director, Program Manager, Project Facilitator, four Project Coordinators, MER Officer, and Finance Manager. The training provides NGO managers with different leadership approaches necessary to achieve the organization's objectives. It equips staff with supervisory responsibility with the knowledge and skills to manage teams and understand how to apply their own leadership style in an effective manner, creating a positive and productive workplace culture.

The pilot, followed by a post-training reflection session with the facilitator, informed the review and update of the Leadership 101 and 201 curricula, including the following updates:

- Reducing the pre- and post-test assessment from 15 to 10 questions, focusing more directly on the content covered
- Inclusion of more group work and discussion sessions to allow participants time to reflect on new concepts learned
- Better alignment of several activities and case studies to the NGO context

"The leadership session was very helpful. We need to find ways to integrate these lessons into [The Valley Trust]."

*S'bongiseni Vilakazi, TVT Executive Director*

"The leadership content presented was practical and relevant. It was my first time attending a leadership training, and this training helped me to reflect on my own leadership style and understanding of other leadership styles out there. The presenter used examples that made me think out of the box."

*Mzamo Sokhela, TVT Finance Manager*

Results from the Leadership pre- and post-test assessments showed an average improvement of 11 percentage points in participant knowledge.



*TVT staff at the Leadership pilot workshop*

## Governance pilot

The Governance pilot was attended by four TVT staff, including the Program Manager, Project Manager, MER Officer and Finance Manager, as well as one Board member. It provided TVT with the opportunity to review the structure of its Board of Directors and obtain a clearer understanding of the Board’s role. The facilitator applied an interactive training approach, encouraging discussion and making use of video clips to promote adult learning.

The Governance training includes content specific to the Board of Directors, such as its roles and responsibilities. The training is designed to strengthen governance capacity as well as working relationships between the Board and senior management.

Participants explored creative ways of having Board members more engaged and involved in program execution and day-to-day activities, and developed an action plan to strengthen the Board and its support to TVT.

Participants demonstrated an average 20 percentage point increase in knowledge from the Governance pre- and post-test scores.

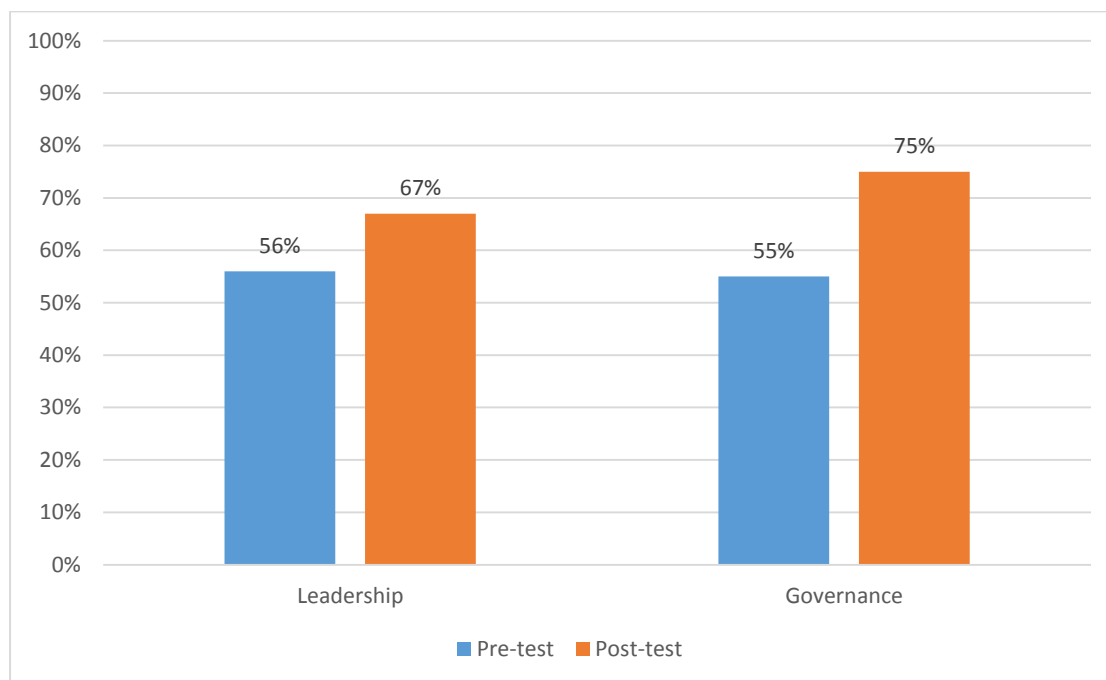
“This training made me realize why we have a Board of Directors and how it could be of value to TVT to include them more in our activities.”

*Training participant (from anonymous evaluation forms)*

“Though the content is mostly relevant for the Board, I have gained information that I can apply in my day-to-day activities.”

*Sindi Mkhize, TVT M&E Officer*

### Average pre- and post-test results: Leadership and Governance training



## Lessons learned, challenges and measures to address them

- **Relating content to NGO context:** Facilitators demonstrated limited knowledge of the NGO environment, which posed a challenge in providing appropriate and useful concepts and examples that participants could relate to. CDS emphasized the importance of relating the theory and examples South African civil society rather than the private sector during the post-pilot briefing meeting and will ensure this message is conveyed to all facilitators for future trainings.
- **Training location:** Conducting sessions at a partner's premises often causes disruptions, as attendees are expected to attend to other activities deemed to be urgent. CDS recommends using outside venues in future to minimize these disruptions.
- **Board attendance:** Although the Governance training targets Board members, Trustees, Executive Directors and senior managers, most of TVT's Board members did not attend due to competing activities. Only one of TVT's six Board members attended the first day of the training. In future, CDS will strongly promote the attendance of all Board members and senior management, and ensure there is clear communication on the rationale of the training and why attendance by these stakeholders is critical.

## Organizational development support to partners

### Human Resource Management

CDS provision of Human Resource Management training and technical support to HOPE worldwide and the Centre for Economic Governance and AIDS in Africa (CEGAA) in quarter two have contributed to an increase in their knowledge and skills to strengthen their institutional capacity. This includes:

#### *HOPE worldwide*

- Alignment of its standard employment contract to South Africa's Basic Conditions of Employment Act
- Education of staff on the organization's vision and mission
- Appointment of a Health and Safety Officer according to the Occupational Health and Safety Act
- Implementation of a staff skills assessment
- Development of performance management manuals

#### *CEGAA*

- Review and update to its IT policy
- Development of an organizational Code of Conduct

These activities together improve each organization's systems and structures, contributing to enhanced performance. For example, when an organization ensures its staff are protected by

the country's employment legislation and promotes their awareness of the organization's vision and mission, staff may be more likely to experience job satisfaction and less likely to leave their work.

### **Financial management**

In quarter three, CDS provided technical assistance to The Valley Trust to implement customized financial management tools and procedures to strengthen its financial systems and mitigate risk. This included support on managing shared administrative costs and allocating such costs among their donors. For example, CDS assisted TVT to calculate cost share from the office space being utilized for the ECHS program.

Partners such as HOPE worldwide have shown significant improvement in the quality of supporting documents submitted to CDS as part of the monthly reporting process, resulting in a 40% reduction in the number of questioned costs. CDS mentoring included the provision of input into the organization's financial policies, as well as advice on how to support their cost share documentation.

During the initial financial assessment at Kheth'Impilo, CDS noticed that the organization had received qualified audit reports due to a clause that the auditors had interpreted incorrectly. CDS and Deloitte worked with Kheth'Impilo to have this clause lifted. This will provide Kheth'Impilo with a better reputation regarding their ability to manage funding among their stakeholders as well as current and potential donors.

CDS also supported the recruitment of competent finance managers at TVT and Woz'obona. CDS provided comprehensive orientation on USAID cost principles and sub-awardee financial reporting, including supporting documentation and cost share. Woz'obona has shown marginal improvement in timely reporting, and CDS is working with the organization to improve the quality of its supporting documentation.

### **Annual PEPFAR Training Plan**

CDS finalized an annual training calendar for organizational capacity curricula to be provided to PEPFAR- and USAID-funded NGOs in 2016, which was circulated to these partners with revised training courses and dates.

CDS has experienced a high level of interest in and demand for the organizational development training courses. An average of 20 participants have already registered for each training course, and several organizations plan to attend multiple trainings. For example, Childline Mpumalanga has registered for every training in 2016. HIVSA has also indicated interest in various courses, and CDS is negotiating the numbers of participants from HIVSA CBOs to be trained.

CDS is limiting the number of participants to 40 per course to promote optimal learning and engagement. CDS will schedule additional trainings beyond the current schedule to accommodate all the interested organizations.

## Organizational development training scheduled for 2016

Curriculum	Dates	Number of registered participants	Participating NGO/CBOs	
<b>Human Resource Management 101</b>	July 5-6, 2016	25	<ul style="list-style-type: none"> <li>• CINDI</li> <li>• CCI</li> <li>• NACCW</li> <li>• The Valley Trust</li> <li>• Life Line</li> </ul>	<ul style="list-style-type: none"> <li>• Childline Mpumalanga</li> <li>• Woz'obona</li> <li>• Kheth'Impilo</li> <li>• HOPE worldwide</li> <li>• mothers2mothers</li> </ul>
<b>Human Resource Management 201</b>	July 7-8, 2016	34	<ul style="list-style-type: none"> <li>• CINDI</li> <li>• CCI</li> <li>• NACCW</li> <li>• The Valley Trust</li> <li>• Life Line</li> </ul>	<ul style="list-style-type: none"> <li>• Childline Mpumalanga</li> <li>• Woz'obona</li> <li>• Kheth'Impilo</li> <li>• HOPE worldwide</li> <li>• HIVSA CBOs</li> </ul>
<b>Financial Management 101</b>	July 12-13, 2016	27	<ul style="list-style-type: none"> <li>• CCI</li> <li>• mothers2mothers</li> <li>• Childline Mpumalanga</li> </ul>	<ul style="list-style-type: none"> <li>• Kheth'Impilo</li> <li>• NACCW</li> <li>• CINDI</li> </ul>
<b>Financial Management 201</b>	July 13-14, 2016	36	<ul style="list-style-type: none"> <li>• CCI</li> <li>• mothers2mothers</li> <li>• Childline Mpumalanga</li> </ul>	<ul style="list-style-type: none"> <li>• Kheth'Impilo</li> <li>• NACCW</li> <li>• CINDI</li> </ul>
<b>Leadership 101</b>	August 30, 2016	32	<ul style="list-style-type: none"> <li>• NACCW</li> <li>• CINDI</li> </ul>	<ul style="list-style-type: none"> <li>• CCI</li> <li>• ChildLine Mpumalanga</li> </ul>
<b>Leadership 201</b>	August 31, 2016	32	<ul style="list-style-type: none"> <li>• NACCW</li> <li>• CINDI</li> </ul>	<ul style="list-style-type: none"> <li>• CCI</li> <li>• ChildLine Mpumalanga</li> </ul>
<b>Governance 101</b>	Sept 1, 2016	28	<ul style="list-style-type: none"> <li>• NACCW</li> <li>• CINDI</li> </ul>	<ul style="list-style-type: none"> <li>• CCI</li> <li>• Childline Mpumalanga</li> </ul>
<b>Governance 201</b>	Sept 2, 2016	28	<ul style="list-style-type: none"> <li>• NACCW</li> <li>• CINDI</li> </ul>	<ul style="list-style-type: none"> <li>• CCI</li> <li>• Childline Mpumalanga</li> </ul>
<b>Gender Household level</b>	Sept 12-16, 2016	14	<ul style="list-style-type: none"> <li>• NACCW</li> <li>• HIVSA</li> </ul>	<ul style="list-style-type: none"> <li>• CCI</li> <li>• Childline Mpumalanga</li> </ul>
<b>Gender Organizational level</b>	Sept 7-9, 2016	9	<ul style="list-style-type: none"> <li>• NACCW</li> <li>• HIVSA</li> </ul>	<ul style="list-style-type: none"> <li>• CCI</li> <li>• Childline Mpumalanga</li> </ul>
<b>Nutrition Assessment,</b>	Sept 27-29, 2016	9	<ul style="list-style-type: none"> <li>• Childline Mpumalanga</li> </ul>	

Curriculum	Dates	Number of registered participants	Participating NGO/CBOs	
<b>Counselling and Support</b>				
<b>Monitoring and Evaluation 101</b>	October 3-6, 2016	9	<ul style="list-style-type: none"> <li>• NACCW</li> <li>• HIVSA</li> </ul>	<ul style="list-style-type: none"> <li>• CCI</li> <li>• Childline Mpumalanga</li> </ul>
<b>Monitoring and Evaluation 201</b>	October 10-11, 2016	9	<ul style="list-style-type: none"> <li>• NACCW</li> <li>• HIVSA</li> </ul>	<ul style="list-style-type: none"> <li>• CCI</li> <li>• Childline Mpumalanga</li> </ul>
<b>Sustainability</b>	October 18-20, 2016	3	<ul style="list-style-type: none"> <li>• Childline Mpumalanga</li> </ul>	

#### Lessons learned, challenges and measures to address them

- **Training management:** The administration of the PEPFAR annual training, including registration management, logistical arrangements and procurement has proven to be time-consuming exercise and subject to delays due to competing priorities within the project. CDS plans to contract an event management company to coordinate all of the logistical processes required to optimally implement the PEPFAR annual trainings.

## **Component Three: Capacity Building Assistance to SAG**

The activities of Component Three are responsive to CDS strategic objectives three and four, and are divided into two parts. The first focuses on the recruitment, placement, monitoring, and support of TAs to SAG departments (Three A), and the second focuses on strengthening capacity to deliver a comprehensive set of nutrition interventions (Three B).

### **Recruitment and Placement of SAG Technical Advisors**

Since the start of the project, SAG, through USAID, has requested the secondment of ten TAs by CDS. In quarter three, CDS worked on the recruitment of four TAs for the DOH to support the following programmatic areas:

- DREAMS Coordination
- High Transmission Area (HTA) and Key Populations (KP)
- HIV Prevention and HIV Counselling and Testing
- Primary Health Care

#### **TA for DREAMS Coordination**

The selection memo requesting USAID approval for the appointment of Hasina Subedar as the TA for DREAMS Coordination was sent to USAID on April 8, 2016, and was approved on April 12, 2016. She received orientation from CDS and was fully seconded to the DOH on April 14, 2016.

#### **TA for High Transmission Area and Key Populations**

Nomvuyiseko Maduna assumed duty as TA for the HTA and KP program on April 25, 2016. She received orientation from CDS and was fully seconded to the DOH on April 29, 2016. On April 29, 2016, the TA attended an inception meeting at the DOH where the HTA and KP program was presented by the Technical Supervisor.

#### **TA for HIV Prevention and HIV Counselling and Testing**

CDS, in collaboration with the DOH, identified a suitable candidate during the TA interviews for the DREAMS Coordination position, and conducted an interview with the candidate for the HIV Prevention and HIV Counselling and Testing position on April 26, 2016. The selection memo recommending the candidate to USAID was submitted on May 23, 2016, and was approved the same day. The candidate, Maserame Mojapelo, accepted the employment offer and will assume duty on July 15, 2016.

#### **TA for Primary Health Care**

CDS, in collaboration with the DOH, identified a candidate for the TA for the Primary Health Care position, Sibusiso Zuma, in an interview conducted on April 25, 2016. A selection memo

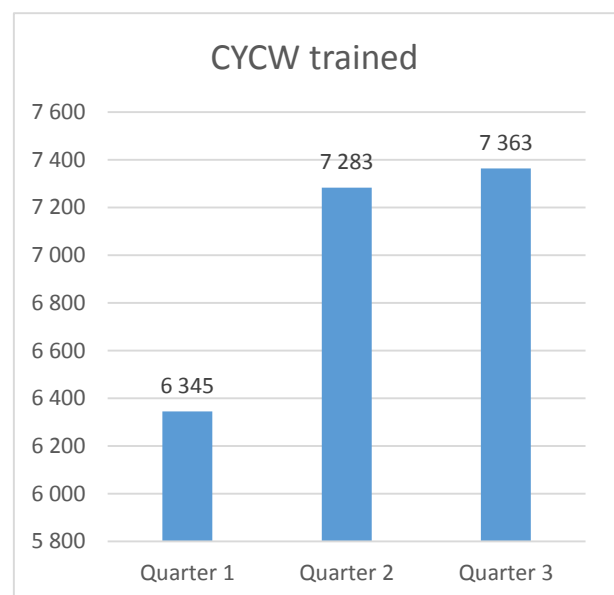
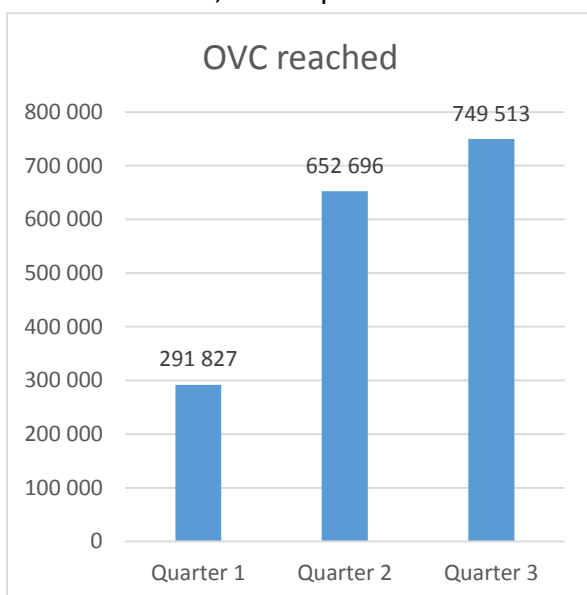
recommending his appointment was submitted to USAID on May 30, 2016, and USAID concurrence was received on May 31, 2016. The candidate will commence duty on August 15, 2016.

## Manage and Support TAs Seconded to SAG

Once seconded to SAG departments, CDS continues to provide management, support and oversight of TA activities. Significant achievements in quarter three by the TAs include:

### TA on Isibindi Project for DSD

- Contributed to the finalization of the Isibindi Project M&E result framework and tools to improve reporting for the Isibindi project
- Contributed to the mid-term review of the Isibindi Project by finalizing the inception report, conducting the kick-off meeting on May 19, 2016, and supporting development of the data collection tools
- Facilitated the finalization of the sustainability plan key deliverables for KPMG, including an inception report, skills transfer plan and report, program implementation evaluation report, database of current Isibindi implementers, child and youth care workers' career pathways report, final costed sustainability plan and risk management plan. This informed the bidding process to National Treasury to institutionalize the project.
- Strengthened the Isibindi Project management and M&E systems, which resulted in an improvement in the reporting of:
  - OVC reached, from 652,696 in quarter two to 749,513 in quarter three
  - Child and Youth Care Workers (CYCWs) trained, from 7,283 in quarter two to 7,363 in quarter three





- Facilitated a learning and development program and mobilized support for OVC, including IT learnerships, academic scholarships and placement in academic camps

#### TA on ECD for DSD

- Coordinated and facilitated three capacity building workshops on the National Integrated ECD Policy and Comprehensive ECD Program after the approval of the ECD Policy in December 2015. These workshops were conducted in North West province (May 10-11, 2016), Eastern Cape province (May 17-18, 2016) and Northern Cape province (June 20-21, 2016) in collaboration with UNICEF. A total of 289 NGO, provincial and district ECD practitioners attended the three workshops: 92 in North West, 87 in Eastern Cape, and 110 in Northern Cape. The workshop increased the awareness of the participants on the content of the ECD Policy and its implications for ECD programs, including their role in implementation of the policy. The workshops will inform revision of the facilitator's guide before national roll-out.
- Contributed to the testing and refinement of the facilitator's guide based on the National Integrated ECD Policy for these three capacity building workshops



*A workshop participant presents her group's understanding of the essential components of the ECD Policy*

#### TA on DREAMS for DOH

- Supported the DOH to participate in and implement the DREAMS program
  - Aligned the DREAMS M&E Framework to the National DOH system
  - Supported three of the five DREAMS sites to begin provision of pre-exposure prophylaxis (PrEP)<sup>4</sup>
- Supported the finalization and implementation of PrEP implementation guidelines, which were approved by the National Health Council in June 2016. The guidelines are now being implemented in 11 sites providing health services to sex workers.
  - Coordinated training workshops for 200 health workers, including clinicians, communicators and M&E officials, from the 11 sites providing health services to sex workers to strengthen their capacity to implement PrEP and Test and Treat
  - Facilitated the development and administration of audit tools to assess readiness to implement PrEP
  - Coordinated procurement and distribution of PrEP drugs and facilitated the development of IEC materials and data collection and reporting tools

<sup>4</sup> These include eThekweni, the City of Johannesburg and UMkhanyakude

- Coordinated and supported the launch of the national girls and young women campaign on June 24, 2016, in Pietermaritzburg. The campaign seeks to decrease new HIV infections and teenage pregnancies as well as sexual and GBV, and increase support to girls and young women to complete matric and access economic opportunities. Preparations included development of a theory of change, audit tools and an implementation plan for the campaign.

#### **TA on Condom Program for DOH**

- Facilitated the review of an external auditor's report analyzing the 48 condom distribution plans<sup>5</sup> to determine the feasibility of the plans. The following gaps were identified:
  - Plans were premised on outdated data
  - Condoms targets were not quantified
  - The condom demand creation strategy and plan to reach key populations were poorly articulated

The TA will contribute to a strategy to address the identified gaps.

- Evaluated the quality of male condoms supplied to the DOH by 11 condom suppliers by analyzing quality assurance reports from the South African Bureau of Standards on June 19, 2016. All suppliers were found to be compliant in all domains of condom quality, including thickness, absence of holes, length, width, texture, lubrication and pressure.
- Facilitated the revision of four SOPs last reviewed in 2010, including condom storage, recording and reporting, receiving stock, and managing donated stock. This revision involved document review and consultative meetings with the DOH HIV prevention cluster on May 9, 2016. The revision of the SOPs is critical to ensure they are accurate and relevant, able to address current condom logistical inefficiencies.

---

<sup>5</sup> The TA supported finalization of these plans in quarter two.

## TA HTA and KP for DOH

- Facilitated orientation of partners, provincial and district managers on the HTA guidelines as part of the HTS workshops in seven provinces. The workshops updated participants on the HTS and HTA policy guidelines to improve service provision. A total of 431 participants were orientated in seven provinces. The workshops increased the understanding of participants of the HTA program, including their roles and how to address programmatic gaps, and provinces developed a plan to cascade the information to all relevant stakeholders in their respective districts.



*The HTA and KP TA presents at the Northern Cape HTS workshop*

- Contributed to the facilitation of an HTA program support meeting with 11 Eastern Cape HTA/STI staff from the DOH on June 20, 2016. The meeting reinforced a clear understanding of the HTA/KP guidelines, models, indicators and reporting, and provided participants with a better understanding of the role of the province, district, and partners working on HTA and KP programs.

## TA on Conditional Grant (Health Economics) for National Treasury

- Conducted a performance and expenditure review for the Medical Control Council focusing on policy and institutional analysis, expenditure review, performance analysis, compensation of employees and consultants, costing model and savings component. The review will enable the National Treasury to manage the transition toward the establishment of the South African Health Products Regulatory Authority (SAHPRA). The final costing model will allow the Medical Control Council to plan for the staff establishment of SAHPRA more accurately, considering the costs of employees in different categories
- Drafted a matrix that will provide guidance in establishing new public entities such as the National Health Insurance Fund, and enable National Treasury to monitor and track the establishment progress
- Updated the Health Information Performance Database for 2014/15, which will enable National Treasury to monitor the progress and performance of the DOH on the reported indicators, and will inform the selection of indicators and targets for the next Annual Performance Plan (2017/18) for DOH
- Reviewed the January-March 2016 performance of indirect conditional grants on the National Health Insurance grant and the Human Papilloma Virus grant, and submitted comments on June 6, 2016. This process will strengthen the monitoring of provinces in achieving their conditional grant targets.

- Reviewed and contributed to the drafting of the Taxation of Sugar Sweetened Beverages Policy Paper, and made two recommendations. These included a tax on 100% fruit juices because of the negative effect on the liver when consumed in large amounts, and a reduction of the tax on sweetened milk products. These recommendations may evoke revision of the policy paper.

## Development and Implementation of the Performance Management Framework

CDS continued implementation of the Performance Management Framework (PMF) in quarter three, including monthly management meetings with SAG Technical Supervisors and the TAs. These meetings serve to monitor the progress of the technical assistance provided to SAG and to create an enabling environment for implementation. CDS improved working relations and technical assistance through ten management meetings held with departmental Technical Supervisors. These included:

- 3 meetings on the Isibindi Project at the DSD
- 4 meetings on Conditional Grant at the National Treasury
- 2 meetings on the Condom Program at the DOH
- 3 meetings on the HTA and KP program

Outcomes of these meetings include commitment to support the PMF by the DOH, confirmation of the National Treasury TA's employment due to satisfactory performance in his three-month probation period, and extension of the TA for the Isibindi Project for an additional two years by the DSD.

No meetings were held on DREAMS Coordination due to competing priorities and the unavailability of the Technical Supervisor and TA. These meetings are complemented by the fortnightly supervisory meetings with the TAs and monthly TA meetings.

### **Lessons learned, challenges and measures to address them**

- Lack of administrative support for the TAs in the departments compel them to spend a significant amount of time performing administrative functions. This negatively affects the accomplishment of performance goals and targets. In response, CDS plans to hire a junior administrative assistant within CDS to support the TAs.

## Component Three B: Nutrition Assessment, Counselling and Support (NACS)

The activities of Component Three B are intended to strengthen the SAG/DOH as well as PEPFAR's OVC, treatment, and care and support implementing partners' capacity to deliver NACS, which is a comprehensive set of nutrition interventions to improve health outcomes of vulnerable populations.

### Policy/Advocacy for National Multisectoral Approach to Reducing Malnutrition

In quarter two, CDS developed a turnaround strategy to address its finding that integration of NACS into care and treatment programs at health facilities remains inconsistent. Recent SIMS results for four health facilities in the Ehlanzeni district of Mpumalanga province indicated that nutrition services were either not comprehensively conducted or documented, and these sites scored red under the Food and Nutrition component. Compounding factors noted by CDS include that stationary at the sites does not support the recording of nutrition services, and health care workers report that they are overwhelmed with conflicting demands and significant staff shortages. The objectives of the turnaround strategy include:

- Improve nutritional assessment, focusing on early detection of malnutrition and referral
- Improve counselling and support through appropriate case management and case holding
- Improve the nutritional outcomes of children in care

In quarter three, CDS participated in a number of meetings as part of the turnaround strategy. These included:

**District senior management and health facility operational managers meetings:** These included four meetings in April 2016 in the UMkhanyakude and Zululand districts of KwaZulu-Natal province, Ehlanzeni district in Mpumalanga province, and Thabo Mofutsanyana district in the Free State province. Meeting outcomes included:

- Involvement and active participation of senior district managers with health facility operational managers in discussing progress and interrogating remaining challenges in their sites related to the integration of nutrition services.
- Role clarification and agreement by managers in implementing consistent integration of nutrition activities into all services.
- Decision to conduct periodic file audits and the use of quality improvement as a remedial strategy.
- Joint commitment by senior provincial management and hospital and clinic management in the support nutrition activities.

- Identification of challenges and agreeing on remedial actions to address them, including those related to limited management support, limited counseling skills, and weak linkages and referral systems

**Development of district Severe Acute Malnutrition (SAM) implementation plans:** These included meetings in the Capricorn district of Limpopo province and OR Tambo district of Eastern Cape province in April and May, 2016. The district plans have been developed and are now being refined.

**NACS strategic planning:** CDS held a strategic planning workshop from May 16-18, 2016, to review progress to date and plan future direction for its nutrition program. Participants included USAID and senior FHI 360 and CDS management. Meeting outcomes included revision of the goals and objectives of the program and drafting of a revised short-term and long-term strategy for NACS.

CDS held an internal follow-up meeting to the strategic planning on June 16, 2016, to review progress toward the new strategic direction. This included updates on progress achieved toward:

- Mapping of 16 NACS long-term sites in relation to the District Support Partners and other NGOs
- Transitioning from 64 sites while prioritizing nutrition data collection to meet the targets
- Strengthening of nutrition activities in all current sites to achieve SIMS requirements
- The revised NACS goals and objectives for alignment to the short- and long-term workplans
- Development of a concept paper on the integration of nutrition into OVCY partner services and an operations research concept paper on the contribution of nutrition to HIV management

The meeting achieved consensus on the priorities for quarter four, including fast-tracking the recruitment of the NACS coordinators and Monitoring and Reporting Assistants, and recruitment of a full-time Knowledge Management Officer.

**Techlab progress review meeting:** CDS held a meeting with a representative from FHI 360's Techlab on May 19, 2016, to review project progress at the Hlabisa site in KZN. This pilot project involves developing the capacity of community caregivers to collect nutrition data at community level using tablets. Meeting participants reviewed the content installed on the devices for relevance to the project objectives, and discussed the arrival of the Peace Corps Volunteer who will coordinate the project. Meeting participants also discussed two requests from SAG departments for technical assistance. CDS will fulfill the request from the Gert Sibande district in Mpumalanga to analyze existing data on tracking clients between health

facilities and social services providers. CDS and Techlab are reviewing a proposal from the City of Tshwane requesting technical assistance to develop a pilot mobile application allowing for tracking of malnourished clients through services provided by various SAG departments.

## Knowledge and Skills Building in NACS Implementation

As CDS plans more strategic activities to develop and reinforce knowledge and skills building as part of its turnaround strategy, it envisages that increased support of nutrition activities by a range of stakeholders – from district senior management down to health facility managers – coupled with strengthened NACS presence and visibility at district and facility level, will enable achievement of its objectives.

### NACS curriculum




The NACS curriculum, including a participant and facilitator manual, is with the NDOH for review and final approval. CDS has scheduled an appointment with the newly-appointed Director in the Nutrition directorate at the NDOH to discuss approval of the curriculum on July 8, 2016.

The curriculum is comprised of five modules, including an overview of nutrition, nutrition assessment and classification, nutritional counselling, nutrition support, and monitoring and evaluation. CDS has extracted job aids from the curriculum to print and distribute within health facilities to support health workers in providing nutrition services. In quarter three, CDS distributed packs of job aids to supported health facilities, with copies of each job aid for every consulting room. The job aids include how to take a MUAC, MUAC classification for adults and children, algorithms for management of malnourished clients, and food-based dietary guidelines.

### Job aid on how to take a MUAC

#### Mid Upper Arm Circumference

1. Bend the left arm at a 90° angle.
2. Find the top of the shoulder and the tip of the elbow.
3. Keep the tape at eye level and place it at the top of the shoulder. Put your right thumb on the tape where it meets the tip of the elbow (endpoint).
4. Find the middle of the upper arm by carefully folding the endpoint to the top edge of the tape. Place your left thumb on the point where the tape folds (midpoint). Mark the midpoint with a finger or pen.
5. Straighten the client's arm and wrap the tape around the arm at the midpoint.
6. Place the tape through the window and correct the tape tension.
7. Read the measurement in cm in the window where the arrows point inward.
8. Record the measurement to the nearest 0.1 cm and the colour.

## NACS trainings

CDS conducted a Mother Baby Friendly Initiative training for 26 health care workers in KZN province from May 16-20, 2016. Participants, who represented sites in Ulundi, Nkandla, Jozini and Hlabisa, were trained to assess and strengthen infant and young child feeding practices in health facilities. Participants were introduced to the revised global guidelines and tools on infant and child feeding, and completed a practical session of applying interview questionnaires and writing an assessment report in compliance with the NDOH Nutrition Directorate requirements. The training provided participants with additional knowledge and skills to promote breastfeeding among clients in health facilities and communities, contributing to improved health outcomes for children.

CDS is collaborating with the Center for Development Innovation to conduct a training workshop to strengthen monitoring of the country's National Food and Nutrition Security implementation plan, including the development of indicators, under the Department of Planning, Monitoring and Evaluation. In quarter three, CDS finalized preparations for the workshop scheduled for August 2016, including logistics such as arranging for the venue, participant accommodation and workshop materials.

Training on NACS has been added to the PEPFAR training plan due to the identified need in the country and among organizations. The NACS training targets home visitors, project and program managers, supervisors and M&E officers. The expected outcome is for participants to be competent in nutritionally assessing and classifying infants and young children, including early identification of malnutrition. In addition, participants will be trained to provide a comprehensive set of nutrition services to children and their families.

### ***Participant voices***

*"The training was very informative and comprehensive, and will help us in sustaining the MBFI [Mother Baby Friendly Initiative] status in our hospitals."*

*"I will put the acquired skills to good use."  
Anonymous comments from evaluation forms*

## Technical assistance at site level

Mentoring and coaching activities at site (health facility) level continued in quarter three, with emphasis on engaging with the operational managers to ensure support and continuity. Three trainers (two dietitians and one nutritionist) joined CDS in June 2016 to improve the project's capacity to deliver its mandate to the SAG. CDS has found that its current model of mentoring and coaching, provided by limited numbers of staff from a central location, has not been fully effective. CDS anticipates that the recruitment of health facility support fieldworkers in



quarter three will facilitate a more conducive environment for nutrition services in the health facility, and foster ownership, results and sustainability.<sup>6</sup>

USAID conducted SIMS assessments in four NACS sites in Mpumalanga province from June 27-July 1, 2016. CDS visited these sites in June 2016 to assist with preparation, including a review of the SIMS Food and Nutrition component, confirmation of the existence and use of job aids and nutrition algorithms, and a review of client files. While USAID shared the preliminary findings from the SIMS, CDS anticipates receiving a full report to further guide its future support, particularly in developing interventions to address the areas which scored red. These four sites were part of 18 SIMS assessments by USAID in Mpumalanga health facilities and scored relatively better than the other 14 sites, reflecting the positive influence of CDS support.

#### SIMS results for the four NACS health facilities

Name of health facility	SIMS component		
	General Population: Nutrition Monitoring	Pediatric Growth Monitoring	PMTCT Nutrition Monitoring
Bhuga Community Health Center (CHC)	Dark Green	Red	Dark Green
Sand River Clinic	Dark Green	Dark Green	Dark Green
Kabokweni CHC	Dark Green	Red	Red
Phola Nsikazi CHC	Red	Dark Green	Dark Green

#### Mentoring and Coaching of Health Facilities

In quarter three, CDS provided technical assistance at 48 selected sites, with a focus on strengthening recording of nutrition services by health care providers and promoting the availability of data. CDS support included the interpretation of data to improve the quality of nutrition services at health facility level. On average, health facilities were provided M&E related technical assistance at least once in quarter three, comprised of:

- Data recording and collation processes and practices
- Use of reliable and consistent sources of data as part of quality assurance
- Data interpretation and use for improving service delivery

---

<sup>6</sup> CDS recruited 28 fieldworkers in quarter three, including 20 staff to provide nutrition technical support and eight staff to provide monitoring and evaluation assistance. CDS will orient and deploy the fieldworkers early in quarter four.

### NACS sites provided with technical assistance in quarter three

Province		Sites/Health Facilities	
<b>KwaZulu-Natal province (21 sites)</b>	•	<ul style="list-style-type: none"> <li>• Hlabisa Hospital</li> <li>• Hlabisa Gateway Clinic</li> <li>• Inhlwathi Clinic</li> <li>• Somkhele Clinic</li> <li>• KwaMsane Clinic</li> <li>• Vryheid Hospital</li> <li>• Bhekuzulu Clinic</li> <li>• Ntababomvu Clinic</li> <li>• Fuduka Clinic</li> <li>• Hlobane Clinic</li> <li>• Maison Clinic</li> <li>• Thembumusa Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Nkandla District Hospital</li> <li>• EMPandleni Clinic</li> <li>• Vumanhlamvu Clinic</li> <li>• Esibhudeni Clinic</li> <li>• Nxamalala Clinic</li> <li>• Chwezi Clinic</li> <li>• Mosvold Hospital</li> <li>• Mosvold Gateway Clinic</li> <li>• KwaMbuzi Clinic</li> </ul>
<b>Limpopo province (7 sites)</b>	•	<ul style="list-style-type: none"> <li>• Seshego Hospital</li> <li>• Rethabile Clinic</li> <li>• Buite Clinic</li> <li>• Seshego I</li> </ul>	<ul style="list-style-type: none"> <li>• Seshego II</li> <li>• Seshego III</li> <li>• Seshego IV</li> </ul>
<b>Mpumalanga province (15 sites)</b>	•	<ul style="list-style-type: none"> <li>• Themba Hospital</li> <li>• Phola Nsikazi Clinic</li> <li>• Clau Clinic</li> <li>• Sand River Clinic</li> <li>• Bhuga Clinic</li> <li>• Mjejane Clinic</li> <li>• Kabokweni CHC</li> <li>• Guthswa Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Murhotso</li> <li>• Tinstwalo Hospital</li> <li>• Welperdiend Clinic</li> <li>• Hluvukani Clinic</li> <li>• Brooklyn Clinic</li> <li>• Zoeknog Clinic</li> <li>• Buffelshoek</li> </ul>
<b>Free State province (5 sites)</b>	•	<ul style="list-style-type: none"> <li>• Boiketlo Clinic</li> <li>• Mofumahadi Manapo Mopeli Regional Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Elizabeth Ross District</li> <li>• Pabalong PHC</li> <li>• Marakong PHC</li> </ul>

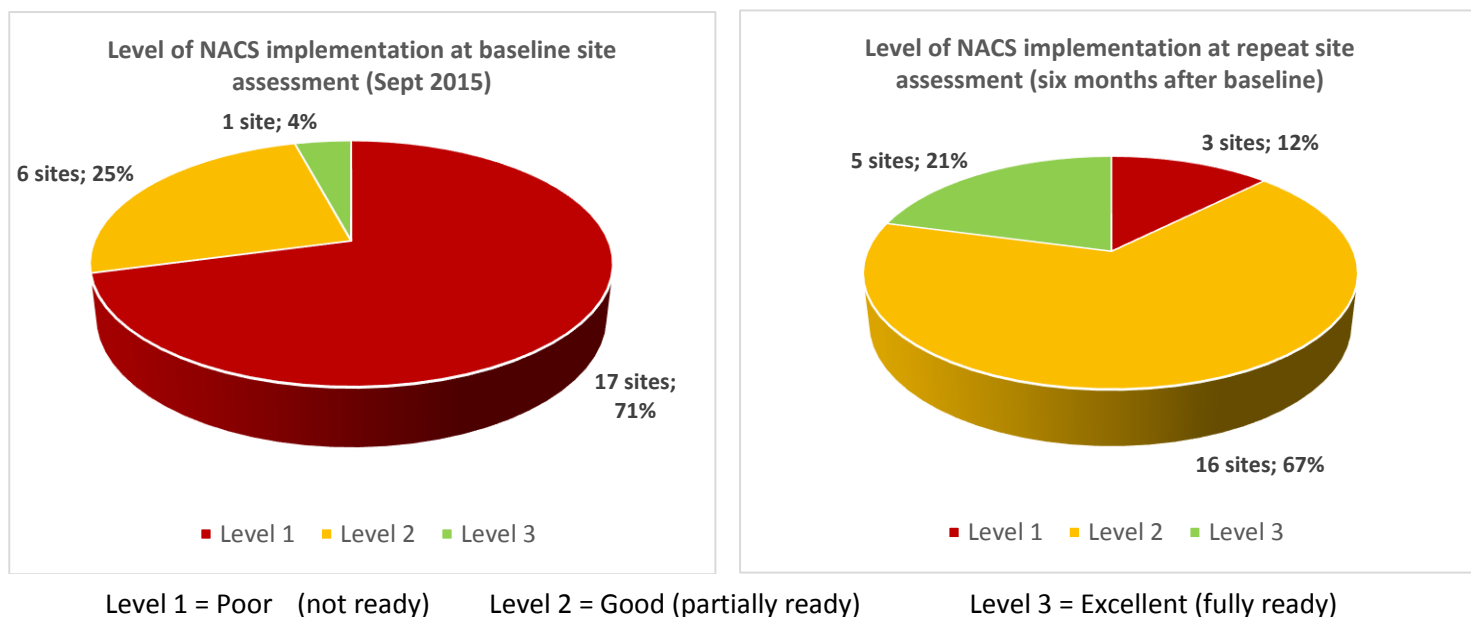
### Repeat Site Assessments

In quarter three, CDS conducted repeat site assessments following six months of implementation of nutrition services at 24 of the 48 sites. The remaining 24 sites are scheduled for assessment in quarter four. The objectives of the repeat site assessments were to:

- Evaluate progress achieved after six months of implementation
- Inform CDS’ planning of ongoing interventions and level of effort
- Identify steps needed to sustain and increase progress at each site based on their particular stage of nutrition integration

Results from the repeat site assessments are a composite measure of availability of resources, access to and provision of services, and mechanisms or systems for effective implementation of NACS at health facility level, as well as knowledge and skills. The repeat site assessments showed a significant improvement in the number of sites implementing NACS comprehensively,<sup>7</sup> from less than 30% of sites at level 2 (good/partially ready) or 3 (excellent/fully ready) at baseline<sup>8</sup> to over 80% attaining level 2 or 3 within six months of implementation.<sup>9</sup> There were significant improvements in the five core dimensions of Nutrition Assessment, Classification, Nutrition Counselling, Supplementation and Data Recording.

#### Baseline and repeat site assessment scores: 24 health facilities



<sup>7</sup> A comprehensive NACS package consists of correct anthropometric assessments, classification, and counselling and appropriate support, including recording of services in both clinical stationery and nutrition registers

<sup>8</sup> Seven out of 24 sites were at level 2 or 3 at baseline

<sup>9</sup> Twenty-one out of 24 sites were at level 2 or 3 at the repeat site assessment

Repeat site assessment results by province are reflected in the table below. The three health facilities scoring at level 1 are all in KZN province, while all supported facilities in Limpopo and Free State provinces scored at level 2 or 3.

## NACS performance by site

Province	Level 1 (Poor)	Level 2 (Good)	Level 3 (Excellent)
<b>KwaZulu-Natal province (16 sites)</b>	<ul style="list-style-type: none"> <li>• Mosvold Hospital</li> <li>• Mosvold Gateway Clinic</li> <li>• KwaMbuzi Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Nkandla District Hospital</li> <li>• EMPandleni Clinic</li> <li>• Vumanhlamvu Clinic</li> <li>• Esibhudeni Clinic</li> <li>• Nxamalala Clinic</li> <li>• Maison Clinic</li> <li>• Thembumusa Clinic</li> <li>• Bhekuzulu Clinic</li> <li>• Ntababomvu Clinic</li> <li>• Chwezi Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Vryheid Hospital</li> <li>• Fuduka Clinic</li> <li>• Hlobane Clinic</li> </ul>
<b>Limpopo province (3 sites)</b>		<ul style="list-style-type: none"> <li>• Rethabile Clinic</li> <li>• Buite Clinic</li> <li>• Seshego I</li> </ul>	
<b>Free State province (5 sites)</b>		<ul style="list-style-type: none"> <li>• Elizabeth Ross District</li> <li>• Pabalong PHC</li> <li>• Marakong PHC</li> </ul>	<ul style="list-style-type: none"> <li>• Boiketlo Clinic</li> <li>• Mofumahadi Manapo Mopeli Regional Hospital</li> </ul>

CDS support contributed to the uptake and improvement in the provision of nutrition services at selected sites through:

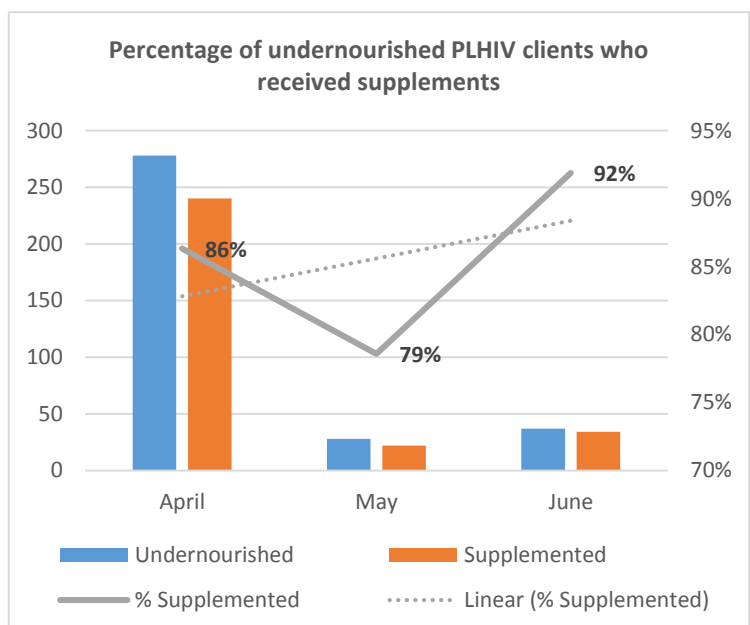
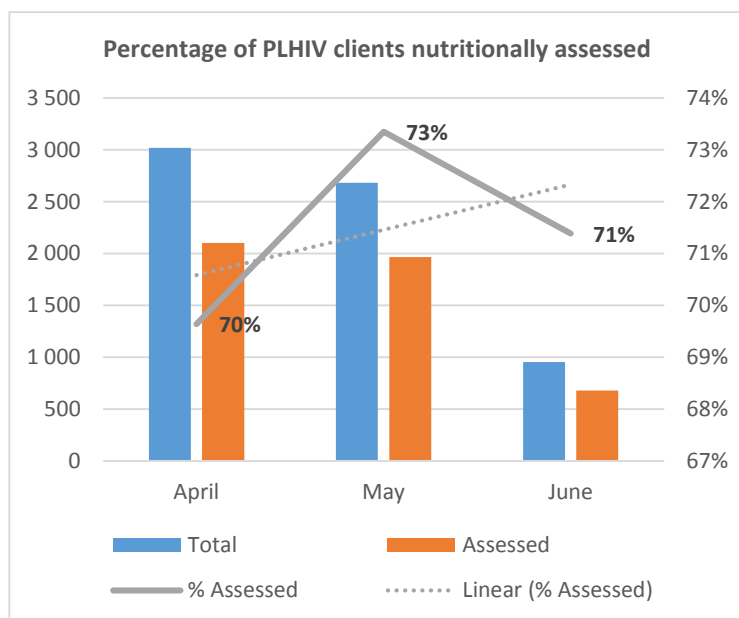
- Provision of on-site mentoring and coaching to key staff in the facilities
- Involvement of district nutrition focal persons during site visits, which aided in demonstrating and escalating the need to strengthen nutrition services as well as reinforcing ownership and accountability in the respective districts
- Provision of essential equipment and materials during site visits, such as MUAC tapes, Body Mass Index (BMI) wheels and job aids
- Use of data as evidence to demonstrate the status of nutrition services to health care workers at facility and district level
- Use of baseline data from the site readiness assessments to inform CDS' provision of tailored technical assistance

Although overall results have improved since the baseline site assessments in September 2015, sustaining integration of nutrition services remains key in ensuring institutionalization of NACS services. NACS services are provided in health facility units such as ART, pediatrics

and antenatal care, but there is need to strengthen services for ART follow-up visits in some facilities.<sup>10</sup> Additionally, nutrition counseling was mostly provided by nutrition advisors, nutritionists and dieticians, and is not yet fully infused into routine practice by other healthcare providers in over 70% of the facilities.

While nutrition services are recorded in two-thirds of the facilities, further support is required to improve aspects of data quality and usage. Referral and tracing forms were used in at least 30% of the facilities, but client files do not reflect nutrition referrals, which require substantial strengthening of community-facility linkages. The availability of supplements and equipment is a critical enabling factor to provide nutrition services and improve access to nutrition services by clients, and nutrition supplements and equipment were available in over 80% of the facilities assessed.

### Number and percentage of PLHIV clients who received nutrition services in quarter three



### NACS service delivery

In quarter three, CDS continued to collect data against its service delivery level targets.<sup>11</sup> The table below represents the number of PLHIV clients who received services in an ART clinic or unit on a monthly basis. An average of 89% of clients who received care and treatment services in NACS sites were nutritionally assessed in quarter three. This indicates a relatively high level of integration of nutrition assessments as part of routine care and treatment services. In addition, integration of nutrition assessments promoted early detection of

<sup>10</sup> ART client stationery does not prompt recording of nutrition services, which limits the consistent provision of these services by health care providers.

<sup>11</sup> OGAC nutrition indicators targeting PLHIV include FN\_ASSESS and FN\_THER

undernourished clients for management: approximately 80% of undernourished clients were supplemented in quarter three.

While there was an increase in the number of clients receiving NACS services at facility level across all five provinces (Mpumalanga, KZN, Eastern Cape, Limpopo and Free State), there was variability in the extent to which NACS was implemented. Limpopo and Eastern Cape provinces more frequently experienced limiting factors such as the a lack of supplements, inadequate numbers of nutritionist/dieticians and limited support from primary health care supervisors and/or district managers. There were lower assessment rates of 60% in Limpopo and Mpumalanga compared to 80% in the other provinces. This contributed to lower case detection rates of undernourished clients in both provinces: 9% compared to an average of 16.5% reported by KZN, Free State and Eastern Cape provinces. In terms of supplementation rates of undernourished clients, KZN, Limpopo and Free State provinces ranked highest at slightly over 80%. Eastern Cape and Mpumalanga provinces did not achieve the target of at least 80% case supplementation.<sup>12</sup> These lower rates were largely due to supplement stock outs, a challenging factor related to Government’s complex system of procurement and supply systems and provincial and district level.

CDS progress toward achieving its targets has increased marginally from the previous quarter, but the project continues to experience challenges due to the limited number of MER staff to collect data from the selected sites. CDS is implementing a turnaround strategy to fast-track its achievement of these targets by employing temporary staff to support data collection. CDS’ focus on the recruitment process of Monitoring and Reporting Assistants stationed at district and health facility level account for the significant decreases in the data displayed in the graphs above in May and June 2016. CDS anticipates that the addition of eight staff will contribute substantially to the reach and effectiveness of data collection in quarter four.

### Performance against nutrition targets

Indicator Name	Cumulative performance	Annual target	Quarterly performance	Quarterly target
	<i>Oct 2015 - Sept 2016</i>	<i>Oct 2015 - Sept 2016</i>	<i>April - June 2016</i>	<i>April - June 2016</i>
<b>Percentage of clients including people living with HIV (PLHIV) in care and treatment who were nutritionally assessed via anthropometric measurements</b>	11,175 31% of target	34,648	2,206 25% of target	8,662

<sup>12</sup> FN\_THER has a target of at least 80% of undernourished clients supplemented

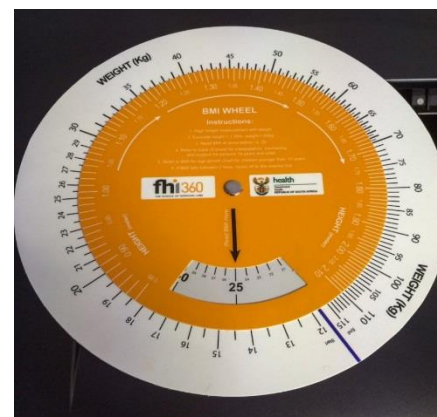
<b>Proportion of clinically undernourished clients including PLHIV who received therapeutic or supplementary food</b>	1,571 37% of target	4,158	334 32% of target	1,040
---	------------------------	-------	----------------------	-------

## Nutrition Essential Supplies

The first consignment of 10,000 BMI wheels was delivered in quarter three. CDS' distribution strategy involves direct delivery to the supported districts, as well as further distribution during site visits. A second consignment of 100,000 BMI wheels is being printed and is expected to arrive in quarter four.

### Lessons learned, challenges and measures to address them

- Nutrition data recording:** While data recording has improved, inconsistencies in recording of services compromises the quality of data and to an extent the quality of services provided. The need to establish data collection parameters and identify systems for operationalizing data collection has precluded other MER activities such as routine data quality assessments at facility level. CDS expects that recruitment of the eight Monitoring and Reporting Assistants will promote the institutionalization of data recording.
- Nutrition data use:** Interpretation of aggregated data to inform nutrition services provision is viewed by facilities as a core function at district level as opposed to facility level, pointing to a lack of ownership of facility-level data. The Monitoring and Reporting Assistants will further reinforce improved data use at facility level by focusing on MER training and NACS data management training for healthcare providers to promote sound data management practices.<sup>13</sup>



*BMI wheel procured by CDS for distribution at district and facility level*

<sup>13</sup> These include data collection and storage, and data use and reporting.



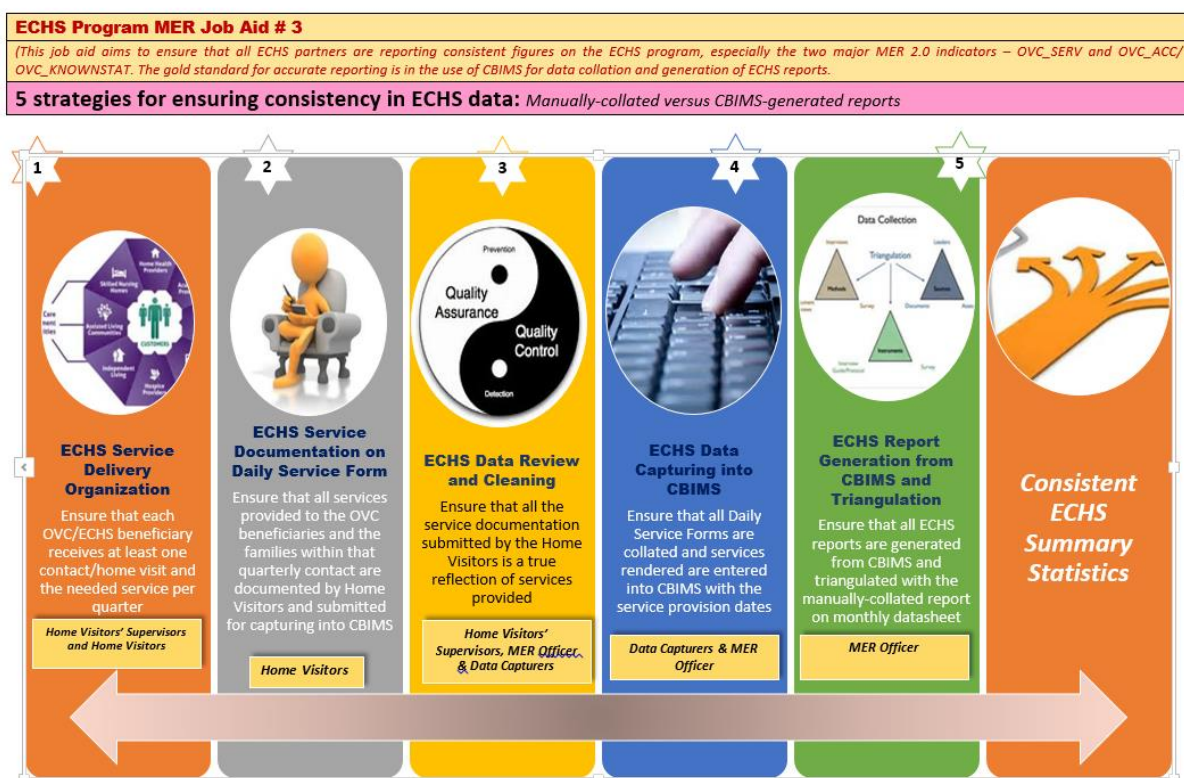
## Component Four: Monitoring, Evaluation, Reporting and Learning

The activities of Component Four are cross-cutting, responding to all four CDS strategic objectives.

### M&E System Capacity Development

CDS continues to provide ongoing M&E capacity support to ECHS partners based on the gaps and findings from their baseline M&E system assessments. CDS activities include support to these partners to have relevant M&E plans, guidelines and operational documents in place. Partners were supported to sustain and improve their use of the CBIMS electronic database in managing client-level data in addition to strengthening their data management and data flow processes. CDS developed an M&E job aid with partner input to encourage them to follow five key steps to deliver consistent high-quality data. Three of the ECHS partners are currently using this process.

### MER job aid: Five strategies to ensure consistency in ECHS data



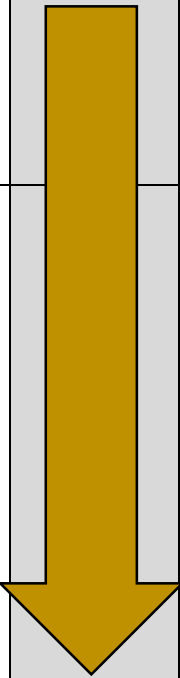
CDS conducted a data quality visit to Kheth'Impilo in May 2016, supporting the organization to work toward better alignment of data yielded through CBIMS with data from the paper-based source documents. CDS also conducted detailed verification of documentation of Kheth'Impilo's circles of support, identifying a key gap regarding inadequate documentation of service delivery provided through this activity. To address this gap, CDS assisted

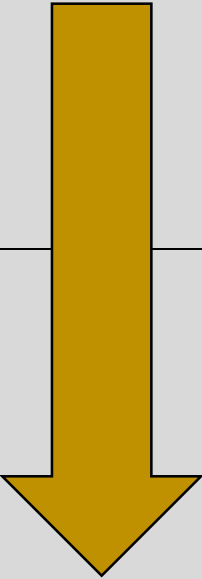
Kheth'Impilo to create a Daily Service Provision Form, which makes it easier for the Social Auxiliary Workers to record all services provided.

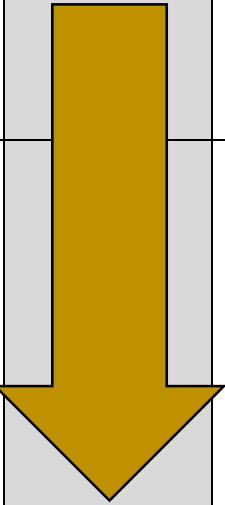
CDS plans to conduct M&E and data quality management training with its ECHS partners in quarter four to strengthen their systems. CDS will also conduct a follow-up assessment of the partner M&E system in August and September 2016 to gauge progress with the capacity strengthening and identify areas for additional support. The graphics below summarizes the baseline scores of each partner's M&E system and the improvements observed due to CDS technical assistance.

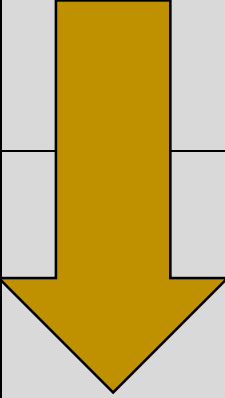
**MER dashboard key**

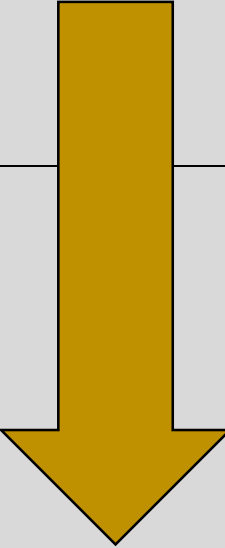
Color code	Score range
Green	2.5 - 3.0
Yellow	1.5 - 2.5
Red	< 1.5

HOPE worldwide									
Domain of Assessment	Overall M&E System Strength	Resource and Technical Capacity	Plans, Guidelines and Operational Documents	Data Collection and Management	Data Verification and Quality Assurance System	Data Quality System	Data Analysis and Use	Evaluation	Alignment and Leadership
Baseline Score in August 2015	1.60/4.00	1.86	2.29	1.89	2.00	1.00	1.75	2.08	0.00
Identified M&E system weaknesses		Insufficient human resources to run the MER system	Inadequate MER plan	Lack of systematic approach to manage data collection	No documentation of definition indicators	No standard operational procedures in place to guide data quality procedures	No systematic analysis and data use to inform programming	Evaluation plans not documented	MER unit not sharing or learning from best practices at local and international conferences
Observed improvements		MER officer in place, and MER orientation plan in place and operational Program staff members have MER roles and responsibilities Performance management workshop conducted	Finalized MER plan in place Data management SOPs in place RDQA conducted Excel reporting template in place	CBIMS fully operational, and automatically generates unique identifiers for households Use of comprehensive registers and data management tools, including systematic filling system	Data quality SOP in place, including data verification system	Data quality checks incorporated into the data management process Indicator definition sheets developed for all indicators Data quality reviewed periodically as per data quality SOP	Procedures in place to analyse, use and share data Data analysed shared at meetings with stakeholders	Program evaluation activities included in the PMP, including mid-term review and end-term review Baseline study conducted	To be prioritized
Overall result	HOPE worldwide now has systems and resources that enable the production of quality data. Data is now used to inform programming and monitoring of outcome of ECHS activities and Parenting capacity strengthening.								

Woz'obona									
Domain of Assessment	Overall M&E System Strength	Resource and Technical Capacity	Plans, Guidelines and Operational Documents	Data Collection and Management	Data Verification and Quality Assurance System	Data Quality System	Data Analysis and Use	Evaluation	Alignment and Leadership
Baseline Score in August 2015	1.48/4.00	2.13	1.21	1.42	1.00	1.46	1.25	2.25	1.09
Identified M&E System Weaknesses		Research and Development Manager not in place Weak documentation and dissemination of results	Lack of MER plans and guidelines to operationalize MER system	Lack of system to manage data collection and yield quality data	No guidelines to guard against data quality threats	No data quality system	Data not systematically analysed and shared with staff members to inform programs	No evaluation plans in place	MER unit not sharing or learning from best practices at local and international conferences
Observed improvements		MER Manager on board  MER orientation process in place  MER results and data analysis findings shared with the entire program team	Indicator definition sheets developed  Results framework, data flow chart and MER plan in place  MER roles and responsibilities outlined	CBIMS fully operational, and comprehensive registers and data management SOP and tools in place  Data quality gaps addressed	Data quality SOP in place, including data verification system	Data quality checks incorporated into the data management process  Indicator definition sheets developed	Procedures in place to analyse, use and share data  Data analysed and shared at meetings with stakeholders	Program evaluation activities included in the PMP including mid-term review and end of term review  Baseline study conducted	To be prioritized
Overall result	MER Manager now on board and significant support is being provided to improve the entire MER system								

The Valley Trust									
Domain of Assessment	Overall M&E System Strength	Resource and Technical Capacity	Plans, Guidelines and Operational Documents	Data Collection and Management	Data Verification and Quality Assurance System	Data Quality System	Data Analysis and Use	Evaluation	Alignment and Leadership
Baseline Score in August 2015	1.77/4.00	1.63	1.43	2.2	1.00	2.70	1.67	2.11	1.45
Identified M&E System Weaknesses		Insufficient MER personnel and budget	MER Plan lacks compressive details to guide current programs	Lack of a proper system to manage data collected	No guidelines on data quality	No data quality check built into the MER system	Processes for analyzing and using data not systematically done to inform programming	Lack of solid plans to evaluate programs and conduct relevant research activities	MER unit not sharing or learning from best practices at local and international conferences
Observed improvements		Budget now has an MER line item MER officer in place MER orientation process in place	Results framework, data flow chart and MER plan in place  MER roles and responsibilities outlined	CBIMS in place and fully operational  Comprehensive registers and data management tools in place  SOPs for data collection and management developed	Data quality SOP in place, including data verification system	Data quality checks activities incorporated in the data management process  Indicator definition sheets developed for all indicators	Procedures in place to analyze, use and share data  Data analyzed and shared at meeting with stakeholders	Program evaluation activities included in the PMP including mid-term review and end of term review  Baseline study conducted	To be prioritized
Overall result	TVT now has established plans, guidelines and operational documents for managing its MER system. Regular data verification and quality assurance systems are fully operational.								

mothers2mothers									
Domain of Assessment	Overall M&E System Strength	Resource and Technical Capacity	Plans, Guidelines and Operational Documents	Data Collection and Management	Data Verification and Quality Assurance System	Data Quality System	Data Analysis and Use	Evaluation	Alignment and Leadership
Baseline Score in August 2015	2.52/4.00	2.5	2.36	2.58	2.00	2.69	2.78	2.83	2.45
Identified M&E System Weaknesses		Lack of MER resources to run the MER unit	No outlined roles and responsibilities of staff members on MER	Weak data collection management system	Weak system to assure data quality	Filing system not systematic to allow for easy access	Processes for analyzing and using data not systematically done to inform programming		MER unit not sharing or learning from best practices at local and international conferences
Observed improvements		Budget now has an MER line item MER officer in place MER orientation process in place	Results framework and data flow chart in place MER roles and responsibilities outlined	System for data collection improved by documenting guidelines, and data is now disaggregated	Data quality SOP in place, including data verification system	Guidelines on filing source documents in place	Data now analyzed by gender to inform programming		To be prioritized
Overall results	Dedicated staff members are now in place and systems are improved to yield quality data								

Kheth'Impilo									
Domain of Assessment	Overall M&E System Strength	Resource and Technical Capacity	Plans, Guidelines and Operational Documents	Data Collection and Management	Data Verification and Quality Assurance System	Data Quality System	Data Analysis and Use	Evaluation	Alignment and Leadership
Baseline Score in August 2015	2.61/4.00	2.88	2.64	2.92	2.00	2.62	2.78	2.08	1.82
Identified M&E System Weaknesses		MER funds not outlined for the unit	Outdated MER Plan	Weak data collection management system	Weak systems to assure data quality	No data definition for data indicators collected	Processes for analyzing and using data not systematically done to inform programming	No baseline results for the ECHS program	MER unit not sharing or learning from best practices at local and international conferences
Observed improvements		Budget now has an MER line item, and MER officer in place MER orientation process in place	Results framework, data flow chart and MER plan in place MER roles and responsibilities outlined	CBIMS fully operational Comprehensive registers and data management tools in place, including data management SOP	Data quality SOP in place, including data verification system	Data quality checks activities incorporated in the data management process Indicator definition sheets developed for all indicators	Procedures in place to analyse, use and share data Data analysed shared at meeting with stakeholders	Program evaluation activities included in the PMP including mid-term review and end of term review Baseline study conducted	To be practised
Overall results	Data management system strengthened at data collection level, and data quality systems are being enhanced across all districts								

## Research and Evaluation

### Isibindi mid-term evaluation

CDS contracted the evaluation consulting firm Mott McDonald to implement the Isibindi mid-term review to assess project progress. Achievements in quarter three include:

- Initiated the desktop review
- Conducted key informant interviews with provincial DSD and NACCW staff members
- Conducted key informant interviews with service providers, including a focus group discussion with James House child and youth care workers
- Finalized and submitted data collection tools and interview guides to the Human Sciences Research Council's (HSRC) Institutional Ethics Review Board. The tools incorporate input from the mid-term evaluation steering committee comprised of DSD, CDS and Mott MacDonald technical experts. Following preliminary ethical approval from HSRC, the tools were piloted on June 29, 2016, which will inform tool revision.

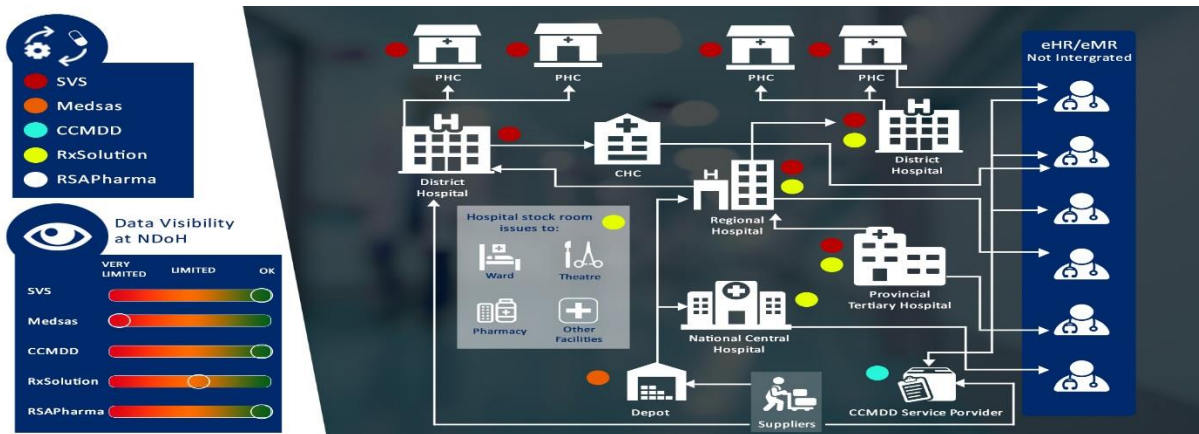
In quarter four, Mott McDonald will finalize the desktop review and data collection, and submit a draft mid-term evaluation report with key findings and recommendations.

### VAN baseline assessment

EOH has nearly completed the Visibility and Analytics Network (VAN) Technology baseline assessment requested by USAID on the current supply chain technology used by the Department of Health. EOH's approach included:

1. Understanding the context and developing a questionnaire for a technology assessment of systems used in the DOH's Affordable Medicine value chain
2. Undertaking national interviews and assessments with system owners, users and data sources
3. Conducting provincial interviews and assessments of systems from a user perspective
4. Consolidating findings and developing recommendations

### Data flow challenges





Preliminary findings include:

- The current Affordable Medicine model is unsustainable: There are many systems and owners, with varying levels of support, and disparate use of systems, incomplete roll-outs and a severe lack of interoperability without significant data manipulation
- Too few systems have been rolled out nationally to give an overall view of usage, issues, service, monitoring as control, and to facilitate decision-making. The National Health Insurance system is pointing toward a centralized system selection rather than provincial autonomy
- There is a lack of an 'ICT Master Plan' for technology as an enabler within Affordable Medicine, aligned to its strategic objectives, as well as no overall value chain strategy or planning function
- Technology/architecture best practice, governance and standards for system and solution selection are not being followed

EOH findings regarding data flow challenges include:

- There is a proliferation of systems in the national DOH landscape, requiring significant integration and a modern integration platform (web-based and networked), as data is transferred manually between facilities, districts, provinces and the national DOH.
- The quality of raw data is poor, and there is a reliance on time-consuming manual data validation before running analytics. Therefore, data is not available in real time to support agile decision-making.
- The extent of data duplication is significant due to the proliferation of systems built to record similar data fields and the incomplete roll out of centralized systems across the provinces.

EOH's analysis includes specific recommendations on the Affordable Medicine value chain strategy and architecture. The final assessment report will be presented to USAID and the National DOH's Medicines Directorate in quarter four.

### CBIMS Desktop Database

In quarter three, CDS continued to provide database training and support to USAID-funded OVCY partners including CDS ECHS partners through a contract with Rob Cairns. Progress in quarter three included:

- **Updating USAID MER reporting:** Required changes were made to both the USAID OVC Database and CBIMS in line with MER reporting requirements, as well as USAID's request to ensure that children in non-scale up districts be regarded as transitioned in 16 districts in the Eastern Cape, Free State, Limpopo, Northern Cape, Northern West and Western Cape provinces. Other changes include additional fields such as HIV status and program graduation.

- **ECHS support on the use of CBIMS:** CDS provided remote support on CBIMS to HOPE worldwide, Woz’obona, Keth’Impilo and The Valley Trust. This support ranged from resolving bugs identified in the ECHS report code to orienting new staff on CBIMS. Rob Cairns will upgrade mothers2mothers’ system in quarter four.

### MER activities in support of the DREAMS initiative

CDS supported a range of activities in quarter three, including implementation planning for the effective roll-out of DREAMS interventions in South Africa as discussed in Component 2. MER support for this includes:

- Providing input into the selection of appropriate M&E indicators for measuring the DREAMS outputs and outcomes
- Supporting DREAMS APS refinements and the NGO selection process
- Attending the DREAMS stakeholder and consensus meetings focused on mapping of priority wards in the focal sub-districts and districts

These processes promote the establishment of seamless plans and a functional MER system, including the most appropriate indicators, prior to the program commencement.

### Male Characterization of Sexual Partners of AGYW study

In quarter three, the national DREAMS Male Characterization study task team, which includes USAID, Government and other stakeholders, approved the fourth draft of the concept note to conduct research on the characteristics of the male sexual partners of AGYW to inform DREAMS programming. CDS subsequently engaged Africa Center to conduct the desktop review and HSRC to conduct the qualitative study. CDS has recently finalized the processing of the contractual agreements with each organization. The HSRC Institutional Research Ethic Board has issued preliminary approval for the Male Characterisation study. CDS anticipates that the literature review and data collection will begin early in quarter four.

### CAPRISA DREAMS PrEP Implementation Study

At USAID’s request, CDS has initiated the implementation of the DREAMS Initiative PrEP Demonstration Study, implemented as CAPRISA 084, a two-year demonstration project involving the daily use of Truvada. The goal of the study is to enhance adherence and reduce new HIV infections in young women at high risk of acquiring HIV in KZN province. The study will contribute to increasing access to HIV prevention in South Africa by building an understanding of how to implement PrEP effectively with young women at risk of acquiring HIV in KZN, informing HIV treatment policy and practice, and addressing challenges in PrEP provision to young women. The project will be implemented in the following areas:

- **Rural:** CAPRISA Vulindlela Clinical Research Site
- **Urban:** CAPRISA eThekwini Clinical Research Site
- **Peri-Urban:** CAPRISA Umlazi Clinical Research Site (peri- and post-partum cohort)

The two-year grant, from June 1, 2016, to May 31, 2018, is divided into two phases: phase one includes preparation for the study up to the approval of the study protocol, and phase two, encompassing the study implementation. On June 9, 2016, CAPRISA, USAID and FHI 360 held an initial teleconference call to discuss the project goal, design, service delivery models, M&E metrics, project timeline, budget, potential risks, communication and ethical approval process. FHI 360 receives bi-weekly email updates on project progress.

## Knowledge Management and Communication

CDS continued with implementation of the Knowledge Management and Communication Framework in quarter three, continuing to work with staff to populate it with component-specific content. This process includes identifying key questions CDS seeks to answer through its project implementation as well as means of both quantitative and qualitative measurement. This process promotes ongoing analysis of project successes, challenges and lessons learned, and prompts continuous efforts to improve programming.

Knowledge products developed by CDS this quarter include:

- Fact sheets on the SRI, CDS support to the SAG, and CDS' MERL unit
- A case study on the SIMS experience featuring HOPE worldwide

Fact sheets provide a concise overview of a particular program or unit at CDS and are useful to orient stakeholders regarding CDS' work. For example, CDS plans to distribute copies of the ECHS fact sheet developed in quarter two to participants at the PLAY Conference to provide background and further information on the program.

The case study provides an in-depth look at the SIMS experience at HOPE worldwide, exploring success factors and lessons learned. This product may be useful to ECHS partners or other stakeholders interested in implementing a successful SIMS preparation process.

### **Lessons learned, challenges and measures to address them**

- CDS is better managing its increasing portfolio of new partners by prioritizing development of clearly-defined outcomes against each intervention to help design appropriate reporting tools.
- CDS has identified the need to develop an operations research agenda to ensure CDS identifies and documents key approaches in order to improve programming. This will be developed in quarter four.

## Success Story: Not easily broken: Nomsa's story of hope



*HOPE worldwide SA home visitor Nomsa and her two children*

### **Nomsa's story**

My name is Nomsa and I am 24 years old. I have faced many challenges in my life. I lost my mother from AIDS at 14 years old. I have been raped twice and gave birth both times to boys who are now aged two and seven years. I was homeless for five years, raising my children on the streets. My younger child is disabled and cannot hear or speak. I was referred to the Parent Support Group by another group member, and the facilitator contacted me and invited me to the meeting.

I was angry all the time and would not talk to anyone. I used to be closed off. I would hurt myself, and cut my wrists because I wanted to die. I took my anger out on my kids and struggled to love them. I blamed them for my circumstances.

**“I want people to know that I am a living testimony of hope.”**

I now know how to deal with my anger in a healthy way. The HOPE worldwide Parent Support Group meetings helped me to be open about my life. I learned that I was not alone. The meetings helped me become a more confident woman: I now have a higher self-esteem, and I respect myself.

Thanks to the support group, I am a better parent. I have learned how to express love to my kids. I have accepted them as my own. I give them hugs and play with them. I have new hope and courage.



### **The impact of a transformed life**

Nomsa leads a Disability Center where she equips women who have children with special needs with tools for child stimulation, which she learned in the parent support group. She continues to facilitate these groups over weekends so that mothers with similar needs have a space to share and learn from each other. Nomsa has recently been employed by HOPE worldwide as a Home Visitor under the organization's Early Childhood Household Stimulation (ECHS) program, implemented in Diepsloot and Zandspruit in Gauteng province. The organization selected Nomsa because she is a young mother passionate about early childhood development and the importance of play, and is confident that she will impact the world one child at a time. HOPE worldwide SA anticipates that the passion Nomsa brings to her work will inspire more young mothers.

### **An effective approach: Parent Support Groups**

HOPE worldwide currently facilitates 60 Parent Support Groups (PSGs) under the ECHS program and plans to add 40 additional PSGs by the end of the year in order to equip more women like Nomsa with positive parenting skills and the self-confidence to care for their children and access the services they need. The support groups are held monthly over a ten-month period, and are comprised of a facilitator and 8-12 members. Each session addresses positive parenting, early childhood development and building self-esteem.

HOPE worldwide believes this approach is effective because it addresses core needs. "Parents come in with low self-esteem and parenting challenges such as discipline and communication," shared Melissa Cannell, Programs Manager at HOPE worldwide. "They feel overwhelmed and are not involved in their children's development. We help them to grow personally so they can lead their families. The PSGs build group cohesion and belonging, and help members move beyond survival to embody an attitude of 'I am the best teacher to my child,' Melissa noted. "The confidence and courage they gain are transferred to their children. Dealing with their own stress and issues frees them to parent well. They begin to recognize the importance of being involved in their children's lives." Melissa shared that highlights from the support groups include improved mental health and self-esteem among parents, as well as better relationships due to a significant increase in the time spent with their children.

Three months ago, HOPE worldwide began to provide support groups especially for men, and the organization now runs four groups with 45 fathers to promote male involvement in parenting. The groups follow the "One Man Can" curriculum developed by Sonke Gender Justice to promote equal gender relationships.

In the future, HOPE worldwide plans to conduct research into the impact of the program in terms of improved parent stress levels and child development.

## Activities Planned for the Next Quarter

### Activities planned for quarter three (April to June 2016)

Project Component	Activities	Timelines (2016)
<b>Component 1: Grant Award and Management</b>	<ul style="list-style-type: none"> <li>Conduct the review, selection and contracting process for the DREAMS DBE APS</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct kick-off meetings with new partners</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>
	<ul style="list-style-type: none"> <li>Issue a contract to Center for Development Innovations and HSRC</li> </ul>	<ul style="list-style-type: none"> <li>July</li> </ul>
	<ul style="list-style-type: none"> <li>Draft new grants/contracts/consultant agreements as and when required</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct budget negotiations and pre-award assessments for new contracts and grants as and when required</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>
	<ul style="list-style-type: none"> <li>Review sub-awardees' specific conditions</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>

Project Component	Activities	Timelines (2016)
<b>Component 2: Institutional Capacity Development of Indigenous Organizations</b>	<b>Technical</b>	
	<ul style="list-style-type: none"> <li>Conduct close-out with TLAC</li> </ul>	<ul style="list-style-type: none"> <li>August</li> </ul>
	<ul style="list-style-type: none"> <li>Provide technical assistance to partners on mainstreaming gender at household level</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct an ECHS partners meeting, including site visits to monitor and support high-quality implementation</li> </ul>	<ul style="list-style-type: none"> <li>July</li> </ul>
	<ul style="list-style-type: none"> <li>Present at PLAY Conference and submit paper for publication</li> </ul>	<ul style="list-style-type: none"> <li>July</li> </ul>
	<ul style="list-style-type: none"> <li>Revise ECHS assessment tool and roll out to partners, including provision of customized support</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct re-assessment of partner technical capacity and update capacity development plans</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Participate in SIMS technical assistance and assessments to mothers2mothers and Woz'obona</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct SRI partners' meeting with ECHS and OVCY organizations to review program implementation and address challenges</li> </ul>	<ul style="list-style-type: none"> <li>July</li> </ul>
<ul style="list-style-type: none"> <li>Support FPD in implementation of its mentoring program for CCWs</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>	

Project Component	Activities	Timelines (2016)
	<ul style="list-style-type: none"> <li>Conduct supervisory visits to service providers to oversee program implementation</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Support Humana to scale up HTS</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Consolidate a package of IEC materials for the SRI</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Roll out DREAMS interventions in Gauteng and KwaZulu-Natal</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct a mock SIMS visit for HUMANA on DREAMS implementation</li> </ul>	<ul style="list-style-type: none"> <li>August</li> </ul>
<b>Organizational Development</b>		
	<ul style="list-style-type: none"> <li>Review and update the Digital Capacity Assessment Tool (DCAT) content in preparation for the re-assessments</li> </ul>	<ul style="list-style-type: none"> <li>August</li> </ul>
	<ul style="list-style-type: none"> <li>Re-assess ECHS partners and CEGAA using the DCAT</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct organizational development training:               <ul style="list-style-type: none"> <li>Woz’obona: Leadership, Governance, Human Resource Management and NACS (pilot)</li> <li>mothers2mothers: Leadership and Financial Management</li> <li>TVT: Human Resource Management and M&amp;E</li> <li>Kheth’Impilo: M&amp;E</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>July-Sept</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct Gender Mainstreaming training for Kheth’Impilo, mothers2mothers, The Valley Trust and Woz’obona</li> </ul>	<ul style="list-style-type: none"> <li>July</li> </ul>
	<ul style="list-style-type: none"> <li>Implement the PEPFAR training plan</li> </ul>	<ul style="list-style-type: none"> <li>July-Sept</li> </ul>
<b>Program Management</b>		
	<ul style="list-style-type: none"> <li>Recruit Program Managers/Officers and conduct orientation for newly-appointed staff members</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>
	<ul style="list-style-type: none"> <li>Implement a client satisfaction survey with CDS partners (ECHS, ReACH, SRI and CEGAA) to provide the project with feedback on its services</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>
	<ul style="list-style-type: none"> <li>Provide support to service providers FPD, NICDAM and Humana in the rollout of the SRI</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate the program management meetings and progress review with all ECHS partners and SRI service providers</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>



Project Component	Activities	Timelines (2016)
	<ul style="list-style-type: none"> <li>Distribute TOMS shoes to ECHS partners</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Track the use of the Education and Training Fund by partners</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>

Project Component	Activities	Timelines (2016)
<b>Component 3A: Capacity Building Assistance to SAG</b>	<b>Facilitate the recruitment of TAs</b>	
	<ul style="list-style-type: none"> <li>Finalize the appointment and secondment of TAs on PHC and HIV Prevention and HCT for the DOH</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate the recruitment of other TAs as requested by USAID</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<b>Provide technical support and assistance to TAs to conduct planned activities stated below:</b>	
	<ul style="list-style-type: none"> <li>Monitor and evaluate TA performance, including quarterly performance reviews</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Implement the Performance Management Framework, including management meetings with DSD, DOH and National Treasury</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<b>Technical Assistance on Isibindi Project</b>	
	<ul style="list-style-type: none"> <li>Coordinate the implementation of the refined result framework and tools for the Isibindi Project</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Coordinate the status of CBIMS readiness data collection, analysis and reporting, and the development of the roll-out plan for provinces</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Coordinate data collection and contribute to the report writing of the mid-term review of the Isibindi Project</li> </ul>	<ul style="list-style-type: none"> <li>July-August</li> </ul>
	<b>Technical Assistance on ECD</b>	
	<ul style="list-style-type: none"> <li>Organize the Parental/Primary Caregiver Capacity Building Training Package scheduled for Eastern Cape, Free State, Northern Cape, Western Cape, Gauteng and North West provinces</li> </ul>	<ul style="list-style-type: none"> <li>July</li> </ul>
	<ul style="list-style-type: none"> <li>Coordinate and co-facilitate the capacity building workshops on the ECD Policy in Limpopo and Free State provinces</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
<ul style="list-style-type: none"> <li>Support the development of an ECD policy national implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>	

Project Component	Activities	Timelines (2016)
	<b>Technical Assistance on DREAMS</b>	
	<ul style="list-style-type: none"> <li>Provide guidance for the development of the DREAMS implementation plans for KZN and Gauteng provinces</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate the dissemination and implementation of the PrEP policy and implementation guidelines</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Develop a core package of evidence-based interventions for the national girls and young women campaign</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<b>Technical Assistance on HTA and KP</b>	
	<ul style="list-style-type: none"> <li>Review and revise the National Framework for KP, HIV, STI and TB Programs</li> </ul>	<ul style="list-style-type: none"> <li>August</li> </ul>
	<ul style="list-style-type: none"> <li>Develop a SOP on the identification of HTA sites</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Support provinces on the implementation of the HTA guidelines</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<b>Technical Assistance on Condoms</b>	
	<ul style="list-style-type: none"> <li>Facilitate the review and revision of 12 condom SOPs</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Analyze the condom supplier quality assurance reports from the South African Bureau of Standards for the period January-March 2016</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Develop concept notes for the condom Logistics Management Information System and condom perception study</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<b>Technical Assistance on Conditional Grant</b>	
	<ul style="list-style-type: none"> <li>Update the Health Performance Database with 2015/16 data</li> </ul>	<ul style="list-style-type: none"> <li>September</li> </ul>
	<ul style="list-style-type: none"> <li>Review and monitor the performance of direct and indirect conditional grants</li> </ul>	<ul style="list-style-type: none"> <li>September</li> </ul>
	<ul style="list-style-type: none"> <li>Review updated SAHPRA business case and monitor progress on the establishment of SAHPRA</li> </ul>	<ul style="list-style-type: none"> <li>September</li> </ul>

Project Component	Activities	Timelines (2016)
<b>Component 3B: NACS</b>	<ul style="list-style-type: none"> <li>Meet with OVCY partners and DSPs to plan strategies to integrate NACS into programming</li> </ul>	<ul style="list-style-type: none"> <li>August</li> </ul>
	<ul style="list-style-type: none"> <li>Transition out of 48 health facilities as per the revised implementation strategy</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Negotiate with Provinces regarding the 16 sites to remain under CDS</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct NACS training for USAID and PEPFAR partners as part of the Annual Training Plan</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>
	<ul style="list-style-type: none"> <li>Finalize the 24 repeat site assessments</li> </ul>	<ul style="list-style-type: none"> <li>August</li> </ul>
	<ul style="list-style-type: none"> <li>Supervise Monitoring and Reporting Assistants onsite</li> </ul>	<ul style="list-style-type: none"> <li>August-September</li> </ul>

Project Component	Activities	Timelines (2016)
<b>Component 4: MERL</b>	<ul style="list-style-type: none"> <li>Pilot the M&amp;E 101 and 102 curricula and conduct the M&amp;E re-assessment with ECHS partners</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct several rounds of DQAs for ECHS partners and assess progress, identifying areas demonstrating significant improvement, as well as those requiring ongoing support</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Present the draft tools and SOPs for the “Let’s Talk” program to key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Develop and pilot the MER system for the Vhutshilo program</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Finalize and roll out the MER system for the DREAMS initiative</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Hold dissemination sessions on the Male Characterization study, VAN baseline assessment and Isibindi mid-term review</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct the OVC essential indicators survey with four ECHS partners</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Finalize the recruitment of additional MERL unit staff and conduct orientation for the new employees</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Commence the design of the MER system for the revised NACS implementation strategy</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Develop a CDS operations research agenda</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>
	<ul style="list-style-type: none"> <li>Monitor the CAPRISA 084 study</li> </ul>	<ul style="list-style-type: none"> <li>July-September</li> </ul>

